



Employment Application

1083 Waterloo Geneva Rd
Waterloo, NY 13165

1521 Clark St Rd
Auburn, NY 13021

240 North Ave
Penn Yan, NY 14527

Applicant Information

Name (Last, First, MI)		Date	
Address		City	State Zip
Mobile Phone #	Alternate Phone #	Email	
Position Applying For		Salary Desired	
Availability <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute		Time of Day Available <i>(may check more than one)</i> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> On Call <input type="checkbox"/> Weekends	
Preferred Work Location <input type="checkbox"/> Cayuga County <input type="checkbox"/> Seneca County <input type="checkbox"/> Yates County		Date Available to Start	

How Did you Hear about us?

Employment Information

Company Name		City, State	
Job Title		Employed From	To
Supervisors Name	Title	Contact #	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving?	

Company Name		City, State	
Job Title		Employed From	
Supervisors Name	Title	Contact #	

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May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving?	
Company Name		City, State	
Job Title		Employed From	
Supervisors Name	Title	Contact #	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving?	
Education			
Type of School <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Technical School		Name of School:	
		Diploma/Degree or Certificate Earned:	
Type of School <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Technical School		Name of School:	
		Diploma/Degree or Certificate Earned:	
Type of School <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Technical School		Name of School:	
		Diploma/Degree or Certificate Earned:	
Additional Questions			
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes	



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Have you ever been placed on probation or terminated for absenteeism or unsatisfactory attendance or performance?	<input type="checkbox"/> No
Are you legally authorized to work in the United States? In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire. *Mozaic uses E-Verify to confirm*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor or a felony in any jurisdiction which has not been annulled, expunged, or sealed by a court, or have criminal charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of Medicaid Fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for any NYSARC Chapter or Yates Transit Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of client or child abuse, neglect or mistreatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answering is yes to any of the above questions please explain below:

Motor Vehicle Operator Information

Do you have a valid NYS Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid CDL License? If Yes what Class	<input type="checkbox"/> Yes <input type="checkbox"/> No



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	Class:
Have you ever had your license suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a moving violation within the past eight years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answering is yes to any of the above questions please explain below:	
EEO Questions This company is dedicated to a policy of affirmative action and equal opportunity in employment without regard to race, religion, gender, sexual orientation, national origin, age, veteran or disabled status, or any other protected class. Reasonable accommodation will be made as appropriate to enable any employee or applicant for employment to safely and properly perform the job applied for as requested and as appropriate. The following information is necessary for this company to evaluate its hiring practices and to track its progress and effectiveness in complying with its Affirmative Action Plan and equal employment policies. The information is voluntary and will be kept confidential insofar as possible. Information provided will not be negatively considered in any part of the selection process.	
What is your Sex/Gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Say
What Ethnic is Your Background?	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Two or More Races <input type="checkbox"/> I choose not to provide race information
Are you a Veteran? <i>Check all that apply</i>	<input type="checkbox"/> I am NOT a Veteran <input type="checkbox"/> Veteran of the Vietnam Era <input type="checkbox"/> Recently Separated Veterans <input type="checkbox"/> Other Protected Veteran

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	<input type="checkbox"/> Armed Forces service medal <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Active Duty Wartime or Campaign Badge Veteran
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Voluntary Self-Identification of Disability **OMB Control # 1250-0005 exp 5/31/23**

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS Autism Blind or low vision Cancer Cardiovascular or heart disease Celiac disease | <ul style="list-style-type: none"> Cerebral palsy Deaf or hard of hearing Depression or anxiety Diabetes Epilepsy Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome | <ul style="list-style-type: none"> Intellectual disability Missing limbs or partially missing limbs Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS) Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression |
|--|---|--|

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

<p>Please Choose One Answer:</p>	<input type="checkbox"/> Yes, I Have a Disability, Or Have a History/Record of Having a Disability <input type="checkbox"/> No, I Don't Have a Disability, or a History/Record of Having a Disability <input type="checkbox"/> I Do Not Wish to Answer
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I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (and accompanying resume, if any) IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND AND AGREE THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.

FURTHERMORE, I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, MOZAIC RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF MOZAIC HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY.

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES, AND TO SECURE ADDITIONAL INFORMATION ABOUT ME IF JOB RELATED. I UNDERSTAND THAT MOZAIC IS REQUIRED/AUTHORIZED BY NYS LAW TO REQUEST A CHECK OF MY CRIMINAL HISTORY



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RECORD AND TO REVIEW THE RESULTS OF THE CHECK. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION, AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION. I FURTHER UNDERSTAND THAT, AS A CONDITION OF EMPLOYMENT, I WILL BE REQUIRED TO UNDERGO TESTING FOR COMMONLY-USED CONTROLLED SUBSTANCES AT THE COST OF THE EMPLOYER.

MOZAIC IS AN EQUAL OPPORTUNITY EMPLOYER. THE EMPLOYER DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANTS FROM CONSIDERATION FOR EMPLOYMENT ON ANY BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAWS.

By signing I agree to the above:

Signature

Date

Please either mail, fax or email the completed application to:

Mail:

Mozaic
Atten: Human Resources
1521 Clark St Rd
Auburn, NY 13021

Email:

jobs@mozaic.org

Fax

Atten: Human Resources
(315) 255 - 3618