



YOUTH AND FAMILY SERVICES

fostering good.™

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 Randolph, NY 14772  
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 Fax 716-358-3676  
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 Lockport, NY 14094  
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# Application for Employment

## Our Mission

New Directions fosters resilient, self-reliant families and permanence for at-risk children, in the shortest time possible, by promoting safe, respectful, responsible, goal-directed behavior.

*New Directions Youth & Family Services is an Equal Opportunity Employer. Our application form is designed to discern an applicant's skills, knowledge, and abilities based on specific job requirements. Questions are designed to collect enough data for us to evaluate an applicant's abilities to successfully perform the job for which she/he is applying. It is the policy of New Directions Youth & Family Services to offer equal employment opportunity to all persons without regard to race, color, creed, national origin, gender, marital status, age, or disability. No job applicant is to be discriminated or given preference because of these factors.*

**Position(s) Desired** \_\_\_\_\_

### Personal Identification

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address: \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Since \_\_\_\_\_  
(Month/Year)

Please provide a record of your previous addresses for the past seven years. Use an additional sheet if necessary.

Street Address \_\_\_\_\_ City, State Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

Street Address \_\_\_\_\_ City, State Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

Street Address \_\_\_\_\_ City, State Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

Do you have a legal right to work in this country?  Yes  No

*(Proof of citizenship or immigration status will be required upon employment.)*

Have you ever been employed by New Directions Youth and Family Services?  Yes  No

If yes, Dates and Supervisor \_\_\_\_\_

Do you have any relatives employed by New Directions Youth and Family Services?  Yes  No

If yes, Name(s), Program and Position \_\_\_\_\_

Can you perform the duties of the job for which you are applying in a reasonable manner?  Yes  No

Education	Name of School & Address	Major Course	Highest Grade Completed (circle)	Degree/Diploma
High School			9 10 11 12	
College/University			1 2 3 4	
Professional/ Graduate School			1 2 3 4	

How did you learn about New Directions Youth & Family Services?

Advertisement  
 Please indicate where \_\_\_\_\_

An Employee referred me  
 Name of Employee \_\_\_\_\_

Walk in  
 An employment agency  
 Other \_\_\_\_\_

## Previous Employment Record

Please list each job held starting with your present or most recent job.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\* If "No," please explain. \_\_\_\_\_



Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Description of duties: \_\_\_\_\_



Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Description of duties: \_\_\_\_\_



Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Description of duties: \_\_\_\_\_

## Personal References

Please provide three personal references. Do not list a relative or someone living with you.

	Name	Address (city, state, and zip code)	Occupation	Phone	Years Known
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

## Background Experience

In the space provided below, describe any background experiences, specialized training, and skills related to the position(s) you have applied for that makes you a good candidate for this job.

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## Social Services Law Requirement

Section 424-A of the Social Services Law requires that persons applying for employment with child care agencies, applicants to adopt a child, or applicants to be foster parents be cleared with the State Central Register of Child Abuse and Maltreatment to determine if are the subject of an indicated child abuse or maltreatment record.

1. Has the Department of Social Services or Office of Children and Family Services (Local or State) or any government agency in any jurisdiction ever informed you that it has found you to have abused, neglected or maltreated a child?

Yes       No      If yes, explain: \_\_\_\_\_

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2. Are you currently being investigated on charges that you have abused, neglected or maltreated a child in any way?

Yes       No      If yes, explain: \_\_\_\_\_

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## Driving Record and License Fill out this section if you are applying for a position that would require you to drive.

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

1. Is your Driver's License currently valid?      1.     Yes       No

2. Have you had a valid Driver's license for at least 3 years?      2.     Yes       No

## Exclusion Status

1. Have you ever been excluded, as an employee or provider, from participating in a federal or state healthcare program?      1.     Yes       No

2. Is any professional license or certification you hold currently revoked or suspended?      2.     Yes       No

If yes to either #1 or #2 above, please explain: \_\_\_\_\_

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## **Applicant Releases**

*Employment with New Directions Youth & Family Services, Inc. is contingent upon the results of reference checks, background checks, MVR, fingerprinting, and a drug screening test. New Directions Youth & Family Services Inc. is authorized to investigate all statements made on the application and to discuss the results of its investigation with those responsible for hiring. New Directions Youth & Family Services, Inc. may also contact my former employer(s) or other persons who can verify information. Furthermore, I waive my right to read and review the information obtained.*

*I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation. This authorization is valid for a period of one (1) year.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### **Applicant's Acknowledgment of Substance Abuse Testing Policy**

*I acknowledge and understand that in accordance with New Directions Youth and Family Services, Inc. Drug and Alcohol policy, I will undergo testing for controlled substances, alcohol, and illegal drugs as a condition for employment. The drug screening test will be administered at a time and place specified by New Directions Youth & Family Services, Inc. New Directions Youth & Family Services has the right to revoke any offer of employment based on the failure of a drug screen or a failed background check.*

*I understand that refusal to take this test, or failure of this test, will result in New Directions Youth and Family Services, Inc. denying my application for employment. I understand that I will be required to execute a consent and release for substance abuse testing and that my refusal to execute a consent and release for testing will result in New Directions Youth and Family Services Inc. denying my application for employment.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### **Applicant Statement**

*The facts set forth in my application are true and complete. I understand that if employed, false statements on this application shall be sufficient cause for dismissal. I also understand that my employment at New Directions Youth and Family Services, Inc. is at will and that, just as I may quit at any time for any reason, I may be terminated at any time for any reason. I understand that all applicants for employment at New Directions Youth and Family Services, Inc. are screened through the New York State Central Registry of Child Abuse & Maltreatment. I understand that my employment is contingent upon the results of that screening process. I agree to cooperate fully with New Directions Youth and Family Services, Inc. in supplying or assist in gathering any necessary documents as required to complete this application. I understand that if employed, periodic background checks including MVR will continue while employed at New Directions.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Employment Application Continuation Sheet

Applicant's Name \_\_\_\_\_

### Previous Addresses – Past Seven Years

Street Address _____	City, State Zip _____	From _____	To _____
		(Month/Year)	(Month/Year)
Street Address _____	City, State Zip _____	From _____	To _____
		(Month/Year)	(Month/Year)
Street Address _____	City, State Zip _____	From _____	To _____
		(Month/Year)	(Month/Year)
Street Address _____	City, State Zip _____	From _____	To _____
		(Month/Year)	(Month/Year)
Street Address _____	City, State Zip _____	From _____	To _____
		(Month/Year)	(Month/Year)
Street Address _____	City, State Zip _____	From _____	To _____
		(Month/Year)	(Month/Year)

### Other Comments

Item \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Voluntary Self-Identification (Confidential – For statistical use only)

New Directions Youth & Family Services is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is **voluntary** and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application. We appreciate your cooperation.

### Please Complete in Full:

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

Check one:  Male  Female

Applicants Zip Code: \_\_\_\_\_

### Ethnic Group:

Please check one of the descriptions below describing the ethnic group with which you most identify.

\_\_\_\_\_ **Native American or Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original Peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

\_\_\_\_\_ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **White**- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ **Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**Personal and Confidential**

\* This page contains sensitive information!

**EMPLOYMENT RELATED**  
**FAIR CREDIT REPORTING ACT DISCLOSURE AND RELEASE**

In connection with my application for employment or continued employment with New Directions Youth & Family Services, Inc., I understand that consumer reports that may contain personal and public records information may be requested from a consumer reporting agency ("CRA") for purposes of investigating my driving record, criminal background, child abuse & maltreatment status and sexual offender status. These reports are limited to the following types of records: employment records, motor vehicle records, criminal records and court records.

I understand that I have the right to request, in writing, within a reasonable time, that New Directions Youth & Family Services, Inc. make a complete and accurate disclosure of the nature and scope of the investigation and that such disclosure will be made to me within five (5) days after New Directions Youth & Family Services, Inc. receives my request or the report was first requested, whichever is later. I also understand that I may request a copy of the summary of consumer rights required by § 609 of the Fair Credit Reporting Act.

**I AUTHORIZE NEW DIRECTIONS YOUTH & FAMILY SERVICES, INC. TO OBTAIN CONSUMER REPORTS ON MY DRIVING RECORD, CRIMINAL BACKGROUND, CHILD ABUSE & MALTREATMENT STATUS AND SEXUAL OFFENDER STATUS. I ALSO AUTHORIZE ANY PARTY OR AGENCY CONTRACTED BY NEW DIRECTIONS YOUTH & FAMILY SERVICES, INC., OR THE CRA TO RELEASE ANY OR ALL OF THE ABOVE-MENTIONED RECORDS AND INFORMATION. I RELEASE FROM LIABILITY ANY PERSON WHO FURNISHES RECORDS OR INFORMATION IN CONNECTION WITH THIS FORM.**

If I am hired or am presently employed, this authorization shall remain on file and shall serve as ongoing authorization for New Directions Youth & Family Services, Inc. to obtain my driving record, criminal background, child abuse & maltreatment status and sexual offender status.

(Failure to authorize New Directions Youth & Family Services, Inc. to obtain the above reports will result in the denial of employment of an applicant, or termination of employment if already employed.)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

List All Previous Names Used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_