

Center for Spectrum Services is requiring all new hires to receive a negative COVID-19 test result 3 days prior to start date or proof of COVID-19 vaccination



70 Kukuk Lane  
Kingston, NY 12401  
tel: 845.336.2616  
fax: 845.336.4153

4 Yankee Place  
Ellenville, NY 12428  
tel: 845.647.6464  
fax: 845.647.3456

**Jamey Wolff** Program Director    **Susan Buckler** Administrative Director  
web: [www.centerforspectrumservices.org](http://www.centerforspectrumservices.org)

## **APPLICATION FOR EMPLOYMENT**

**If you need any assistance completing this application, please ask the H.R. Coordinator. Please read the following statement before completing any information.**

The Center for Spectrum Services is an Equal Opportunity Employer. We comply with all applicable laws regarding equal employment opportunities for all qualified applicants and employees. It is against our policy to discriminate against any qualified applicant or employee on the basis of race, religion, national origin, ancestry, ethnicity, alienage or citizenship status, color, sex or gender, age, disability, genetic predisposition or carrier status, creed, military status, marital status, or any other basis prohibited by federal, state or local law.

### **REFERRAL SOURCE:**

- Walk-In                       Internet                       Newspaper  
 Employee Referral (give name): \_\_\_\_\_  
 Other: \_\_\_\_\_

Facility Location:  Kingston     Ellenville                      Position Desired: \_\_\_\_\_

### **PERSONAL INFORMATION:**

Print Name: \_\_\_\_\_

Present Address:

\_\_\_\_\_ Street                      City                      State                      Zip Code

Permanent Home Address, if different from above:

\_\_\_\_\_ Street                      City                      State                      Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_

Are you over 18 years of age?     YES     NO

Are you legally authorized to work in the United States?     YES     NO

Will you now or in the future require sponsorship for employment visa status (i.e., H-1B visa status)?

YES     NO    (You will be required to demonstrate work authorization in accordance with Form I-9 when you start).

**EDUCATION:** (Names and cities of schools attended)

High School: \_\_\_\_\_

Address: \_\_\_\_\_ Did you graduate or receive a GED [ ] Yes [ ] No

Undergraduate: \_\_\_\_\_ Address: \_\_\_\_\_

From \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate [ ] Yes [ ] No Degree \_\_\_\_\_

Graduate \_\_\_\_\_ Address: \_\_\_\_\_

From \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate [ ] Yes [ ] No Degree \_\_\_\_\_

Other: \_\_\_\_\_

Professional License or Accreditation: State: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**May we contact your current employer for a reference [ ] Yes [ ] No**

**EMPLOYMENT HISTORY:** List the most recent employer first:

1. Present Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Description of Work: \_\_\_\_\_ # of hours worked per week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Past Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Description of Work: \_\_\_\_\_ # of hours worked per week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Past Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Description of Work: \_\_\_\_\_ # of hours worked per week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Past Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Description of Work: \_\_\_\_\_ # of hours worked per week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**PERTINENT JOB RELATED VOLUNTEER EXPERIENCE:**

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

**RELATED SKILLS AND INTERESTS:**

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

Have you ever been employed by the Center for Spectrum Services (formerly known as The Children's Annex)?  YES  NO

If so, date and position \_\_\_\_\_

Have you ever been discharged from employment because your work or conduct was not satisfactory?

YES  NO If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**CONVICTION INQUIRY INFORMATION:**

**\*Note:** The following questions do not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the position(s) for which you are applying will be taken in consideration).

Have you ever been convicted of a crime?  YES  NO If yes, please explain, including the date and nature of the conviction: \_\_\_\_\_

\_\_\_\_\_

**STATE CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT INFORMATION:**

To comply with Section 4410 of Education law, each employee must be cleared with the State Central Register of Child Abuse and Maltreatment (SCR) to determine if they are the subject of an indicated child abuse or maltreatment report. An indicated report may effect the Center for Spectrum Services decision to hire or retain an employee.

Have you ever been convicted of child abuse or child sexual abuse?  YES  NO If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVER LICENSE INFORMATION:**

If the position for which you are applying requires a driver's license, please answer the following questions:

Do you have a valid driver's license?  YES  NO

If yes, driver license identification number \_\_\_\_\_

State Issued \_\_\_\_\_

**APPLICANT ACKNOWLEDGES:**

All information provided by me during the interviewing process is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or if employed, may be just cause for subsequent dismissal. I hereby authorize any former employer, person, firm or corporation listed hereon including the Center for Spectrum Services to answer any and all questions and agree to hold all persons harmless for giving any and all information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. My employment shall be completely voluntary and may be terminated at will at any time upon notice by either myself or the Center for Spectrum Services.

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**REFERENCE RELEASE AUTHORIZATION**

**PROFESSIONAL REFERENCES** (do not provide personal references)

1. \_\_\_\_\_  
Name Telephone Number  
\_\_\_\_\_  
Position  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email Address

2. \_\_\_\_\_  
Name Telephone Number  
\_\_\_\_\_  
Position  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email Address

3. \_\_\_\_\_  
Name Telephone Number  
\_\_\_\_\_  
Position  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email Address

4. \_\_\_\_\_  
Name Telephone Number  
\_\_\_\_\_  
Position  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email Address

I have applied for employment with the Center for Spectrum Services. By this authorization, I hereby release any references listed on this application from any liability or action based upon the content of your answers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address