



## 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/>

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



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)

E-MAIL: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(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

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? \_\_\_1<sup>st</sup> (Days) \_\_\_2<sup>nd</sup> (Evenings) \_\_\_3<sup>rd</sup> (Nights)

B. Overtime work? \_\_\_Yes \_\_\_No

C. 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 ___ / ___	
Reason for Leaving			

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

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

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	Graduated (circle)	Degree & Major
<i>High School:</i>		Yes / No	
<i>College:</i>		Yes / No	
<i>Post Graduate:</i>		Yes / No	
<i>Professional, Business or Trade:</i>		Yes / No	
<i>Other:</i>		Yes / No	

**GENERAL INFORMATION**

1. Are you a U.S. Veteran? \_\_\_Yes \_\_\_No

If yes: Dates of Service from \_\_\_\_\_ to \_\_\_\_\_

Branch of Service \_\_\_\_\_

2. Are you a Reservist? \_\_\_Yes \_\_\_No

If yes: \_\_\_ Active \_\_\_ Inactive \_\_\_ National Guard \_\_\_ Other: \_\_\_\_\_

3. Have you ever been employed by Astor Services for Children & Families? \_\_\_Yes \_\_\_No

If yes: Dates previously employed : \_\_\_\_\_

Program Department: \_\_\_\_\_

4. 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. \_\_\_\_\_

\_\_\_\_\_

5. Were you referred by someone at Astor Services for Children & Families? \_\_\_Yes \_\_\_No

If yes: Please Provide Name \_\_\_\_\_

**GENERAL INFORMATION**

( continued)

6. 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. \_\_\_\_\_

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

*\*Question 7 is not applicable to applicants of the Bronx program.  
Applicants for all other programs, please complete.*

7. \*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 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.*

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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, and it is determined that I included any false statements as part of this application, my employment may be terminated. I also grant permission to the authorities of the Agency to investigate my references and release 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 \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

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\*  White (Not of Hispanic origin)  
 Black (Not of Hispanic origin)  
 Hispanic  
 Asian / Pacific Islander  
 American Indian / Alaskan Native  
 Two or More Races

- Sex  Female  
 Male

\* 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.