

**SARAH A. REED CHILDREN'S CENTER**

**APPLICATION FOR EMPLOYMENT**

POSITION APPLIED FOR \_\_\_\_\_

REFERRAL SOURCE \_\_\_\_\_ DATE OF APPLICATION \_\_\_/\_\_\_/\_\_\_

Advertisement [ ] Employee [ ] Relative [ ] Walk-In [ ]  
Employment Agency [ ] Website [ ] Other [ ]

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
Street City Zip Telephone

Are you 21 or older?..... Yes [ ]No [ ]  
Do you have a current Pennsylvania driver's license?..... Yes [ ]No [ ]  
Have you been employed here before?..... Yes [ ]No [ ]  
Are you legally eligible for employment in the U.S.?..... Yes [ ]No [ ]

Date available for work \_\_\_\_\_

Type of employment desired: Full-Time [ ] Part-Time\* [ ] Temporary [ ]  
Student Placement/Internship [ ]

If part-time, please note hours/days available: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School \_\_\_\_\_

Grade Completed \_\_\_\_\_ Diploma Received? Yes [ ] No [ ]

College \_\_\_\_\_

Years Completed \_\_\_\_\_ Degree Yes [ ]No [ ] Major \_\_\_\_\_

Other Relevant Training/Course Work \_\_\_\_\_

**LEGAL**

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_

Have you ever been named in any report of suspected child abuse? \_\_\_\_\_

Child Abuse and Criminal History Clearances are required for employment at the Center. Is there any reason that you would not be able to apply for these clearances? \_\_\_\_\_

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EMPLOYMENT HISTORY

DATES EMPLOYED:

From - To	Employer	Position or Type of Work	Salary	Reason for Leaving
__/__/__ to __/__/__ Supervisor: _____	_____ _____ _____			
__/__/__ to __/__/__ Supervisor: _____	_____ _____ _____			
__/__/__ to __/__/__ Supervisor: _____	_____ _____ _____			
__/__/__ to __/__/__ Supervisor: _____	_____ _____ _____			

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that might qualify you for employment with our agency.

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Organizations of which you are a current member (do not include any organizations that reveal sex, race, ethnicity, political/religious affiliation).

Organization

Office(s) Held

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List special accomplishments, publications, awards, etc.

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REFERENCES Please list the names of two (2) personal and two (2) business/work references.

Name	Complete Address	Telephone
(Personal) _____	_____	( ) _____
(Personal) _____	_____	( ) _____
(Work) _____	_____	( ) _____
(Work) _____	_____	( ) _____

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and hereby grant Sarah A. Reed Children's Center permission to verify such answers and investigate work and personal references. I understand that any false statements on this application or in any interview may be considered sufficient reason for rejection of this application or for dismissal if such false information is discovered subsequent to my employment. I understand that no representation made by Sarah A. Reed Children's Center or its supervisors, whether in writing or made orally, constitutes a contract of employment or implies any promise or limitation regarding specific policies or benefits, etc., or limits Sarah A. Reed Children's Center's right to discharge me without notice or liability to me for salary or wages, except such as may have been earned up to the date of termination of service. I also understand that my salary, wages, benefits and other terms or conditions of employment are subject to change by Sarah A. Reed Children's Center and, if hired, I will be notified of these changes. I also agree, if hired, I will be notified of these changes. I also agree, if hired, that upon the termination of my employment with Sarah A. Reed Children's Center, whether upon my decision or Sarah A Reed Children's Center's, that Sarah A. Reed Children's Center may offset and deduct from my final paycheck any and all amounts I owe to them for any reason including, but not limited to salary advances, employee purchases, loans and losses or damages, which Sarah A. Reed Children's Center sustains as a result of my willful or negligent acts. I hereby agree to take physical and other examinations whenever required by Sarah A. Reed Children's Center. I authorize the employers, schools, or persons named above to give any information regarding my previous employment, character, general reputation and personal characteristics, together with any information that they have regarding me whether or not it is in their records. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by Sarah A. Reed Children's Center of the nature and scope of any investigation requested by Sarah A. Reed Children's Center or a consumer reporting agency. If this application for employment is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that Sarah A. Reed Children's Center shall so advise me and shall supply the name and address of the consumer reporting agency making the report. I hereby release said agency, employers, schools or persons from all liability for any damage issuing from this information. In addition, if accepted for employment, I hereby agree to abide by the rules and regulations of Sarah A. Reed Children's Center.

The Sarah A. Reed Children's Center is a private, non-profit, non-sectarian and inter-denominational agency. As an equal opportunity employer, the Center does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE

Date	Position	Department	Interviewer	Results
				_____ _____
				_____ _____
				_____ _____
				_____ _____

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