

PLEASE FAX TO HR AT 845-336-3302

APPLICATION FOR EMPLOYMENT

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

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, sexual orientation, 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
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Permanent Home Address, if different from above:

Street	City	State	Zip Code
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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 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 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 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 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