



**Administrative Offices**  
**273 Willoughby Avenue, Brooklyn, NY, 11205**  
**(718)832-2075 ext. 125 ▪ Fax (718)832-7618**  
▪ Website: [www.mercyhomeny.org](http://www.mercyhomeny.org)

Welcome to

# Mercy Home

Mercy Home, a sponsored ministry of the Sisters of Mercy since 1862. We work diligently to fulfill our mission statement which assures the quality of life for people with developmental disabilities through the recognition of each person's inherent dignity and absolute right to a life filled with learning and love.

Equal Employment Opportunity has been and will continue to be a fundamental principle at Mercy Home, where employment is based upon personal capabilities and qualifications without discrimination because of race, color, religion, sex, age, national origin, disability and any other protected class established by law.

Please read and sign this application.



**Administrative Offices**  
273 Willoughby Avenue, Brooklyn, NY 11205  
Tel. (718)832-1075 \* Fax (718) 832-7618  
**APPLICATION FOR EMPLOYMENT**

Dear Applicant:

Mercy Home welcomes your application for employment. We value our employees as much as we value our individual's. We select those applicants we think to have the best opportunity to be successful working for Mercy Home. We place a high priority on training, not only for new employees but also for employees throughout their tenure at Mercy Home. We would like you to consider these words as you complete your application. Below is additional information to help you decide if this is the right place for you.

*It is the mission of Mercy Home to assure the quality of life for persons with developmental disabilities through the recognition of each person's inherent dignity and absolute right to a life filled with learning and love.*

Many of our individuals have severe behavior problems; which often result in unpredictable aggression toward others. Employees responsible for caring for these persons must be capable of performing the essential elements of "Strategies for Crisis Intervention & Prevention – Revised & Restrictive (SCIP-R) Techniques" as outlined below:

Strategies for Crisis Intervention & Prevention – Revised & Restrictive (SCIP-R) Techniques

The "Restrictive" techniques of SCIP-R are the most physically demanding. The Restrictive techniques involve holding a person while dropping to one's knees. These movements transfer weight through the body and the lower back. At times, it results in an abrupt movement, jarring or twisting in some unpredictable manner. The staff person must also be able to be on the floor or stand ready to intervene if the individual's behavior is uncontrollable. Even the "Core and Specialized techniques within SCIP-R require the ability to spin, bend, twist and transfer power from big muscles to small thus the knees, lower back, and neck is likely to be involved.

**I have reviewed and understand the foregoing information about Mercy Home and SCIP-R Techniques. I wish my application for employment to be considered by the Agency.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# Employment Application

Position Desired:	Date:
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PERSONAL INFORMATION		
Last Name:	First Name:	Middle:
Address:		
City:	State:	Zip:
E-mail:	Telephone:	Cellular:

PLEASE INDICATE WHICH PROGRAM/LOCATION YOU ARE INTERESTED IN					
Administrative Office	Residential Services	Day Habilitation Services	Medicaid Service Coordination	Respite Program	

Have you ever applied for employment with us before?	Yes [ ] No [ ]	If yes, give date:
Days Available	Mon [ ] Tue [ ] Wed [ ] Thu [ ] Fri [ ] Sat [ ] Sun [ ]	Day [ ] Evening [ ] Overnight [ ]
Hours Available	Will you work overtime if asked? Yes [ ] No [ ]	
Are you 18 years of age or older?(Please be advised that Mercy Home does not hire individuals under the age of 18)		Yes [ ] No [ ]
Are you legally authorized to work in the United States? (Proof will be required upon employment)		Yes [ ] No [ ]
Do you have a valid and “clean/unrestricted” New York State Driver’s License? (Due to the nature of the position, a valid and clean NYS Driver’s License is required for most residential and day habilitation services positions)		Yes [ ] No [ ]
How did you learn about our organization? Our Website [ ], Craig’s List [ ], Indeed [ ], Career Builder [ ], Other Job Board [ ] Please indicate what site: _____		
A current employee? [ ], If so, write the name of the person, _____ Other:		
Do you have a relative who is currently employed with the organization? If yes, please list name of relative(s), title(s) and location(s) of employment:		

**EDUCATION (Please indicate all education related to the position you are applying for):**

High School:		Address:	
Did you graduate? Yes [ ] No [ ]			
Did you earn a valid High School Equivalency Diploma(GED):		Yes [ ] No [ ]	
College:		Address:	
Course of Study:			
Did you graduate? Yes [ ] No [ ]		Degree or Diploma:	
College:		Address:	
Course of Study:			
Did you graduate? Yes [ ] No [ ]		Degree or Diploma:	

**SPECIAL TRAININGS, SKILLS AND RELEVANT LICENSES OR CERTIFICATIONS:**

<b>Please List</b>	<b>Yes</b>	<b>No</b>	<b>Completion / Certification Date</b>
Adult CPR (Cardiopulmonary Resuscitation)			
AMAP (Approved Medication Administration Personnel)			
SCIP-R (Strategies for Crisis Intervention & Prevention – Revised)			
Defensive Driving			
Other:			
Other:			

**PERSONAL / PROFESSIONAL REFERENCES (Do not include family members or past supervisors):**

Name: _____	Telephone: _____
Relation: _____	Occupation: _____
Name: _____	Telephone: _____
Relation: _____	Occupation: _____
Name: _____	Telephone: _____
Relation: _____	Occupation: _____

Do you have any prior or current experience as an employee, volunteer or certified provider with the Office for People With Developmental Disabilities, the Office of Mental Health, the Office of Alcoholism and Substance Abuse or any other State agency? Do you have any prior or current experience in direct care work relevant to the position for which you are applying? No  Yes  , If yes, please list:

Have you ever been debarred or ineligible from participating in a Federal or State health program?  No  Yes  
If yes, when?

Are you now, or have you ever been, on the Staff Exclusion List (“SEL”), maintained by the Justice Center for the Protection of People with Special Needs?  No  Yes. If yes, when?

**EMPLOYMENT HISTORY (Please list employers beginning with the most recent):**

Company Name:		Telephone No:	
Address:			
Address:			
Position Held:		Dates of Employment:	From ___/___/___ Until ___/___/___
Type of Work Performed:			
Manager’s Name:		Manager’s Title:	
Reason for Leaving:			
		May we contact employer: Yes <input type="checkbox"/> No <input type="checkbox"/> Not until I terminate <input type="checkbox"/>	

Company Name:		Telephone No:	
Address:			
Address:			
Position Held:		Dates of Employment:	From ___/___/___ Until ___/___/___
Type of Work Performed:			
Manager’s Name:		Manager’s Title:	
Reason for Leaving:			
		May we contact employer: Yes <input type="checkbox"/> No <input type="checkbox"/> Not until I terminate <input type="checkbox"/>	

**EMPLOYMENT HISTORY CONTINUED (Please list employers beginning with the most recent):**

Company Name:		Telephone No:	
Address:			
Address:			
Position Held:		Dates of Employment:	From ___/___/___ Until ___/___/___
Type of Work Performed:			
Manager's Name:		Manager's Title:	
Reason for Leaving:			
		May we contact employer: Yes [ ] No [ ] Not until I terminate [ ]	

**WRITING SAMPLE: PLEASE COMPLETE IF APPLYING FOR DIRECT SUPPORT PROFESSIONAL, ASSISTANT MANAGER, MANAGER, MEDICAID SERVICE COORDINATION, OR RESPITE POSITIONS.**

**We are looking for energetic and dedicated people to work with the Intellectually Challenging Adults whom we provide services. Please take a few minutes to share with us why you are interested in working with Mercy Home. Include any attributes you believe would positively impact the lives of the Individuals we serve.**

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**PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING**

I certify that all statements and answers in this application are true, complete and made without any reservations or evasions. I understand that any false, misrepresentation, or omission of requested information in this application may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Mercy Home is of an, "At Will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this, "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of Mercy Home.

Mercy Home does not unlawfully discriminate in employment. No information gathered from this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. We are an equal opportunity employer. All applicants and employees are considered for employment, development advancement, and earnings based up their skills and performance and potential without regard to age, sex, sexual orientation, domestic partnership, race, color, creed, religion, ethnicity, national origin, alienage or citizenship status, disability, marital status, veteran status, military status, genetic information or any other legal recognized protected basis under federal, state, or local laws, regulations or ordinances.

We are hopeful that disputes can be resolved promptly and without outside proceedings. However, if a claim is made, we all agree as follows:

1. Mercy Home and you each agree to waive any right to trial by jury in connection with any dispute or claim and agree that any claim or dispute will be adjudicated by a judge sitting without a jury;
2. To assure individualized adjudication, any claim or dispute between us will be adjudicated solely by Mercy Home and by you in an individual action, not as a group, class or collective action or proceeding;
3. Any lawsuit that is filed shall be heard in the federal or state court closest to the site at which you were employed by Mercy Home; and,
4. The time period within which any claim can be asserted by you or by Mercy Home shall be the applicable limitation period if one year or less and if longer, we agree that it will be reduced to one year.

I understand that Mercy Home will conduct a thorough and complete background investigation and verification of the information I provided or will provide on my application for employment with the Agency as part of the employment process. I understand that Mercy Home will conduct a complete investigation including, fingerprinting, education, criminal and motor vehicle record. Credit checks will be conducted if applicable. The investigations are conducted by the Agency and/or authorized agent.

Thereby, I give my consent to Mercy Home to request references from my previous and current employers to enable Mercy Home to make an employment decision. I, hereby authorize all current and previous employers to furnish to Mercy Home and/or its authorized agent information regarding my employment record including but not limited to: positions held; dates of employment; last pay rate; work performance; disciplinary records; criminal record; any incidents of dishonesty, insubordination, violence, sexual harassment, discrimination, and/or harmful or threatening behavior; and any other information contained in your files relevant to my employment at Mercy Home.

I hereby consent to the release and disclosure of my record of criminal convictions and my motor vehicle records.

I hereby request and consent to the release and disclosure of educational records from any and all public or private institutions that I have attended to Mercy Home including professional or vocational license, my academic record, courses attended, grades, diplomas, or other honors conferred.

I also authorize the aforementioned to respond to verbal and written inquiries from Mercy Home. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

**Please provide your New York State Drivers' License ID# if you are applying for a position that requires you to drive an Agency vehicle: New York State Drivers' License ID#: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**I represent and warrant that I fully understand and consent to the foregoing and seek employment under these conditions.**

\_\_\_\_\_

Print Name

\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Applicant