

APPLICATION FOR EMPLOYMENT

The Arc of Northeastern Pennsylvania

115 Meadow Avenue • Scranton, PA 18505 (570) 346-4010

Please read all instruction application completely an ineligible for review if info	d accurately. Yo	ur applicati	on may be		Date of Application	2.
First Name	Middle	Last			Social Security Number	
Address	City		State	Zip Code	Telephone Number	
If you have ever worked under a different name, please specify:			Position ap	plied for:		
Days/hours you are able to work?				**************************************	Minimum salary expected?	
Type of employment desired?	Substitute	☐ Temporary		le to work overtim		
How were you referred to The Arc? Please indicate the specific name of		⊒ Ad □1	Walk-in	Other	When would you be available for work	?
Have you ever filed an applic						□ NO
Have you ever been convicte If yes, please explain					YES	□NO
e e e e e e e e e e e e e e e e e e e	ed or asked to re				YES	□NO
Are you at least 18 years of a	age or older?				YES	□ NO
Are you currently employed?	Summer				🖸 YES	□ NO
Are you legally eligible for en (Proof of identity and employ	nployment in the l ment eligibility wil	Jnited States I be required	? upon emplo	yment.)	YES	□NO
Have you been a resident of prior to the date of this applic	the commonweal ation for employn	th of Pennsyl nent?	vania for at	least two yea	rs YES	□NO

The Arc considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related disability, or any other legally protected status. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

		E	DUCATION			
	Sch	ool Name & Address	Course of Stud	No. of Years y Completed	Did you graduate?	Degree or Diploma Earned *
High School					□ YES □ NO	
Associate's Degree					U YES	
Bachelor's Degree					□ YES □ NO	
Master's Degree					□ YES □ NO	
Other (Vocational, technical, post- graduate, etc.)					□ YES □ NO	
			Proof of education	nal credentials m	ay be required	upon employment.
Describe any job-re	lated train	ing received in the Unite	d States military:			-
Any additional inforr	mation you	feel may be helpful to u	us in considering yo	ur application:		
State:	Driver's Li	e driver's license. Do yo icense #	,	Expira	ition Date	☐ YES ☐ NO
Name		Addres		Telephone #	Association	Years Known
1.						
2.						
3.						

EMPLOYMENT EXPERIENCE

Please give accurate, complete full and part-time employment record. Start with your present or most recent employer. You must account for ALL time periods, including unemployment, self-employment, and U.S. military service. You may also attach a resume, but this section must be completed entirely. Referring to attached resume is not acceptable.

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1.	Employer	Dates Employed		Hourly Rate/Salary			
	Address	From	То	Starting	Final		
	Telephone #						
	Your Job Title	Summarize yo	ur job duties:	os Uniti os	le le		
	Supervisor's Name & Title						
	Reason for leaving?						
2.	Employer	Dates Employed Hourly Rate/Sal		ate/Salary			
2.	Address	From	То	Starting	Final		
	Telephone #			D.M. Q.M. 2017			
	Your Job Title	Summarize yo	Summarize your job duties:				
	Supervisor's Name & Title	o of coulg	o of couples (obequipme remail)				
	Reason for leaving?						
			Dates Employed Hourly Rate/Sa				
3	Employer	Dates Er	nployed	Hourly Ra	te/Salary		
3.	Employer Address	Dates Er From	rployed To	Hourly Ra Starting	te/Salary Final		
3.							
3.	Address		То				
3.	Address Telephone #	From	То				
3.	Address Telephone # Your Job Title	From	То				
	Address Telephone # Your Job Title Supervisor's Name & Title	From	To ur job duties:		Final		
4.	Address Telephone # Your Job Title Supervisor's Name & Title Reason for leaving?	From Summarize you	To ur job duties:	Starting	Final		
	Address Telephone # Your Job Title Supervisor's Name & Title Reason for leaving? Employer	From Summarize you	To ur job duties: nployed	Starting Hourly Ra	Final te/Salary		
	Address Telephone # Your Job Title Supervisor's Name & Title Reason for leaving? Employer Address	From Summarize you	To ur job duties: nployed To	Starting Hourly Ra	Final te/Salary		
	Address Telephone # Your Job Title Supervisor's Name & Title Reason for leaving? Employer Address Telephone #	Summarize you Dates Er	To ur job duties: nployed To	Starting Hourly Ra	Final te/Salary		
	Address Telephone # Your Job Title Supervisor's Name & Title Reason for leaving? Employer Address Telephone # Your Job Title	Summarize you Dates Er	To ur job duties: nployed To	Starting Hourly Ra	Final te/Salary		

(If you need additional space, please continue on a separate sheet of paper.)

	DO NOT CONTACT
We may contact the employers listed above unless you indicate those you do not want us to contact.	Employer Number(s): Reason:

Comments - including explanation of any gaps in employment					

APPLICANT'S STATEMENT

Please read carefully:

- I hereby declare that the above statements are true, correct, and complete to the best of my knowledge.
- In the event of employment, I understand that any misrepresentation or omission of fact made in my
 application or interview(s) will be just and due causes for my discharge from employment. I understand,
 also, that I am required to abide by all rules and policies of The Arc of Lackawanna County.
- Further, I understand and acknowledge that any employment relationship with The Arc is "at will," which
 means that, if I am employed by the agency, my employment and compensation can be terminated, with
 or without cause, and with or without notice, at any time, at the option of either the agency or myself.
- 4. In consideration of The Arc of Lackawanna County's evaluation of my suitability for employment, I hereby authorize the agency to perform all checks of my credentials as allowed by law. This authorization shall include my former employer(s) to furnish The Arc with whatever information they may have regarding my employment, including my reason(s) for leaving. I am signing this waiver voluntarily, and request that my former employer(s) respond to reference inquiries conducted by The Arc with full and complete information. Since this reference is an important part of my application for employment with The Arc of Lackawanna County, I therefore waive and release The Arc and my former employer(s) from any and all claims or causes of action in law or equity, including, but not limited to, defamation of character or invasion of privacy, which might arise from responding to this reference check.
- I acknowledge that The Arc has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.
- 6. I understand that, as part of The Arc of Lackawanna County's pre-employment procedures, any offer of employment is conditioned upon me submitting to and passing a pre-employment medical examination, including Tuberculin testing and controlled substance screening. Failure to comply with this requirement or having an unsatisfactory result will result in ineligibility for employment at The Arc.
- 7. I further understand that if I voluntarily terminate my employment with The Arc, for whatever reason, prior to the conclusion of my probationary period, I will maintain liability to The Arc for the cost of my preemployment medical examination, including Tuberculin testing and controlled substance screening. If the aforementioned should occur, these costs will be deducted from my final paycheck. I also acknowledge that if the aforementioned should occur before I earn a paycheck, I shall still maintain liability to The Arc for these costs. In this last instance, I understand that The Arc may take whatever legal action it deems appropriate in order to recover these costs.
- I understand that the above conditions cannot be altered or amended, except in writing signed by the Executive Director.

Applicant's Signature	Date

Thank you for your interest in employment opportunities with The Arc.