



Restoration Society, Inc.

Code Blue Employment Application

Applicant Information

Full Name: _____ Date: _____

_____ *Last* _____ *First* _____ *M.I.*

Address: _____

_____ *Street Address* _____ *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Phone: _____ Email: _____

Position Applied for: **Code Blue- Seasonal**

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Code Blue General Information

Have you worked Code Blue in the past? YES ☐ NO ☐ What position/s? _____

If yes, how many seasons? _____ When was the last year you worked? _____

Do you currently work with the homeless population OR those who struggle with Mental Health? YES ☐ NO ☐ If yes, where? _____

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Shelter 8pm-12am							
Shelter 12am-4am							
Shelter 4am-8am							
Daytime Warming 8am-8pm (times will vary)							
Driver/ Outreach** 7pm-1am							
NFTA** 6pm-10pm							

** Experience Required

Employment Experience

Please list the names of your present or previous employers in chronological order with present or most recent employers listed first. As needed, you may include jobs on a separate piece of paper.

Name of Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title and Core Duties _____

From: _____ To: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Name of Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title and Core Duties _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Name of Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title and Core Duties _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

References

Please list three professional references. (Please list only supervisors, not co-workers. No family members.)

Reference Name	Title	Contact Information

Applicant Acknowledgement and Authorization

PLEASE READ CAREFULLY BEFORE SIGNING

- I hereby certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

- I understand that submission of an application does not guarantee an employment opportunity. I further understand that, should an offer of employment be extended by Restoration Society, Inc. that such employment with Restoration Society, Inc. is at-will, with no specified duration and may be terminated by either Restoration Society, Inc. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Restoration Society, Inc. or its representatives used during the employment process is deemed a contract or guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the COO of Restoration Society, Inc.

- I understand that consideration of employment will require a pre-employment background check and DMV check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment checks will result in withdrawal of an employment offer or termination of employment if already employed.

- I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to Restoration Society, Inc. and/or any of its representatives, agents, or vendors.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

Signature: _____

Date: _____

Printed Name: _____

Name and number of person completing this form if other than applicant: _____

Relation: _____

Phone: _____

NYS Justice Center for the
Protection of People with
Special Needs
(Justice Center)
Criminal Background Check
Unit
161 Delaware Avenue
Delmar, NY 12054
Fax: 518-549-0464

Request for Staff Exclusion List
Check Form



The Justice Center maintains a Vulnerable Persons Central Register (VPCR) that includes a Staff Exclusion List (SEL) containing the names of individuals who have committed serious acts of abuse and are deemed ineligible to work in a position involving regular and substantial contact with a service recipient. Providers must request the Justice Center to conduct a check of the SEL before determining whether to hire or otherwise allow "any person" to have regular and substantial contact with a service recipient. "Any person" can include an employee, administrator, consultant, intern, volunteer, or contractor.

Instructions:

1. The provider's Authorized Person must complete this form and fax it to the Justice Center's Criminal Background Check (CBC) unit for an applicant under serious consideration to be hired or otherwise permitted to have regular and substantial contact with a service recipient.
2. The Justice Center's CBC unit will send the Authorized Person an email indicating the results of the SEL check.
3. If the Applicant is on the SEL, he or she may not be hired in a position involving regular and substantial contact with a service recipient in a facility or provider agency defined in Social Services Law §488(4) or by other providers of services in programs licensed or certified by the Office of Mental Health, Office for People With Developmental Disabilities, Office of Alcohol and Substance Abuse Services, Office of Children and Family Services, Department of Health and State Education Department.
4. If the Applicant is on the SEL, certain other providers have discretion whether to hire the individual as provided in Social Services Law §495(3).
5. If the Applicant is not on the SEL, a criminal background check through the Justice Center, if required, and an inquiry of the Statewide Central Register of Child Abuse and Maltreatment through the Office of Children and Family Services, if required, must be conducted.

Part 1. Applicant Information (Please Print)

Last Name:		First Name:	MI:
Date of Birth:	Social Security Number:		Alien Reg#:
Applicant address:		Applicant type: <i>Employee</i>	
Facility/Provider Name: <i>Restoration Society, Inc.</i> Address: <i>66 Englewood Ave, Buffalo, NY 14214</i>			
State Oversight Agency: <input checked="" type="radio"/> OMH <input type="radio"/> OPWDD <input type="radio"/> OCFS <input type="radio"/> DOH <input type="radio"/> SED <input type="radio"/> OASAS			Please circle appropriate agency(ies)

Part 2. Authorized Person Information

Please print clearly

Name: (Please Print)		Email:
Signature:		Phone:
Facility/Provider name:	<i>Restoration Society, Inc.</i>	Address: <i>66 Englewood Ave, Buffalo, NY 14214</i>