

Application For Employment

The Children's Home of Easton
2000 S. 25th Street
Easton, PA 18042



We are an Equal Opportunity Employer
Please complete this application in its entirety and return in a timely manner for consideration.

Date:

APPLICANT INFORMATION:

Name (First, Middle, Last):

Address(street, city, state, zip code):

Day Telephone:

Evening Telephone:

Social Security #:

Are there other names under which you have worked or attended school? Yes No

If yes, please list for reference checking purposes.

Are you legally authorized to work in the U.S.? Yes No (If hired, you will be required to provide proof of work authorization.)

Are you 21 years or older? Yes No (If yes, please skip the next question.)

Are you at least 18 years old? Yes No

If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Are you willing to submit to Pennsylvania State Police Criminal History clearances, Pennsylvania Child Abuse History clearances, and possibly FBI fingerprinting? Yes No

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?

Yes No

If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted.

(Convictions are not an automatic bar to employment.)

Do you have any *pending* criminal charges against you? Yes No

If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

Have you ever applied at this agency before?

Yes No If yes, when:

Have you ever worked at this agency before?

Yes No If yes, when:

POSITION APPLYING FOR:

Salary Preference

Shift Preference

(position title)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> 1 st Shift <input type="checkbox"/> Overnight <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift
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Are you interested in a "Live-In" position? Yes No

When can you start?

How were you referred to the agency? Newspaper On-line Employment Agency Friend/Relative
 Walk-In Other:

SPECIAL SKILLS:

1. (If relevant, please describe word processing speed, software knowledge, and office equipment experience.)
2. Other skills:

EDUCATION:

School	Name & Location (city, state)	#of yrs. completed	Major Subject	Diploma or Degree Rec'd
High				<input type="checkbox"/> Yes <input type="checkbox"/> No or <input type="checkbox"/> GED
				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

TRAINING COURSES:

List any relevant training programs completed.

Course	Organization Sponsoring	Content	Date(s) Attended

REQUIRED LICENSE(S):

You may be required to drive an agency vehicle as part of your job duties.

Do you possess a VALID driver's license? Yes No

Driver's License #: state issued:

Are you licensed with any group, association or society relating to the job for which you are applying?

Yes Registration or License #:

State Issued: Expiration Date:

No

EMPLOYMENT HISTORY

(start with most recent)

Name of Employer: Address: Telephone #: Job Title: Employment Dates (month/year): From: To: Name of Immediate Supervisor: Description of duties: Reason for Leaving: Salary- start: end: If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer: Address: Telephone #: Job Title: Employment Dates (month/year): From: To: Name of Immediate Supervisor: Description of duties: Reason for Leaving: Salary- start: end: May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Employer: Address: Telephone #: Job Title: Employment Dates (month/year): From: To: Name of Immediate Supervisor: Description of duties: Reason for Leaving: Salary- start: end: May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES:

(Please include all information, we may contact references either by mail or by phone.)

WORK REFERENCE (former employer; former supervisor)

Name: Day Telephone:
Address: Evening Telephone:
Relationship:

PROFESSIONAL REFERENCE (co-worker, clergy, business associate, etc.; knows you on a professional level)

Name: Day Telephone:
Address: Evening Telephone:
Relationship:

PERSONAL REFERENCE (friend, neighbor, someone you have known for at least one-year)

Name: Day Telephone:
Address: Evening Telephone:
Relationship:

PLEASE READ CAREFULLY BEFORE AGREEING TO THIS FORM

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the agency to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the agency, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the agency is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the agency's, unless specifically provided otherwise in a written employment contract. I further understand that no agency employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer of the agency, and then only by means of a signed, written document.

I have read and agree to the above-mentioned terms.

Signed by Applicant _____ Date: _____

(Your signature will be accepted during an interview.)

BUSINESS USE ONLY:

First Interview-

Date: _____ Time: _____ Interviewer: _____

Second Interview-

Date: _____ Time: _____ Interviewer: _____

Executive Introduction and Approval (please initial): _____