

IN FLIGHT INC.
PO Box 326
Red Hook, NY 12571
Ph: 845-835-6060 Fax: 845-335-4125

At In Flight, Inc. we empower people with intellectual and developmental disabilities, to reach for hopes and dreams, and support a meaningful quality of life.

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	Email

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)	Name of Employer In	Position
To: (Mo/Yr)	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)	Name of Employer	Position
To: (Mo/Yr)	Address of Employer	Reason for leaving
From: (Mo/Yr)	Name of Employer	Position
To: (Mo/Yr)	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/TRAINING

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 18 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. Have you previously applied here for employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever been employed here?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. 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 NYS Justice Center Guidelines.	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered YES to questions 4, 5, 6, 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

Driver's 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

AUTHORIZATION FOR OBTAINING MOTOR VEHICLE RECORD INFORMATION

I hereby authorize my employer and its designated agents representatives, including, but not limited to, the company's insurance agent(s) to obtain and review motor vehicle record information in order to monitor the validity of my driver license. I understand that these reports may be compiled with information from the Department of Motor Vehicles and other sources in order to verify the information I have voluntarily supplied. I have the right, upon my written request, to a complete and accurate disclosure of the nature and scope of the report. I am also entitled to a copy of my Consumer Rights under the Fair Credit Reporting Act.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, copy of email form.

Employee Signature

Date

The following information is required for identification purposes when obtaining motor vehicle record information. It is confidential and will not be used for any other purpose.

Full Name _____
Address _____
Street _____
City, State, Zip _____
Driver's License # _____
Issuing State _____
Date of Birth _____

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 understand that I may withdraw my application at any time 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 any time 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: 845-335-4125

Or email jobs@inflightinc.org

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

Dutchess County

Administration Offices

ISAIL Red Hook

Ulster County

Glasco IRA

Riozzi IRA (Saugerties)

Heather Lane IRA (Kingston)

Edith Ave IRA (Saugerties)

Greene County

Catskill Day Hab

ISAIL -Catskill

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)

