

UNITED METHODIST HOME FOR CHILDREN RESIDENTIAL CARE, INC.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE)	DATE
STREET ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	CELL TELEPHONE
E-MAIL ADDRESS	SOCIAL SECURITY #
NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY	REFERRED BY

HAVE YOU BEEN CONVICTED OF, PLED GUILTY TO, OR NO CONTEST TO A CRIME IN THE PAST FIVE YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT?

Yes No

If "Yes," describe in full. _____

We reserve the right to screen for drugs.

EMPLOYMENT DESIRED:

POSITION	SALARY DESIRED
MAY WE CONTACT YOUR EMPLOYER	ARE YOU EMPLOYED NOW
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE	WHEN
	DATE YOU CAN START

EDUCATION:

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<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 INFORMATION:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL TRAINING:

ACTIVITIES (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.

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Former Employers: List of the last four employers starting with the most recent

COMPANY NAME	TELEPHONE
ADDRESS	DATES EMPLOYED
NAME OF SUPERVISOR	SALARY
POSITION	REASON FOR LEAVING

COMPANY NAME	TELEPHONE
ADDRESS	DATES EMPLOYED
NAME OF SUPERVISOR	SALARY
POSITION	REASON FOR LEAVING

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DEPARTMENT OF PUBLIC WELFARE REGULATIONS REQUIRE THAT ALL WHO TRANSPORT CHILDREN MUST BE AT LEAST 21 YEARS OF AGE.	ARE YOU AT LEAST 21? Yes <input type="checkbox"/> No <input type="checkbox"/>
DO YOU HAVE A VALID PA DRIVER'S LICENSE?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I authorize investigation of all statements contained in this application, I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice.

SIGNED: _____ **DATE:** _____