Statement of Administrator Qualifications for Adult Care Facilities

Last Name	Applicant Information						
Sex Male Female Previous Name(s) Used Apt. No. City State ZIP Date of Birth (MM/DD/YY) Home Phone (Include Area Code) () Business Phone (Include Area Code) () Anticipated Start Date of Employment Education Submit a copy of the diploma for the highest degree obtained. High School City Graduated? Yes No If you are not a high school graduate, do you have a high school equivalency diploma? Yes No If you are not a high school graduate, do you have a high school equivalency diploma? Yes No If you are not a high school graduate, do you have a high school equivalency diploma? Yes No If you are not a high school graduate, do you have a high school equivalency diploma? Yes No If you are not a high school graduate, do you have a high school equivalency diploma? Yes No If you are not a high school graduate, do you have a high school equivalency diploma? Yes No If you are not a high school graduate (MM/YY) From to Graduated? Yes No Major Minor Number of College Credits Degree Received Date of Degree Graduate School City Dates of Attendance (MM/YY) From to Graduated? Yes No Major Minor Number of College Credits Degree Received Date of Degree Graduate School City Dates of Attendance (MM/YY) From to Graduated? Yes No Major Minor Other (Specify) Date of Degree Other (Specify) City Dates of Attendance (MM/YY) From to Graduated? Yes No Major Minor Other (Specify) Other Specify Yes No Major Minor Other (Specify) Other Specify Yes No Major Minor Number Other Specify Yes No Major Minor	Last Name			First Name			M.I
Home Address Street							
City							
Date of Birth (MM/DD/YY)							
Cell Phone (Include Area Code) ()							
Education Submit a copy of the diploma for the highest degree obtained.							
High School							
Dates of Attendance (MM/YY) From	Education Submit a copy of t	the diploma for the hi	ghest de	egree obtained.			
If you are not a high school graduate, do you have a high school equivalency diploma?	High School			City			
Issuing Authority	Dates of Attendance (MM/YY) From	1	to		Graduated?	Yes	No
Junior/Community College	If you are not a high school gradua	te, do you have a high s	chool eq	uivalency diploma?	☐ Yes ☐	No If yes, s	ubmit copy of diploma.
Dates of Attendance (MM/YY) From	Issuing Authority			Diploma Number _		[Date
Dates of Attendance (MM/YY) From							
Major	Junior/Community College				City		
Number of College Credits Degree Received Date of Degree	Dates of Attendance (MM/YY) From	1	to		Graduated?	Yes] No
College/University	Major			Minor			
Dates of Attendance (MM/YY) From	Number of College Credits	Degree Received				Date of Degr	ee
Dates of Attendance (MM/YY) From	College/University				City		
Major					•		
Number of College Credits Degree Received Date of Degree City Dates of Attendance (MM/YY) From to Graduated? Yes No Major Number of College Credits Degree Received Other (Specify) City Dates of Attendance (MM/YY) From to Graduated? Yes No Minor							
Dates of Attendance (MM/YY) From							
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Major					•		
Other (Specify)							
Dates of Attendance (MM/YY) From to to Graduated? Major Minor	·						
Dates of Attendance (MM/YY) From to for Graduated?	Other (Specify)			Ci	tv		
Major Minor							
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Present Position (Payroll Title)Appointment Date (MM/DD/YY)									
Facility Name Where Presently Employed									
Supervisor Name		Supervisor Title							
Facility Street Address									
City	State	ZIP	Phone ()					
Major Job Responsibilities, Including Superv	isory Duties, If Any								
Position	Employment Period (MM/DD/YY) From to to								
Facility Name									
	Supervisor Title								
Facility Street Address									
City									
Major Job Responsibilities, Including Superv	isory Duties, If Any								
Position	Employmer	nt Period (MM/D	D/YY) From	to					
Facility Name									
Supervisor Name									
Facility Street Address									
City)					
Major Job Responsibilities, Including Superv									
Desition	Employmor	at Dariad (MM/D	ID (VV) From	to					
Position									
Facility Name									
Facility NameSupervisor Name		Supervisor Title							
Facility Name Supervisor Name Facility Street Address		Supervisor Title							
Facility Name Supervisor Name Facility Street Address City	State	Supervisor Title	Phone ()					
Facility Name Supervisor Name Facility Street Address	State isory Duties, If Any	Supervisor Title	Phone ()					
Facility Name Supervisor Name Facility Street Address City Major Job Responsibilities, Including Superv	State isory Duties, If Any	Supervisor Title	Phone ()					
Facility Name Supervisor Name Facility Street Address City Major Job Responsibilities, Including Superv Position	State isory Duties, If Any Employmer	Supervisor Title ZIP nt Period (MM/D	Phone (D/YY) From)					
Facility Name Supervisor Name Facility Street Address City Major Job Responsibilities, Including Superv Position Facility Name	State isory Duties, If Any Employmer	Supervisor Title ZIP nt Period (MM/D	Phone (
Facility Name Supervisor Name Facility Street Address City Major Job Responsibilities, Including Superv Position Facility Name Supervisor Name	State isory Duties, If Any Employmen	Supervisor Title ZIP nt Period (MM/D	Phone (
Facility Name Supervisor Name Facility Street Address City Major Job Responsibilities, Including Superv Position Facility Name	State isory Duties, If Any Employmen	Supervisor Title ZIP nt Period (MM/D	Phone (to					

Provide three signed and dated recent letters of recommendation from individuals knowledgeable of the proposed administrator's background, qualifications and interest in the field of adult care. Street State ZIP Phone () State ZIP Phone () State ZIP Phone () Questions ☐ Yes ☐ No 1. Have you ever been convicted of any violation of the law other than a traffic violation? ☐ Yes ☐ No 2. Are any criminal or civil actions pending against you? 3. Are you presently under treatment for any physical or mental disability or for the use of alcohol or drugs? ☐ Yes ☐ No 4. Do you now hold or have you ever held a professional license in New York or any other state? If yes, list license(s). Type_____ State_____ License Number _____ Initial Date of Licensure _____ Expiration Date _____ _____ State_____ License Number _____ Expiration Date Initial Date of Licensure Type______ State_____ License Number _____ Initial Date of Licensure ______ Expiration Date _____ Yes No 5. Have you ever been refused a professional license or denied approval to operate an adult home, health facility, community residence, etc.; or had an enforcement action on any professional license issued by New York or any other state? (If yes, please attach an explanation.) **Affirmation** I affirm, that the statements made herein and on the accompanying papers have been examined by me and of my knowledge and belief are true and correct. I further understand that a false statement knowingly made by me may be the cause for disapproval of any future appointment as administrator or operator of an adult care facility. Signature X ______ Date _____

References