



Connections of Central New York Inc. Application for Internship

Please Print

Position applied for: _____ Date of Application: ___/___/___

How did you learn about this Internship?

- Advertisement in _____ Internet _____ Employee _____
 Friend/Relative _____ Walk In _____ Other _____

Name _____
First Middle Last

Address _____
Street City State Zip Code

Telephone # () _____ Alternate # () _____

E-mail _____

Best time to contact you: _____:_____ am/pm

If you are under age 18, can you furnish a work permit? Yes No

Have you ever been employed with a developmental disability service agency?
 Yes No If yes, when? _____/_____/_____

Are you legally eligible for an Internship in the United States? Yes No

Date you are available to begin Internship? _____/_____/_____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

Are there any pending criminal charges against you? Yes _____ No _____

Have you ever been discharged, terminated or asked to resign from prior employment or resigned from prior employment to avoid possible disciplinary action? Yes _____ No _____

PROFESSIONAL REFERENCES:

List 3 persons, acquainted with your training, experience and qualifications.

	<u>Name</u>	<u>E-mail Address</u>	<u>Company/Title</u>	<u>Telephone #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Applicant Statement:

I certify the above information is true and correct. If chosen, I understand that any false or misleading information given in my application or interview(s) may result in termination of internship.

I give Connections of Central New York Inc. the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability any previous employer for any damage resulting from issuing this information.

I understand and acknowledge that, unless defined by applicable law, any Internship relationship with Connections of Central New York Inc. is of an “*at will*” nature, which means that the Intern may resign at any time and the agency may discharge the intern at any time with or without cause.

As per NYS OMRDD regulations, I understand that I will be required to submit to a Criminal History Records Check (fingerprint process) performed by the FBI as well as NYS Division of Criminal Justice Services. I will also be required to submit to the Employee, Contractor, Exclusions Screening performed by the New York State Department of Health (AIG Office). In addition These checks will determine my eligibility for the Internship based upon an ongoing review of my criminal history.

The receipt of this application does not constitute an agreement or contract for an Internship, but only that the applicant will be given consideration for open Internships.

Signature of Applicant

Date

Print Name

Connections of Central New York Inc. seeks to recruit people who are concerned and dedicated to the mission of empowering and supporting people with developmental disabilities.

Thank you for applying.



CONNECTIONS of CENTRAL NEW YORK Inc.
MISSION STATEMENT

Connections of C.N.Y. is a not-for-profit community based agency whose mission is to provide quality personalized support to people with developmental disabilities. Relationship building is an essential element in the development of support. Support offered is determined in partnership with the individual, the family, and other significant people in his or her life and is provided through innovative and creative program design.