

# EMPLOYMENT APPLICATION

Date of Application \_\_\_\_\_  
 Position applied for \_\_\_\_\_  
 Interested in working: Full Time or Part time  
 (circle one)

## PLEASE PRINT CLEARLY

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
(____) _____ Telephone Number(s)	OR (____) _____ Best time to contact you?	Email address	

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_      Are you 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have Pennsylvania and FBI criminal history clearances completed within one year of date of application? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please indicate what type of Visa you hold \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_ (A conviction will not necessarily disqualify you from the job)

Have you ever been convicted of a traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_ (A conviction will not necessarily disqualify you from the job)

Please indicate any commitments such as other jobs, classes or regular appointments that you would like us to consider as your scheduling preference. This will be the times you would **prefer not to work** due to these activities. (Example: Wednesday 6pm-9pm - Classes)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What interested you in this position? \_\_\_\_\_  
 \_\_\_\_\_

Describe any experience you have working with individuals with mental or physical disabilities: \_\_\_\_\_  
 \_\_\_\_\_

Describe any personal strengths that you have that would be assets to this position: \_\_\_\_\_  
 \_\_\_\_\_

How long is your commitment to the State College Area? \_\_\_\_\_      How did you learn about this position? \_\_\_\_\_

**PREVIOUS EMPLOYMENT** – please list starting with your current or most recent employment.

Dates of Employment	Employer Name and Address	Position	Reason for Leaving	Supervisor's Name	Phone Number
From To					( ) -
From To					( ) -
From To					( ) -

If you are currently employed, may we inquire of your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please indicate why? \_\_\_\_\_

Have you ever been disciplined or terminated for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, why? \_\_\_\_\_

Please explain any and all gaps in employment: \_\_\_\_\_

**EDUCATION**

School	Name/Address	Course of Study	Years Attended/ Number of Credits	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Technical/Business/Other				

List any current licenses or certificates that you feel might be important in this position.

License/Certificate	Licensing Authority	Expiration Date

You may be required to have a physical and tuberculosis test at your own expense. In addition, you will be required to obtain a criminal clearance. The facts set forth in this application for employment are true and accurate. I understand that if employed, false information on this application shall be considered sufficient cause for dismissal. I understand that an inquiry may be made regarding the information that I have provided as well as any other applicable information. I agree to comply with the policies, procedures, rules, and regulations of The Arc and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the organization or myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date