



356 Main Street ER
 Randolph, NY 14772
 716-358-3636

6395 Old Niagara Road
 Lockport, NY 14094
 716-433-4487

Intern Application

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 against or given preference because of these factors.

Position(s) Desired _____

Are you a Student of the SUNY Buffalo School of Social Work? Yes No

Personal Identification

Name: _____ Phone Number _____

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?
(Proof of citizenship or immigration status will be required upon employment.) Yes No

Are you at least 21 years of age? Yes No

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

If yes, Dates & 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, a friend, or a relative - Name _____

walk in

an employment agency

other _____

Previous Employment Record

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

Employer: _____ Phone: _____ May we contact this employer?
Address: _____
Dates Employed: _____ Position held: _____ Salary: _____ Yes
Supervisor: _____ Reason for leaving: _____ No*
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.	_____	_____	_____	_____	_____



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: _____

Sex: (Circle the appropriate response) Male Female

Date of Birth: _____

Applicant's Zip Code: _____

Ethnic Group:

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

___ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America or South America (including Central America), and who maintains tribal affiliation or community attachment.

___ **Asian** - 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** - A person having origins in any Black racial groups.

___ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original 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 (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

___ **Multi-Ethnic/Multi-Racial**

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records!

Intentionally Blank

Intentionally Blank



Employment Application Continuation Sheet

Applicant's Name _____

Previous Addresses - Past Seven Years

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

Other Comments

Item _____

Comment _____

Item _____

Comment _____

Item _____

Comment _____

Background Experiences

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.

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 care parents to be cleared with the State Central Register of Child Abuse and Maltreatment to determine if they have been subject of an indicated child abuse or maltreatment report.

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:

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:

Driving Record and Licensure

Fill out this section only if this box is checked.

Driver's License Number _____ State _____

- | | | | |
|--|----|------------------------------|-----------------------------|
| 1. Have you had your Driver's License for at least 3 years? | 1. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is your Driver's License currently subject to any restrictions imposed by a local or state legal authority? | 2. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you been convicted of a moving violation within the last 3 years? (Include any and all infractions, e.g. speeding, disobeying a traffic device, no seat belt, use of a cell phone, etc.) | 3. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has your license ever been suspended? | 4. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Has your license ever been revoked? | 5. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever been convicted of any other crime involving a motor vehicle? (Include alcohol or drug related, e.g. DWI, DUI, DWAI.) | 6. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you had any other occurrence involving harm to anyone or property while driving? | 7. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of 1. through 7. above, please explain:

Criminal Record

Have you ever been convicted of a felony in NYS or in any other jurisdiction? Yes No

If yes, please explain:

Applicant Releases

I authorize New Directions Youth and Family Services, Inc. to conduct a background investigation in order to assess my eligibility for a position of employment. I authorize all persons who may have information relevant to this investigation to disclose it (including photocopies where requested) to New Directions Youth and Family Services, Inc., or their agents. I release all persons of liability on account of such disclosure. I understand that the investigation may include verification of employment, education, driving record, criminal record check, sexual offender check and opinions of reference. 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. substance abuse testing policy I will be required to submit a sample of my urine for chemical or other analysis. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited controlled substances in my urine.

I understand that refusal to take this test, attempts to adulterate the sample, or a positive test for illegal drug use 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 substance abuse testing will result in New Directions Youth and Family Services, Inc. denying my application for employment.

Signature of Applicant _____ Date _____

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.

Signature of Applicant _____ Date _____