

**STATEMENT OF ADMINISTRATOR QUALIFICATIONS – FOR ADULT RESIDENTIAL CARE FACILITIES**

NAME (last, first, M.I.)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	BIRTHDATE		
			MO	DAY	YR
HOME ADDRESS (No., Street, Apt. No., City State Zip Code)		HOME PHONE – (Include Area Code) ( )			
		BUSINESS PHONE – (Include Area Code) ( )			

**EDUCATION:** (Submit High School Diploma and transcripts of grades from other schools or college degree)

Formal Education	Name of School and city in which located	Dates of Attendance (MO/YR)		Graduated		MAJOR	MINOR	NUMBER OF COLLEGE CREDITS	DEGREE REC'D	DATE OF DEGREE
		From	To	Yes	No					
High School										
Junior/Community College										
College/University										
Graduate School										
Other (Specify)										
If you are not a High School Graduate, do you have a High School Equivalency diploma? (If "yes" – submit copy)				<input type="checkbox"/> yes <input type="checkbox"/> no	ISSUING AUTHORITY			DIPLOMA NO.	DATE	

**LIST all professional licenses, certificates and registrations currently held**

PROFESSION	STATE	NUMBER	Expiration Date

**EMPLOYMENT:** Begin with your most recent employment. Attached Formal Job Descriptions and Resumes if available.

Present Position: (Payroll Title)			Appointment Date (MO/DY/YR)	
FACILITY WHERE PRESENTLY EMPLOYED			SUPERVISOR/TITLE	
FACILITY ADDRESS (No., Street, City, State, Zip Code)		CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		BUSINESS PHONE ( )
MAJOR JOB RESPONSIBILITIES				
_____				
_____				
_____				
POSITION		EMPLOYMENT PERIOD (MO/DAY/YR)		FROM TO
FACILITY NAME		SUPERVISOR/TITLE		
FACILITY ADDRESS (No., Street, City, State, Zip Code)		CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		BUSINESS PHONE ( )
MAJOR JOB RESPONSIBILITIES				
_____				
_____				
_____				

<b>POSITION</b>	<b>EMPLOYMENT PERIOD</b> (MO/DAY/YR)	<b>FROM</b>	<b>TO</b>
<b>FACILITY NAME</b>		<b>SUPERVISOR/TITLE</b>	
<b>FACILITY ADDRESS</b> (No., Street, City, State, Zip Code)	<b>CONTACT FOR REFERENCE</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<b>BUSINESS PHONE</b> (    )	
<b>MAJOR JOB RESPONSIBILITIES</b> _____ _____ _____			
<b>POSITION</b>	<b>EMPLOYMENT PERIOD</b> (MO/DAY/YR)	<b>FROM</b>	<b>TO</b>
<b>FACILITY NAME</b>		<b>SUPERVISOR/TITLE</b>	
<b>FACILITY ADDRESS</b> (No., Street, City, State, Zip Code)	<b>CONTACT FOR REFERENCE</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<b>BUSINESS PHONE</b> (    )	
<b>MAJOR JOB RESPONSIBILITIES</b> _____ _____ _____			
<b>POSITION</b>	<b>EMPLOYMENT PERIOD</b> (MO/DAY/YR)	<b>FROM</b>	<b>TO</b>
<b>FACILITY NAME</b>		<b>SUPERVISOR/TITLE</b>	
<b>FACILITY ADDRESS</b> (No., Street, City, State, Zip Code)	<b>CONTACT FOR REFERENCE</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<b>BUSINESS PHONE</b> (    )	
<b>MAJOR JOB RESPONSIBILITIES</b> _____ _____ _____			

**REFERENCES:** Please provide three (3) personal references, other than relatives. (Please submit 3 letters of reference)

NAME	ADDRESS	PHONE NUMBER

**QUESTIONS**

YES	NO	
		1. Have you ever been convicted of any violation of the law other than a traffic violation?
		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?
		4. Do you now hold or have you ever held a professional license in N.Y. or any other State?
		<b>Type:</b> <b>State:</b> <b>Lic. No.:</b> <b>Expire Date:</b>
		5. Have you ever been refused a professional license or denied approval to operate an adult home, health facility, community residence, etc.; or had such license or approval suspended: (If yes, PLEASE ATTACH AN EXPLANATION.)

<p><b>AFFIRMATION:</b> 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 residential care facility.</p>	<p><b>SIGNATURE</b></p> <p style="text-align: center; font-size: 1.5em;"><b>X</b></p>	<p><b>DATE:</b></p>
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