



Employment Application Instructions

Please print a paper version of this application form.
Complete the form and mail it, along with a cover letter and resume if desired,
to the address below.

Please view the list of current job openings on our website
and include the job title and job listing ID of the position you are applying for:
<https://www.astorservices.org/job-listing/>

Astor Services for Children & Families
Human Resources Department
6339 Mill St
Rhinebeck, NY 12572



ASTOR

SERVICES FOR CHILDREN & FAMILIES

Form PERS-001
REV: 1/01

PO Box 5005 • 6339 Mill Street, Rhinebeck, New York 12572-5005 • (845) 871-1000
(800) 724-0699 • Fax (845) 876-2020

APPLICATION FOR EMPLOYMENT

Astor Services for Children & Families is an Equal Opportunity Employer, and does not discriminate against employees and applicants for employment on the basis of race, color, creed, natural origin, gender, actual or perceived age, citizenship, alienage, disability, marital status or sexual orientation, or as further provided by governing law applicable to the employee's work location.

PLEASE PRINT IN DARK INK OR TYPE - All information requested must be complete in order to be considered.

DATE _____

PERSONAL DATA

NAME: _____
(Last) (First) (Middle Initial) (Social Security #)

PRESENT ADDRESS: _____
(Street)

(City) (State) (Zip) (Telephone)

Is there additional information relative to change of name, use of assumed name or nickname necessary to enable us to check on your work record? Yes _____ No _____ If yes, please indicate: _____

JOB REQUIREMENTS

POSITION(S) DESIRED:

SALARY REQUIREMENTS

1.) _____ \$ _____ per

2.) _____ \$ _____ per

3.) _____ \$ _____ per

Do you want to work: _____ Full Time _____ Part Time _____ Per diem

_____ Temporary _____ Summer Only

Date available for employment: _____

JOB REQUIREMENTS

(Continued)

The following conditions may be required at some time in a job assignment. If required, would you be willing to work:

A. Shift Work? _____ Yes _____ No

Do you want to work a specific shift? _____ Yes _____ No

If yes, what shift? _____ 1st (Days) _____ 2nd (Evenings) _____ 3rd Nights _____ Yes _____ No

B. Overtime work? _____ Yes _____ No

C. Rotational Work Schedule? _____ Yes _____ No

D. Work schedule other than Monday through Friday(i.e., weekends, and/or holidays)? _____ Yes _____ No

EMPLOYMENT EXPERIENCE

List below your last **THREE (3)** employers, starting with your most recent position. If you are unable to provide us with at least 3 prior employers, please list other references below for an overall total of three.

These will be the persons/places contacted as your 3 required references

Name of Company		Supervisor Name	
Address		City	State Zip
Phone No.	Fax No.	Email:	
Your Job Title		Date Employed (Month/Year) From / to /	

Name of Company		Supervisor Name	
Address		City	State Zip
Phone No.	Fax No.	Email:	
Your Job Title		Date Employed (Month/Year) From / to /	

Name of Company		Supervisor Name	
Address		City	State Zip
Phone No.	Fax No.	Email:	
Your Job Title		Date Employed (Month/Year) From / to /	

Comments : _____

Do you have any objections to our contacting your present employer to verify the above?

_____ No objections, you may contact anytime: phone number (_____) _____.

_____ DO NOT CONTACT NOW; you may contact at a later date.

EDUCATIONAL BACKGROUND

School	Name and Address	<u>Graduated</u> (circle)	Degree & Major
High School			
		Yes No	
College			
		Yes No	
Post Graduate			
		Yes No	
Professional, Business or Trade			
		Yes No	
Other			
		Yes No	

GENERAL INFORMATION

- Are you a U.S. Veteran? Yes No
 If yes: Dates of Service from _____ to _____
 Branch of Service _____
- Are you a Reservist? Yes No
 If yes: Active Inactive National Guard Other
- Have you ever been employed by Astor Services for Children & Families? Yes No
 If yes: Dates previously employed _____
 Program Department _____
- Please indicate any other information you think would be helpful to us in considering you for employment, such as additional related work experience, activities, accomplishments, etc. _____

GENERAL INFORMATION

(continued)

5. Have you ever been the subject of an "indicated" report of child abuse or maltreatment through the New York State Central Register? Yes No

If yes, please describe in detail. _____

6. Have you ever been convicted of a crime? Yes No
If yes, please describe in detail the nature and date of conviction. *

* Astor Services for Children & Families adheres to the provisions of Correction Law Article 23-A. That law precludes the denial of employment based upon a conviction. Mitigating factors such as age at time of crime, seriousness of the offense, time elapsed since the offense, rehabilitation, and good conduct will be considered. Among the employment opportunities offered by Astor are positions which are subject to the rules and regulations of the New York State Department of Social Services and The New York State Office of Mental Health, which require Astor Services for Children & Families to obtain a sworn statement as to an applicant's convictions, whether for misdemeanors or felonies, and to evaluate the fitness of the applicant, if such circumstances exist, in accordance with the guidelines of those agencies.

The information that I have provided on this application is accurate to the best of my knowledge and subject to validation by Astor Services for Children & Families.

I understand that, if I am employed, any false statements made as a part of this application will be considered sufficient cause for discharge. I also grant permission to the authorities of the Agency to investigate my references and release the Astor Services for Children & Families from any and all liability from such investigation.

I consent to any and all medical examinations required by the Agency.

I understand that this application is not a contract and is not a contract of employment, and is not intended to create a contract of employment. The employment terms are set forth in the Employee Handbook. I further understand, that if I am employed, my employment may be terminated at the pleasure of the employer without the need for justification.

Signature of Applicant

Date

APPLICATION SELF IDENTIFICATION

Name _____ Last _____ First _____ Middle _____ Date _____

Address _____
Number and Street _____

County _____ City _____ State _____ Zip _____

Social Security Number _____

The following information is being gathered not for employment decisions, but for record-keeping in compliance with Federal laws and regulations. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action Program. Any information provided will be kept confidential and will in no way be part of the selection process. If you choose not to answer any of these questions, you will not be subject to any adverse treatment. However, if you choose not to "self-identify" we are, under Federal regulations, required to maintain race and sex information on the basis of observation or personal knowledge. If you do not wish to furnish this information, please initial in the section below.

Please check the appropriate box:

- | | | | |
|--------|---|-----|---------------------------------|
| Race * | <input type="checkbox"/> White (Not of Hispanic origin) | Sex | <input type="checkbox"/> Female |
| | <input type="checkbox"/> Black (Not of Hispanic origin) | | <input type="checkbox"/> Male |
| | <input type="checkbox"/> Hispanic | | |
| | <input type="checkbox"/> Asian/Pacific Islander | | |
| | <input type="checkbox"/> American Indian / Alaskan Native | | |

* Explanation of categories is on the reverse of this form.

Please initial below *only* if you do not wish to furnish the above information.

I do not wish to furnish this information _____

Initials _____

RACE/ETHNIC CATEGORIES

White (not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa

Hispanic - All persons of Mexican , Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.