

IN FLIGHT INC.
PO Box 326
Red Hook, NY 12571
Ph: 845-835-6060 Fax: 845-758-8212

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital status or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Position Desired: 1. _____ 2. _____
Address/City/State			Date Available _____ <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Relief
Social Security Number	Home Phone	Cell Phone	Are you on a State Civil Service List for the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

Describe present employment. May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From: (Mo/Yr)	Starting Salary	Name of Employer	Position
To: (Mo/Yr)	Final Salary	Address of Employer	Reason for leaving
List all other employment during the past seven years. Include Military Services and periods of unemployment			
From: (Mo/Yr)	Starting Salary	Name of Employer	Position
To: (Mo/Yr)	Final Salary	Address of Employer	Reason for leaving
From: (Mo/Yr)	Starting Salary	Name of Employer	Position
To: (Mo/Yr)	Final Salary	Address of Employer	Reason for leaving

EDUCATION

Circle highest grade completed : 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4				
Do you have high school equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SCHOOL	NAME	CITY AND STATE	DIPLOMA OR DEGREE RECEIVED	MAJOR
High School				
College, Technical or Business School				
Graduate School or Additional training				

EDUCATION

Give details of your education which you feel are relevant to this application. Include any relevant education or training experience regarding care of, or service to, developmentally disabled individuals.

EXPERIENCE

Describe fully the duties and responsibilities of any positions you have held which are applicable to the position you are currently seeking. Include any experience as an employee, volunteer or certified provider with OPWDD or any other provider of Human Services.

PROFESSIONAL LICENSE

If a license, certificate or other authorization to practice a trade or profession is required for the position for which you are applying, please complete the following question:

Do you have professional license (s) or certification (s)? YES NO If YES please list below:

PROFESSION OR TRADE	LICENSING AGENCY	LICENSE NUMBER	DATE ISSUED	DATE EXPIRED
License(s) for which you are eligible	Provision or Temporary License(s)		DATE ISSUED	DATE EXPIRED

MISCELLANEOUS

List any professional honors received, works published or other professional accomplishments:

How did you hear about us?

Have you ever served in the Armed Forces of the United States? YES NO

Dates of Service; From: To:	Reserve or National Guard Status
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Have you ever been dishonorably discharged from the Armed Forces of the United States? YES NO

ADDITIONAL INFORMATION

1. Are you age 16 or over?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you an exempt volunteer firefighter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you legal entitled to work in the United States of America? (documentation must be provided – Public Law 99-603)	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Did you work for New York State more than seven years ago?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you previously applied here for employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever been employed here?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you have ever been convicted of a crime? Do you have any pending criminal charges? If yes, please give date and nature of the charge and conviction below. Include misdemeanors and felonies, do NOT include parking violations. A conviction is not an automatic bar to employment. Each case is considered on individual merits.	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered YES to questions 4, 5, 6, or 7 please give details below:

Personal References - We prefer at least 2 co-workers and 1 relative/friend

Name	Address (city or town is sufficient)	Phone Number	Relationship to you

Drivers License Information

Do you have a valid New York State Driver's License? _____

If "yes", what is the expiration date? _____

In the last three years have you had ANY moving violations? _____

If "yes" please list all of them (Include DWI's, DWAI's, suspensions, revocations, convictions and dates and duration of penalties).

**Depending upon my position, work assignment and/or location; some or all of the following will apply:
BY MY SIGNATURE, I AGREE IF EMPLOYED:**

1. To treat developmentally disabled individuals with kindness and consideration
2. To report improper treatment of developmentally disabled individuals
3. To follow established rules and regulations
4. To work any assigned shift any day
5. To take any necessary immunization against contagious diseases
6. To permit inspection of my belongings and containers by proper authorities when deemed appropriate.

Signature _____

Date _____

In Flight, Inc.

APPLICANT NOTICE

All statements and responses made during the application/interview process for employment with In Flight, Inc. may be verified by a background investigation service(s).

If any statement or information provided by an applicant/employee, either during the interview process, on the application or other required forms or any time during the employment hiring process is found to be false or misleading, consideration for the applicant for employment will be discontinued.

Inaccurate or misleading information may result in denial of employment for applicants and may result in termination of employment for current employees.

Questions regarding this policy should be directed to the Human Resource Director.

Policy reviewed:

Applicants Name

Date

In Flight, Inc.

Driver Information Authorization Sheet

The following driver information is required for your driving record verification, as per our company personnel policies:

Name _____

Driver's License Number _____

State Licensed _____ Years Licensed _____

Are you over 21 years old? _____

I hereby authorize In Flight, Inc. to obtain a Department of Motor Vehicles check on my driving record. I understand that my NYS Motor Vehicle driving record will be disclosed to In Flight, Inc. I further understand that the information provided is personal in nature and authorize its release to In Flight, Inc. I may not be allowed to drive on behalf of In Flight, inc. if my motor vehicle record is unsatisfactory in accordance with auto insurance companies underwriting requirements. You also agree and understand that if you become an employee of In Flight, Inc. This agreement will allow your employer to request an updated MVR at any time during your employment.

Signature _____ Date _____

Applicant Acknowledgement

I certify that the information herein is true and complete to the best of my knowledge. I certify that I have not omitted any information from the application. I am aware that In Flight, Inc. will treat omissions as false statements and that such omission shall be grounds for termination of the interview process or grounds for immediate dismissal, if employed.

I authorize investigation of all statements contained herein and the references listed on the application to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing reference information.'

I understand that my application for a volunteer, regular status employee, temporary, substitute, or relief position will require a criminal background check through the Staff Exclusion List, and fingerprinting in order to comply with OPWDD requirements along with a SCR database check and MHL Abuse Check. I also understand that In Flight, Inc. is a drug free workplace and that I will have to be tested before an employment offer is extended. I understand that I may withdraw my application at anytime without prejudice.

I understand and agree that if hired, my employment is at will for no definite period and may regardless of the date of payment of wages and salary may be terminated by me or the company at anytime without prior notice, with or without cause. I understand that I am required to abide by all rules and regulations of the employer.

Signature_____

Date_____

You can return this application by mail to:

In Flight, Inc.

PO BOX 326

Red Hook, NY 12526

Or fax to: 845-758-8212

EMPLOYEE SCREENING

Name

Date

Email address _____

I am interested in the following positions: please list

Full-time

Part-time

PerDiem

Availability – please let us know the hours and days you are available to work

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Locations

Ulster County

Glasco IRA

Riozzi IRA (Saugerties)

Heather Lane IRA (Kingston)

Edith Ave IRA (Saugerties)

Greene County

Catskill Day Hab

Columbia County

Ghent Day Hab

Church Ave IRA (Clermont)

Mill Road IRA (Germantown)

Livingston IRA (Hudson)

Michael Ct IRA (Hudson)

Joslen IRA (Hudson)

Nathan Ln IRA (Ghent)

Falls Rd IRA (Hudson)

Taghkanic IRA (Craryville)

Kinderhook IRA (Valatie)