

The Arc of York County

497 Hill Street, York, PA 17403

(717) 846-6589 Fax: (717) 852-8842

Email: mail@thearcofyorkcounty.org Website: www.thearcofyorkcounty.org

APPLICATION FOR EMPLOYMENT

The Arc of York County is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or handicap.

Date of Application _____ Position(s) applied for _____

Are you available for work: Full Time _____ Part Time _____ Temporary _____

What date would you be available for work? _____

I. GENERAL INFORMATION:

Name _____
Last First Middle

Address _____
Number and Street City State Zip

Telephone _____ Email _____

Person to be Notified in Case of Emergency:

Name _____ Telephone _____
Daytime Evening

Address _____
Number and Street City State Zip

Are you a U. S. citizen? _____ YES _____ NO

Have you ever been convicted of a misdemeanor or a felony? _____ YES _____ NO
(Convictions will not necessarily disqualify an applicant for employment. Each one is considered in relation to the position applied for.)

Have you ever been convicted of a crime involving a child or vulnerable adult? _____ YES _____ NO
If yes, please explain: _____

Has your professional license ever been revoked? _____ YES _____ NO

Have you ever been bonded? YES _____ NO _____
Ever been refused bond? YES _____ NO _____

Are you willing to take a physical examination at the expense of our Association? _____

Are you a veteran of the U.S. military service? YES _____ NO _____

Can you travel if a job requires it? YES _____ NO _____

Do you have a valid driver's license? YES _____ # _____ STATE _____

Can you use your car for business? YES _____ NO _____

Do you have car insurance? _____ Name of Company _____

Insured Limit _____

II. EMPLOYMENT INFORMATION:

Begin with your present or last job. List below your most recent positions.

1. Employer:	<u>Dates</u>		Work Performed
	From	To	
Address:			
Job Title:			
Supervisor / Phone #:			
Reason for Leaving:			

2. Employer:	<u>Dates</u>		Work Performed
	From	To	
Address:			
Job Title:			
Supervisor / Phone #:			
Reason for Leaving:			

3. Employer:	<u>Dates</u>		Work Performed
	From	To	
Address:			
Job Title:			
Supervisor / Phone #:			
Reason for Leaving:			

Use this space for additional information.

Are you now employed? YES _____ NO _____

May we contact your present employer? YES _____ NO _____

Have you ever been employed here before? YES _____ NO _____

Are any of your relatives working here? YES _____ NO _____

If yes, state name _____ Relationship _____

Please list special skills and qualifications acquired from employment or other experience which are relevant to position(s) you are applying for:

Machines and equipment you can operate: _____

Approximate number of words per minute: Typing _____ Shorthand _____

III. EDUCATION:

Name of last high school attended:	City and State		Graduated? Y or N

Degrees/Diplomas/Certificates earned	Major Subject	GPA (if appropriate)	Dates

Will you provide a college transcript upon request? YES _____ NO _____

IV. REFERENCES: (No relatives)

Name	Position/Company	Email address	Telephone Number

V. AGREEMENT:

I understand that any employment by The Arc of York County will be on a 90-day probationary basis. If I am employed by The Arc of York County, I will abide by its rules and regulations. I hereby certify that all of the answers given and statements made here are true and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize The Arc of York County to obtain references from these listed and from all former employers (unless otherwise noted).

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature _____ Date _____