



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

APPLICATION FOR EMPLOYMENT

The Children's Home of Poughkeepsie 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, alienage, citizenship status, color, familial status, sex, sexual orientation, gender identity and/or expression, genetic predisposition and/or genetic information, age, disability, creed, military status, marital status or any other basis prohibited by federal, state or local law.

PERSONAL INFORMATION (Please Print Clearly)

Full Name		Date
Current Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Cell Phone	Home Phone	
Email Address		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you now or in the future require sponsoring for employment visa status (e.g., H-1B visa status)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: If hired, your employment will be contingent upon verification of your eligibility to work in the United States. You will be required to complete Section 1 of Form I-9, Employment Eligibility required by the U.S. Department of Homeland Security, no later than the date of hire and to provide acceptable identity and employment eligibility document(s) within three days of hire. In the event you do not have, or cease to have, such documentation, all terms and conditions of this offer will be withdrawn forthwith and The Children's Home of Poughkeepsie shall have no liability of any sort whatsoever to you arising out of, or in connection with, this offer. You will be provided with a copy of Form I-9 plus a list of acceptable documents with the new hire package.)		
Have you applied to this agency in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worked for this agency in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list position and dates of employment
How did you hear about this organization? <input type="checkbox"/> Internet/Website <input type="checkbox"/> Social Media <input type="checkbox"/> Radio Ad <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Career Fair <input type="checkbox"/> Open House <input type="checkbox"/> Friend, Family, acquaintance. Please provide their name:		
What position(s) are you applying for?		
Are you Available for: weekdays weekends evenings overnights double shifts (circle all that apply)	Are there any days or times you CANNOT work?	
Date available to start:	Salary Desired:	
If you are currently employed, why do you wish to change your position?		

EDUCATION

Type of School	Name and Location	Degree/Certificate Issued
High School/ GED		<input type="checkbox"/> Yes <input type="checkbox"/> No
College (Associate's Degree)		<input type="checkbox"/> Yes <input type="checkbox"/> No
College (Bachelor's Degree)		<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 any other applicable training, licenses (plus state of licensure), certifications, or experience:		
Fluency in language other than English	<input type="checkbox"/> Yes If yes, what languages? <input type="checkbox"/> No	
Software skills/ knowledge/experience		

US MILITARY SERVICE

Branch	Dates of Service	Rank
Description of Duties or any specialized training:		

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 three (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 three (3) years?* <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:
Have you been convicted of driving under the influence ("DUI") or driving while intoxicated ("DWI"), or found guilty of driving while ability impaired (DWAI) in the past ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain and list year of conviction:	
*Convictions and/or violations will not necessarily disqualify applicant. Employment decisions will be based on an individualized assessment and may depend on insurability of applicant.	

EMPLOYMENT HISTORY

Please list your employment history for the last 10 years, beginning with the most recent employer. ***This section must be completed even if you have a resume.*** Your application will not be considered if this section is not complete

Employer Name:	Employment Dates: From (mm/yy):	To (mm/yy):
Employer Address:	Job Title:	
Employer Phone Number (with area code):	Type of Business	
Job Duties:		
Reason For Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contingent Upon Offer		

Employer Name:	Employment Dates: From (mm/yy):	To (mm/yy):
Employer Address:	Job Title:	
Employer Phone Number (with area code):	Type of Business	
Job Duties:		
Reason For Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name:	Employment Dates: From (mm/yy):	To (mm/yy):
Employer Address:	Job Title:	
Employer Phone Number (with area code):	Type of Business	
Job Duties:		
Reason For Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT HISTORY CONTINUED

Employer Name:	Employment Dates: From (mm/yy):	To (mm/yy):
Employer Address:	Job Title:	
Employer Phone Number (with area code):	Type of Business	
Job Duties:		
Reason For Leaving:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been discharged from a job for misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

CHARACTER REFERENCES

Please list three (3) persons, not related to you, whom you have known for at least one (1) year				
Name and Address	Relationship to reference	Phone	Email	How long known

Please list any job related skills or interests – examples include but are not limited to: artistic/musical/theatrical skills or interests, crafts/sewing/cooking skills, outdoor/sports experience or interests.

Write a paragraph explaining why you feel you would be an asset to The Children’s Home of Poughkeepsie.

NOTICE TO APPLICANT:

The Children’s Home of Poughkeepsie is required to request criminal history information of all prospective employees pursuant to Sections 378-a(1) and 378-a(1)(A) of the Social Services Law. **Convictions will not necessarily be a bar to employment.**

<input type="checkbox"/>	<p>I certify that <i>I have</i> been convicted in New York State or any other jurisdiction of a misdemeanor or felony crime.*</p> <p>Further, I hereby consent to the release of any and all records of criminal conviction.</p> <p>Signature: _____ Date: _____</p>
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<input type="checkbox"/>	<p>I certify that <i>I have not</i> been convicted in New York State or any other jurisdiction of a misdemeanor or felony crime.*</p> <p>Further, I hereby consent to the release of any and all records of criminal conviction.</p> <p>Signature: _____ Date: _____</p>
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*Note: This question does not apply to convictions which have been expunged, youthful offender status, sealed, pardoned, or otherwise exonerated or eradicated. A conviction record will not necessarily be a bar to employment.

CONVICTION STATUS RECORD & CHILD ABUSE/MALTREATMENT

If you answered “yes” and have been convicted of a felony or misdemeanor, please provide additional information below, such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a “yes” answer to this question does not necessarily disqualify an applicant from employment. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense. The agency reserves the right to reject individuals for employment based on job-related convictions.

This Section does not apply to convictions which have been expunged, youthful offender status, sealed, pardoned, or otherwise exonerated or eradicated.

Date of offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

Section 424-a of the Social Services Law of the State of New York requires that The Children’s Home of Poughkeepsie 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.

<input type="checkbox"/>	<p>I certify that <i>I have</i> been the subject of an indicated (founded) report of child abuse or maltreatment.*</p> <p>Signature: _____ Date: _____</p>
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<input type="checkbox"/>	<p>I certify that <i>I have not</i> been the subject of an indicated (founded) report of child abuse or maltreatment.*</p> <p>Further, I hereby consent to the release of any and all records of criminal conviction.</p> <p>Signature: _____ Date: _____</p>
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*Note: This information will not necessarily be a bar to employment. However, The Children’s Home will consider the results of the investigation and relationship to the functions and qualifications of the position for which you are applying.



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CERTIFICATION & RELEASE FORM – PLEASE READ CAREFULLY

I certify that the information provided on this application for employment is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause may result in the withdrawal of an offer of employment, or discharge from employment.

I authorize investigation of all statements contained in this application. Accordingly, I consent to and authorize The Children's Home of Poughkeepsie to contact my former employers, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give Children's Home (without further notice to me) any and all information about my previous employment and education, along with other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a reference. Also, I understand my employment is contingent on Children's Home receiving satisfactory employment references.

I understand that my employment with Children's Home will be conditioned upon the satisfactory completion (i.e.: negative results) of a pre-employment substance screening test.

I understand that a background investigation will be conducted, which, depending upon the position I have applied for, may include personal reference checks, a motor vehicle license check, a criminal history record check, and/or fingerprinting.

I understand and agree that my employment is for an indefinite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. Neither this application nor any other document (unless an agreement executed by The Children's Home) or statement can constitute an agreement or contract for employment for any specified period or definite duration or, in any way, limit the at-will nature of my employment. I expressly agree and understand that nothing in this application makes a binding or enforceable promise of specific treatment in specific situations.

Signature: _____ Date: _____

Print Name: _____