

THE INSTITUTE FOR HUMAN RESOURCES & SERVICES, INC.

EMPLOYMENT APPLICATION

DATE: _____

LAST NAME

FIRST NAME

MIDDLE INITIAL

PHONE #: _____

Do you have a Valid PA Drivers License? _____

Are you currently an Insured Driver? _____

Do you have any points assessed against your license? _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Position Applying For: _____

Full Time _____ **Part Time** _____

EDUCATIONAL RECORD

(Circle One)

1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5 6

High School Diploma Yes ___ No ___

	Semester	Diploma	Major	Name and Location
	Credits	or Degree		
High School				
College				
Other Schooling (Specify)				

Please list below times you are available for work. Remember, we have many locations which need overnight shift coverage, so please mark availability for these times also.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start							
End							

Have you lived in the Commonwealth of Pennsylvania for the last two consecutive years?

Please check one.

YES

NO

Were you ever convicted of a criminal offense, or have you ever forfeit bond or collateral in connection with a criminal charge? (Omit minor traffic violations, or crime committed as a minor that was finally adjudicated in juvenile court or under a youth offender law.) If "Yes" give details on a separate sheet of paper.

Yes _____ No _____

Conviction of a criminal offense does not bar employment in all cases. Each case is considered on its merits.

EMPLOYMENT HISTORY	Start with your present or most recent Employer		
Employer		Dates Employed	
Address			
Phone Number		Supervisor Name	
Position			
Reason For Leaving			
Brief Description of Duties			

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Do you have any family members or members of your household currently employed by The Institute For Human Resources & Services, Inc.
 Yes _____ No _____ **Name of Family Member:** _____

I hereby certify that all statements are full and correct to the best of my knowledge and belief. I am aware that all statements contained herein will be verified and that willful misrepresentation will result in my dismissal.

DATE _____ **SIGNATURE** _____

What skills, training, and certifications have you acquired from previous employment that will assist you in performing the duties of Residential Program Worker or Supervisor?

Describe the last emergency situation you were involved with and how the situation was handled.

What in your opinion is the single most important personality trait you possess that will enable you to work effectively with the MH/MR population? Why?

VERIFICATION

I _____ attest/affirm that I am not now nor ever have been involved in any incidents of alleged or confirmed client abuse as part of current or previous employment within the Residential Services System of the Commonwealth of Pennsylvania.

I acknowledge as an "at will employee" that my failure to disclose honestly and completely past incidents involving client abuse subjects me to possible dismissal from my position with The Institute for Human Resources & Services, Inc.

Applicant

Date

How did you hear about our company?

Newspaper: _____ (Please List Name of Newspaper) _____

Current Employee: _____ (Please List Name of Employee) _____

Internet: _____

Other: _____ (Please List) _____