FORM OPWDD 152 (8/2013)

State of New York
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

APPLICANT INFORMATION

1. NAME

2. SOCIAL SECURITY NUMBER

3. DATE OF BIRTH

4. MAILING ADDRESS (include Street Address, Apt. #, City, State, Zip and County

5. PROVIDER OF SERVICES NAME

6. List complete employment history for the past 7 years, including the start and end date. Begin with the most recent employment and list employers in chronological order. Use an additional sheet if needed.

Full Name of Employer	Location (e.g., city, state)	Start Date	End Date

7. List all employment history serving people with developmental disabilities that occurred beyond 7 years. Write "none" if there is no history.   Use an additional sheet if needed.

Full Name of Employer	Location (e.g., city, state)	Start Date	End Date

8. List all volunteer work for the past 7 years and volunteer work serving people with developmental disabilities at any time. Write "none" if there is no history.   Use an additional sheet if needed.

Full Name of Agency/Organization	Location (e.g., city, state)	Start Date	End Date

I CERTIFY that the information provided in this form is true and correct to the best of my knowledge and belief, and authorize investigation of all information given.

The provision of false information is grounds for dismissal.

SIGNATURE: _____   DATE: _____

AGENCY CERTIFICATION: I certify that I have reviewed the employment/volunteer history provided by this applicant and that, to the best of my knowledge, the applicant has no employment/volunteer history in the OPWDD system. I also certify that I am an individual designated as an "authorized person" who is authorized to request and receive criminal history information pursuant to exec. L. 845-b.

SIGNATURE: _____   DATE: _____

If the Provider of Services agency has certified the applicant has no employment/volunteer history with OPWDD, the agency may hire the applicant and must retain this form as documentation.