



## **MOUNTAIN LAKE ACADEMY STAFF EXCLUSION LIST**

Thank you for your interest in Mountain Lake Academy. In accordance with New York State regulations additional information is required in order to process your application. This is a voluntary form that you do not have to complete at this time, however, the information below must be provided to process the SEL. Please provide to the Human Resources office immediately upon completion.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### **Information about the Staff Exclusion List (SEL)**

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 neglect 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.



# MOUNTAIN LAKE ACADEMY EMPLOYMENT APPLICATION

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## PERSONAL DATA

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Position Applying For: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_

How did you hear about the position?  Friend  Newspaper Ad  Mountain Lake Employee  Other \_\_\_\_\_

Date Available: \_\_\_\_\_ Do you have a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ State Issued \_\_\_\_\_

Do you have any moving violations, points on you driver's license, a DWI, and/or DWAI? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

## EDUCATION DATA

Name & Address of School or Institution	Graduated Yes or No	Degrees Received	Subject of Specialization
---	---------------------	------------------	---------------------------

\_\_\_\_\_  
HIGH SCHOOL

\_\_\_\_\_  
COLLEGE

\_\_\_\_\_  
GRADUATE SCHOOL

\_\_\_\_\_  
TRADE, BUSINESS, NIGHT, OR CORRESPONDENCE

## LIST ALL LICENSES, CERTIFICATES AND CREDENTIALS

Cert. #	Subject	State Issued	Date Issued	Date Expires
---------	---------	--------------	-------------	--------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT DATA** (Begin with most recent employer and work backward)

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact: (Please circle) YES NO If NO, Why not: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact: (Please circle) YES NO If NO, Why not: \_\_\_\_\_

**REFERENCES** (Three references will be required upon employment)

Give the names of **three** persons to whom you are not related, who can attest to your personal qualifications:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Yrs Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Yrs Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ Yrs Known: \_\_\_\_\_

Have you ever been convicted of any misdemeanor or felony under the laws of any state or jurisdiction? Please list all convictions, no matter when they occurred. (This information will not necessarily exclude employment offer)  
**(Please circle) Yes or No** If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TITLE IX AND SECTION 504 NOTICE

Mountain Lake Children’s Residence does not discriminate on the basis of race, color, national origin, sex, age, handicap, or as otherwise decreed by Law, and is in compliance with Title IX of the Education Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973. Accordingly, nothing in this application should be viewed as expressing directly or indirectly any limitations, specifications, or discrimination in connection with those listed areas.

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

It is the policy of Mountain Lake Children’s Residence, Inc. to treat all employees and applicants for employment without unlawful discrimination as to race, creed, color, national origin, sex, age, disability, marital status, sexual orientation or citizenship status in all employment decisions, including but not limited to recruitment, hiring, compensation, training, and apprenticeship, promotion, upgrading, demotion, downgrading, transfer, layoff and termination, and all other terms and conditions of employment. Mountain Lake Children’s Residence, Inc. fully complies with all Federal and State Laws regarding non-discrimination.

AFFIDAVIT

Under the penalties of perjury, I declare and affirm that the statements made, including accompanying statements and transcripts, are true and complete. I understand that in the event that any statement made in this application is found to be untrue, I will be subject to termination of my employment with the company.

PRE-EMPLOYMENT INQUIRY RELEASE:

In connection with my application for employment (including contract for services if applicable) with you, I understand that investigative background inquiries including, but no limited to, criminal convictions, motor vehicle records, as well as other information as it may relate to my employment with Mountain Lake Academy, will be sought. These reports may include information as to my character, education, work habits, performance and experience, along with previous employers. Further, I understand you will be requesting information from various federal, state and local agencies which maintain records concerning, but not limited to, my driving record, criminal record, civil appearances in courts of competent jurisdictions, as well as, actions by insurance carriers wherein I have been the plaintiff or defendant.

I AUTHORIZE WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY MOUNTAIN ALKE ACADEMY AND/OR THEIR AUTHORIZED INVESTIGATIVE AGENCY TO FURNISH THE ABOVE INFORMATION.

Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date



# MOUNTAIN LAKE ACADEMY DRIVER ABSTRACT FORM

## AUTHORIZATION TO OBTAIN DRIVER ABSTRACT/RECORD

In the majority of positions at Mountain Lake Academy (Mountain Lake Children’s Residence, Inc.), you will be required to drive an agency vehicle with and/or without an accompanying Mountain Lake Academy resident. Therefore, we require a valid NYS Driver License as part of your job requirements. Eastern Suffolk BOCES is our authorized agent for obtaining driver abstracts of potential employment candidates prior to employment and/or on current employees.

Please read and sign this document below giving Mountain Lake Academy (Mountain Lake Children’s Residence, Inc.) and its agent, Eastern Suffolk BOCES permission to obtain your driver’s abstracts, as necessary, during the course of your employment with Mountain Lake Academy.

Since having a valid NYS Driver License is a required condition of employment at Mountain Lake Academy (Mountain Lake Children’s Residence, Inc.) that any applicant who does not authorize Mountain Lake Academy and/or its agent Eastern Suffolk BOCES to obtain your driver abstract will not be considered for a position with us.

## **APPLICANT AUTHORIZATION FORM NEW YORK STATE DRIVING RECORD**

I, \_\_\_\_\_, HERBY AUTHORIZE Eastern Suffolk BOCES to obtain my New York State Driver’s abstract from the New York State Department of Motor Vehicles and provide the abstract results to Mountain Lake Academy (Mountain Lake Children’s Residence, Inc.). This information falls under the New York Driver’s Privacy Protection Act 18 U.S.C.2721. I also know that I must report any moving violations I may receive while employed at Mountain Lake Academy (Mountain Lake Children’s Residence, Inc.).

NYS Driver License # \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date