

APPLICATION FOR EMPLOYMENT

Alternative Community Resource Program, Inc. is an equal opportunity employer and does not discriminate by race, color, religious creed, ancestry, sex, handicap, age or national origin. Physical or mental handicaps will be considered only as they relate to job requirements.

P E R S O N A L	Last Name		First	Middle	Date	
	Street Address				POSITION APPLIED FOR	
	City, State, Zip				Daytime/Work Telephone	
	How long have you lived at this address?				Evening/Home Telephone	
	Are you over 18 years of age?				Social Security #	
	Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Time available to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends			
	Do you have any physical/mental impairments which might interfere with your ability to perform the tasks required by this position? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain:		

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other (GED/ CLEP, etc.)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

V E H I C L E	DO YOU HAVE UNRESTRICTED USE OF AN INSURED VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	If yes, please complete the following:		<table border="1"> <tr> <th>Driver's License #</th> <th>State</th> <th>Expiration</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Driver's License #	State	Expiration			
	Driver's License #	State	Expiration						
	Insurance Company		<table border="1"> <tr> <th>Policy #</th> <th>Expiration</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Policy #	Expiration				
	Policy #	Expiration							
	~ Have you ever had your Driver's License Suspended? If yes, list dates and explanation: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	~ Have you had any moving traffic violations in the last 3 years? If yes, list dates and explanation: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	~ Do you currently have traffic violation points against you? If yes, list dates and explanation: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No						
~ Have you had any accidents in the last three years? If yes, list dates and explanation: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No							

EMPLOYMENT

1	Company Name	Telephone
	Address	Employed - (State month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone
	Address	Employed - (State month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone
	Address	Employed - (State month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in what Branch?
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Please list your hobbies, interests, special skills, life experiences, volunteer work, educational experiences, that you feel would be an asset to the position for which you are applying.

CLEARANCES

PA Act 33 requires that public and private human services agencies obtain a report of criminal history record information from the Pennsylvania State Police or a statement that no such record exists for prospective employees. The act also requires that non-Pennsylvania residents applying for employment obtain an FBI criminal history record report. In addition, the act requires that a report be obtained from the Pennsylvania Department of Public Welfare that verifies the existence of a founded or indicated report of child abuse. The originals of these documents must be presented by the prospective employee to the prospective employer prior to hire or employment. The costs of these documents are borne by the applicant. The documents are only valid if dated less than one year prior to the date of application of employment.

~ Have you applied for these clearances? Yes No
 If so, have you received these clearances? Yes No

If you have received these clearances, please indicate date(s) validated by State/Federal Agency below:

Child Line Report (CY-113) Date Validated: _____
 PA State Police (SPA-164) Date Validated: _____
 If Applicable, FBI (FD-285) Date Validated: _____

Were you ever convicted of a criminal offense or have you ever forfeited bond or collateral in connection with a criminal charge? Yes No

If yes, list offense(s) of conviction and each disposition(s) below. Indicate if presently on Probation or Parole.

REFERENCES	List five references below -- at least one must be an acquaintance of three years or more, and at least one must be a present/previous employer, do not include relatives.				
	Name	Address	Telephone #	Years Known	Relationship

SIGNATURE	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
	_____ Signature	_____ Date