



Employment Application

An Equal Opportunity Employer

Dear Applicant:

Thank you for your interest in pursuing career opportunities with Programs Employing People (PEP). A clear understanding of your background, education, and employment history will enable us to best evaluate your qualifications. No question on this application is asked for the purpose of limiting or excluding any applicant on the basis of race, color, sex, age, religion, ancestry, national origin, political beliefs, sexual orientation, or disability.

Personal Information				PLEASE FILL OUT IN DETAIL			
Name: (Last, First, Middle) (Please Print)				Application Date:			
Address: (Street, City, State, Zip Code)				Home Phone Number: ()			
How many years have you lived at his address?				Cell Phone Number: ()			
Have you lived in Pennsylvania for less than two years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Position(s) Applied for:		Available for/ Preferred Hours:		Email Address:			
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night					
		Date Available to Start:		Salary Range Required:			
How were you referred to PEP?	<input type="checkbox"/> Advertisement Publication:	<input type="checkbox"/> Friend/Relative Name:	<input type="checkbox"/> School Name:	<input type="checkbox"/> Other:			
Education				PLEASE FILL OUT IN DETAIL			
High School (Name and Location)							
Program/Major:				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		GED? <input type="checkbox"/> Yes	
Higher Education (Name and Location)							
Major/Degree:				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Higher Education (Name and Location)							
Major/Degree:				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please answer the following questions:							
1. Are you 18 years of age or older?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Do you have a valid driver's license?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Are you legally eligible for employment in the United States of America?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Are you willing to take a job-related test or physical exam?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Are you willing to work on a weekend or holiday if the job requires it?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. Were you previously employed by PEP?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please indicate the program and dates: _____							
7. Have you ever worked at PEP through a temporary staffing agency?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please indicate the program and dates: _____							
8. Can you speak, read and/or write any language other than English?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please specify the language(s): _____							
9. PA ODP regulations prohibit the employment in certain positions of persons with specific criminal convictions and/or confirmed abuse of a dependent individual. Are you willing to undergo criminal record checks and child abuse clearance as a precondition of your hire by PEP?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10. Do you have any physical and/or mental limitations that would preclude you from performing the work associated with the position you are applying for?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11. Do you require any accommodations to perform the duties of the position you are applying for?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please describe: _____							



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Employment	Complete entire application, regardless if your resume is attached. Start with your most current position and list going back for your last four positions.	
Dates (Month/Year-Month/Year)	Employer (Name, Address, Phone Number)	
Supervisor (Name and Title)	Your Job Title and Major Duties:	
Salary/Pay Rate:	Reason for Leaving:	
Dates (Month/Year-Month/Year)	Employer (Name, Address, Phone Number)	
Supervisor (Name and Title)	Your Job Title and Major Duties:	
Salary/Pay Rate:	Reason for Leaving:	
Dates (Month/Year-Month/Year)	Employer (Name, Address, Phone Number)	
Supervisor (Name and Title)	Your Job Title and Major Duties:	
Salary/Pay Rate:	Reason for Leaving:	
Dates (Month/Year-Month/Year)	Employer (Name, Address, Phone Number)	
Supervisor (Name and Title)	Your Job Title and Major Duties:	
Salary/Pay Rate:	Reason for Leaving:	
US Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list branch(es) and any special training or experience:	
Other human services, health, or educational experience that is not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list where:	
Professional References		
(List two; cannot be supervisors listed above)		
Name, Address, and Phone Number	Years Known:	Individual's Relationship to You:
1.		
2.		
Authorization and Release of Information		
<p>I hereby give PEP the right to make a thorough investigation of my past employment, education, and activities, and I release from all liability all persons, companies and corporations supplying such information. I indemnify PEP against any liability which might result from making such an investigation. I understand that any false answer or statement or implication made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.</p> <p>Additionally, I understand nothing contained in this employment application or in the granting of an interview is intended to create an employment contract. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon PEP, unless made in writing by the Executive Director.</p> <p>Indicate other name (s) you have used at any time that are different from the name on this application: _____</p> <p>_____</p> <p>Print Name: _____</p> <p>Signature: _____ Date: _____</p>		