



10 Children's Way  
Poughkeepsie, NY 12601  
(845) 452-1420

# APPLICATION FOR EMPLOYMENT

\*WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT AGENCY\*

FOR OFFICE USE ONLY  
Date Rec'd by HR:

## PERSONAL INFORMATION (Please Print Clearly)

Full Name		Date
Current Address (number and Street, Box Number)		
City	State	Zip Code
Permanent Address (number and Street, Box Number)		
City	State	Zip Code
Phone Number(s)		
Position(s) applying for:		
Availability - Check all that apply <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		Days, Shifts and Hours you <u>cannot</u> work:
If currently employed, why do you wish to change your position?		
Have you worked for this agency in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied to this agency in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No

## EDUCATION

Type of School	Name and Location	Number of Years Completed	Graduated	Degree/Certificate
High School/ GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> H.S. Diploma <input type="checkbox"/> G.E.D.
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list additional applicable experience.				

## MILITARY EXPERIENCE

Have you ever served in the Armed Forces of The United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	Dates of Service
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## EMPLOYMENT HISTORY

List your employment history for the past six years. Starting with the most recent position, include your past 3 employers.

Dates		Employer	Position Held	Supervisor	Rate of Pay	Reason for Leaving
Month:	Month:	Name & Address:				
Year:	Year:					
		Phone Number:				
Month:	Month:	Name & Address:				
Year:	Year:					
		Phone Number:				
Month:	Month:	Name & Address:				
Year:	Year:					
		Phone Number:				
Month:	Month:	Name & Address:				
Year:	Year:					
		Phone Number:				
Month:	Month:	Name & Address:				
Year:	Year:					
		Phone Number:				

I certify that the above represents the most recent employers. I authorize The Children's Home of Poughkeepsie to obtain information about me from my previous employers.

\_\_\_\_\_  
Signature

## CHARACTER REFERENCES

List below three persons, **not related**, whom you have known at least one year. Complete addresses must be provided. Please print accurately & clearly to assure the return of reference check.

Name	Address (Number and Street, Box Number)	City	State	Zip Code

## DRIVING HISTORY

Do you possess a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, State of issue:
Are you at least 21 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had your license for at least 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how long have you had your license?
Have you had any traffic violations, accidents or suspensions in the past 3 years? <i>Violations will not necessarily disqualify applicant.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:		
Have you had a DWI or DWAI in the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**NOTICE TO APPLICANT:**

The Children’s Home is authorized to request a criminal record check of prospective employees according to Section 378-a of the Social Services Law. That Section provides: “Subject to rules and regulations of the division of criminal justice services, an authorized agency shall have access to conviction records maintained by state law enforcement agencies pertaining to persons who have applied for and are under active consideration for employment by such authorized agency in positions where such persons will be engaged directly in the care and supervision of children.”

**Conviction(s) will not necessarily disqualify applicant.**

I certify that **I have** been convicted in New York State or any other jurisdiction of a misdemeanor or felony crime.  
Further, I hereby consent to the release of any and all records of criminal conviction.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that **I have not** been convicted in New York State or any other jurisdiction of a misdemeanor or felony crime.  
Further, I hereby consent to the release of any and all records of criminal conviction.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHAPTER 424-a of the Social Services Law of the State of New York requires that The Children’s Home of Poughkeepsie, New York inquire of the New York State Office of Children and Family Services, whether any person who is actively being considered for employment with child caring responsibilities has been or is currently the subject of an indicated child abuse and maltreatment report on file with the statewide Central Register of Child Abuse and Maltreatment.

I certify that **I have** been the subject of an indicated (founded) report of child abuse or maltreatment.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that **I have not** been the subject of an indicated (founded) report of child abuse or maltreatment.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Further, I authorize investigation of all matters contained in this application and agree that if, in the judgment of the agency, any misrepresentation has been made by me or the results of the agency investigation are not satisfactory, any offer, or employment by the agency, may be terminated immediately without any obligation or liability other than for payment for services actually rendered.

Further, I understand that the agency conducts screening for illegal drugs as part of the pre-employment physical. I hereby consent to such screening.

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

**Applications that are incomplete or contain inadequate or unverifiable information will be rejected.**

**CHILD CARE APPLICANT ONLY - COMPLETE THIS PAGE**

Elaborate on the following stating specifically what you can contribute to each area.

**Artistic abilities and interests:**

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**First Aid and/or life saving:**

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**Athletic Skills - Interests:**

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**Musical Abilities - Interests:**

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**Do you play a musical instrument?**

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**Cooking and sewing abilities:**

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**Outdoor camping skills - interests:**

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**Drama abilities- interests:**

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**Other:**

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# RELEASE FORM

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845-452-1420

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I have applied for employment at The Children's Home of Poughkeepsie as a \_\_\_\_\_.  
(position applied for)

I \_\_\_\_\_ authorize The Children's Home of Poughkeepsie to obtain information about me  
(print name)

from any and all of my previous employers or schools that I have attended.

I authorize my former employers and schools to release and disclose any such information to The Children's Home.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date