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**OPPORTUNITIES UNLIMITED OF NIAGARA  
ADDENDUM TO EMPLOYMENT APPLICATION**

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DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDITIONAL EMPLOYMENT EXPERIENCE

1. Have you ever worked for Opportunities Unlimited of Niagara, Inc.?  Yes  No  
If YES, when? \_\_\_\_\_ Where? \_\_\_\_\_
2. Have you ever worked for any other Human Service Agency?  Yes  No  
If YES, when? \_\_\_\_\_ Where? \_\_\_\_\_

All of the questions on this job application must be answered completely. The 3 professional and 3 personal references required must be listed with current employer or the application will not be processed and/or will be returned to you. An addendum is included for additional employment experience. Please ensure that all Human Service experience is included.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I will accept work if offered in the following areas:

Niagara Falls: \_\_\_\_\_ Sanborn: \_\_\_\_\_ Lockport: \_\_\_\_\_  
Town of Niagara: \_\_\_\_\_ Ransomville: \_\_\_\_\_ North Tonawanda: \_\_\_\_\_

AVAILABLE DAYS & HOURS

1. I am available to work the following days and hours:      Overnight Availability:

Sunday	<input type="checkbox"/>	FROM _____ TO _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Monday	<input type="checkbox"/>	FROM _____ TO _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tuesday	<input type="checkbox"/>	FROM _____ TO _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Wednesday	<input type="checkbox"/>	FROM _____ TO _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Thursday	<input type="checkbox"/>	FROM _____ TO _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Friday	<input type="checkbox"/>	FROM _____ TO _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Saturday	<input type="checkbox"/>	FROM _____ TO _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ARE YOU AVAILABLE TO WORK WEEKENDS?  YES  NO

OTHER: \_\_\_\_\_

I AM INTERESTED IN THE FOLLOWING PROGRAM(S): \_\_\_\_\_

Revised 3/12/04 DEM/sag

Re-typed 8/07

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Opportunities Unlimited of Niagara is an entity that is issued an operating certificate under the Mental Hygiene Law, and as such, is required to comply with Section 16.33 of the Mental Hygiene Law, Section 845-B of the Executive Law, and 14NYCRR Section 633.22. One section of these regulations require that prospective employees who will have regular and substantial unsupervised or unrestricted physical contact with people receiving services at Opportunities Unlimited be fingerprinted. These fingerprints will be utilized to obtain criminal history information from the New York State Division of Criminal Justice Services.

Additionally, the following information must be obtained from the applicant prior to hire:

\_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony in any jurisdiction?

Yes

No

If yes, explain in detail: \_\_\_\_\_

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

Do you currently have any criminal charge(s) pending against you?  Yes  No

If yes, explain in detail: \_\_\_\_\_

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

Have you ever resided in any state other than New York?  Yes  No

If so, please identify: \_\_\_\_\_

**APPLICANT STATEMENT**

I certify that the answers to the questions given herein are correct, true, and that the information supplied is complete.

I understand that any false or misleading information on this addendum to my application for employment at Opportunities Unlimited constitutes grounds for immediate dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

CLB/sag 4/05

Re-typed 8/07

ADDENDUM TO EMPLOYMENT APPLICATION

Have you even been involved in a Medicaid, Medicare or any other federally funded health care fraud investigation? If yes, please explain in detail below.

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Have you ever been convicted of Medicaid, Medicare, or any other federally funded health care program for fraud? If yes, please provide place and date with a detailed explanation below.

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Have you even been excluded from participation or employment in Medicaid, Medicare, or any other federally funded health care programs or services as a result of a fraud investigation? If yes, please provide a detailed explanation below.

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**I certify that the answers to the questions given herein are correct, and that the information supplied is complete. I understand that any false or misleading information on this addendum to my application for employment at Opportunities Unlimited of Niagara constitutes grounds to no longer be considered for employment and if false or misleading information is discovered following my offer of employment or actual hire that it will be grounds for immediate dismissal.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date