



LIFELONG LEARNINGSM

Employee Application

All sections must be completed. Attaching a resume does not preclude a completed application.

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www.AndersonCenterforAutism.org

1 Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home phone: () _____ Email Address: _____

Cell Phone: () _____ Desired Salary: _____ Social Security #: _____ - _____ - _____

Desired Position: _____

Shift Availability: Day _____ Evenings _____ Nights _____

Have you ever worked for Anderson Center for Autism or Anderson School? [] Yes [] No

If yes, when? _____

Are you a citizen of the U.S.: [] Yes [] No If no, are you authorized to work in the U.S.? [] Yes [] No

Did you attend school or were you ever employed by a name other than indicated above: [] Yes [] No

If yes, please specify: _____

How were you referred to Anderson Center for Autism?

[] Internet [] Newspaper [] Friend

[] Employee Referral (give name): _____

[] Other: _____

Please list all relatives currently working at Anderson Center for Autism:

2 Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

3 Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate or receive a GED? [] Yes [] No

College: _____ Address: _____

From: _____ To: _____ Did you graduate? [] Yes [] No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? [] Yes [] No Degree: _____

Other: _____ Address: _____

Languages Spoken: _____

Licenses/Certifications: _____

4 Current and Previous Employment (list most current employment first)

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

6 Driver's Certification (as part of your job duties, you may be required to drive an agency vehicle.)

Do you have a license to drive a car? [] Yes [] No Specify which state: _____

Have you ever had a driver's license suspended? [] Yes [] No

If yes, please provide details: _____

Have you ever had a driver's license revoked? [] Yes [] No

If yes, please provide details: _____

Have you ever had a D.W.I. / D.W.U.I. / D.W.A.I.? [] Yes [] No

If yes, please provide details: _____

Have you ever had an accident that has resulted in an injury to anyone or property damage? [] Yes [] No

If yes, please provide details: _____

7 Background Screening

Section 424-a of the NYS Social Services law requires that persons applying for employment with Child Care agencies be cleared with the State Central Registry to determine if they are the subject of an indicated child abuse or maltreatment report.

Have you ever had an indicated (founded) case of child abuse, maltreatment, or neglect filed against you? [] Yes [] No

If yes, please provide details: _____

Please provide accurate and complete information in response to the following questions. This information will be taken into account in the employment process. Exclude only arrests without convictions. **Please note that a criminal record will not necessarily disqualify you from employment.**

Have you ever been convicted of a felony or misdemeanor? (Include military service conviction)

[] Yes [] No

If yes, please provide explanation, disposition and dates convicted: _____

Do you currently have felony or misdemeanor charges pending? [] Yes [] No

If yes, please explain: _____

8 Equal Employment Opportunity Statement

Anderson Center for Autism is committed to provide a diverse workforce by ensuring that discrimination barriers to equal employment opportunity and upward mobility do not exist here. Equal opportunity means employment, development and promotion of individuals without consideration of race, color, disability, religion, age, gender, marital status, national origin, sexual orientation, veteran status or citizenship status, unless there is a bona fide occupational requirement which excludes a person in one of these protected groups.

9 Affirmation Statement

All of the statements within this employment application are true to the best of my knowledge and may be investigated by Anderson Center for Autism. **I understand that any false statement or willful omission in this application will cause rejection or dismissal and that my employment is contingent upon satisfactory references.** I acknowledge that if offered a position with Anderson Center for Autism, I will be required to submit to a Drug Screening and a failed drug test may result in withdrawal of employment offer. Anderson Center for Autism is an at-will employer and has the right to terminate employment at anytime.

Signature: _____ Date: _____

I, the undersigned, as part of this application for employment at Anderson Center for Autism , hereby authorize all companies, education institutions, persons, law enforcement agencies, military services, former employers, and other who may have data required by Anderson Center for Autism, to release information in their possession which they may have about me for the sole and express purpose of verifying this application of employment, and I hereby release and waive any and all claims against the persons or companies so requested from any liability or responsibility for the consequences of the release of information requested by the Anderson Center for Autism.

Signature: _____ Date: _____