

Employment Application

Personal Information					Last Name, First Initial:
Name (Last, First, MI)					
Street address					
City, State, Zip					
Home phone number		Work phone number			
Facsimile number		E-mail address			
Social security number		Driver's license number/state/expiration			
<i>(if job involves any driving)</i>					
Employment Desired					Today's Date:
Position applied for					
How did you hear about this position?					
Date available for work		Desired hours (full time, part time, etc.)			
Education					
	Name and Address of School	Course of Study	Total Years of Study	Degree/Diploma	Today's Date:
High School					
Undergraduate College					
Graduate/ Professional					
Other (Specify)					
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):					Today's Date:

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Employment History

3.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number			3.	
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

4.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number			3.	
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

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Employment History

5.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			

6.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			

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Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

Identify what skills or certification you possess related to this position:

If you are hired, what value would you add to our company?:

Describe what you believe are the most unique features of your work history:

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Additional Information

Have you ever been employed with this company before? Yes No
If Yes, when?

Do you have any friends or relatives employed by this company? Yes No
If Yes, please provide their names and relationship to you:

Are you currently employed? Yes No
May we contact your employer? Yes No
Are you currently on "lay off" status and subject to recall? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes No
If Yes, please explain:

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)" Yes No N/A

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, would you be able to travel or work overtime as needed? Yes No

Have you ever been convicted of a felony or misdemeanor?

Yes No

If Yes, please explain:

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question. Please note that there are state laws that indicate felonies and misdemeanors that will prevent you from being hired by Shared Support, Inc. If you would like a list of these felonies and misdemeanors please contact the Executive Director in your state.

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References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Additional Space		
Additional space provided to expand on any points or questions asked previously in this application		

PLEASE USE ADDITIONAL PAPER IF NECESSARY

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Have you ever been dismissed from employment due to abuse of clients or residents?

- Yes No

Are any of the following pending against you? Yes (Please check all that apply) No

Have you ever been convicted of any of the following: Yes (Please check all that apply) No

- | | |
|---|--|
| <input type="radio"/> CC2500 Criminal Homicide | <input type="radio"/> CC3926 Theft of Services |
| <input type="radio"/> CC2502A Murder I | <input type="radio"/> CC3927 Theft by Failure to Deposit |
| <input type="radio"/> CC2502B Murder II | <input type="radio"/> CC3928 Unauthorized Use of a Motor Vehicle |
| <input type="radio"/> CC2502C Murder I | <input type="radio"/> CC3929 Retail Theft |
| <input type="radio"/> CC2504 Voluntary Manslaughter | <input type="radio"/> CC3929.1 Library Theft |
| <input type="radio"/> CC2504 Involuntary Manslaughter | <input type="radio"/> CC3930 Theft of Trade Secrets |
| <input type="radio"/> CC2505 Causing or Aiding Suicide | <input type="radio"/> CC3931 Theft of Unpublished Drama or Musicals |
| <input type="radio"/> CC2506 Drug Delivery Resulting in Death | <input type="radio"/> CC3932 Theft of Leased Properties |
| <input type="radio"/> CC2702 Aggravated Assault | <input type="radio"/> CC3933 Unlawful Use of a Computer |
| <input type="radio"/> CC2901 Kidnapping | <input type="radio"/> CC4101 Forgery |
| <input type="radio"/> CC2902 Unlawful Restraint | <input type="radio"/> CC4114 Securing Execution of Documents by Deception |
| <input type="radio"/> CC3121 Rape | <input type="radio"/> CC4302 Incest |
| <input type="radio"/> CC3122.1 Statutory Sexual Assault | <input type="radio"/> CC4303 Concealing Death of a Child |
| <input type="radio"/> CC3123 Involuntary Deviate Sexual Intercourse | <input type="radio"/> CC4304 Endangering Welfare of a Child |
| <input type="radio"/> CC3124.1 Sexual Assault | <input type="radio"/> CC4305 Dealing in Infant Children |
| <input type="radio"/> CC3125 Aggravated Indecent Assault | <input type="radio"/> CC4952 Intimidation of Witnesses or Victims |
| <input type="radio"/> CC3126 Indecent Assault | <input type="radio"/> CC4953 Retaliation Against Witnesses or Victims |
| <input type="radio"/> CC3127 Indecent Exposure | <input type="radio"/> CC5902B Promoting Prostitution |
| <input type="radio"/> CC3301 Arson and Related Offenses | <input type="radio"/> CC5903C Obscene or Other Sexual Materials to Minors |
| <input type="radio"/> CC3502 Burglary | <input type="radio"/> CC5903D Obscene or Other Sexual Materials |
| <input type="radio"/> CC3701 Robbery | <input type="radio"/> CC6301 Corruption of Minors |
| <input type="radio"/> CC3901 Theft | <input type="radio"/> CC6312 Sexual Abuse of Children |
| <input type="radio"/> CC3921 Theft by Unlawful Taking | <input type="radio"/> CS13A12 Acquisition of Controlled Substance by Fraud |
| <input type="radio"/> CC3922 Theft by Deception | <input type="radio"/> CS13A14 Delivery by Practitioner |
| <input type="radio"/> CC3923 Theft by Extortion | <input type="radio"/> CS13A30 Possession with Intent to Deliver |
| <input type="radio"/> CC3924 Theft by Property Lost | <input type="radio"/> CS13A36 Illegal Sale of Non-Controlled Substance |
| <input type="radio"/> CC3925 Receiving Stolen Property | <input type="radio"/> CS13A37 Designer Drugs |

Employment Application

Please read each statement closely and initial each acknowledging your understanding, once you are hired you will have an orientation which will include a policy and procedure review with the following;

Equal Employment Opportunity Statement

_____ Shared Support, Inc. is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. All candidates for employment with Shared Support, Inc. are considered equally and no distinction is made on the basis of gender, race, color, religion, sex, national origin, political affiliation, sexual orientation, marital status, disability, age, membership in an employee organization, or other non-merit factor. Shared Support, Inc. will make reasonable accommodations as needed.

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Applicant Signature

Date



sharedSUPPORT

DREAM | REACH | CONTRIBUTE

I attest that I have lived in the state of Pennsylvania for the last 2 years.

Signature

Date



sharedSUPPORT

DREAM | REACH | CONTRIBUTE

Motor Vehicle Report

I give my consent for Shared Support, Inc to run my MVR for the past 10 yrs. I understand that my employment with Shared Support, Inc., may be contingent upon the results of this report. I have read and understand the attached policy.

Printed Name

Signature



sharedSUPPORT

DREAM | REACH | CONTRIBUTE

Exclusion Sign Off

1. I certify that the following list of names are all of the names that I have ever used. Include all aliases, maiden and married names.

Signature

Date

2. I certify that none of the above names associated with my Social Security Number appear on the Federal or State Medicaid/Medicare Exclusion Lists which include the Office of Inspector General Exclusion List (OIG), Excluded Party List System (EPLS) and PA Medichex.

Signature

Date