



## APPLICATION FOR EMPLOYMENT

Be sure to complete accurately and thoroughly.

We consider applicants for all positions without regard to race, color, religion, creed, sex, gender, national or ethnic origin, age, disability, marital or veteran status, sexual orientation, genetic information, citizenship status or any other legally protected class status.

### PLEASE PRINT

Last Name:	First Name:	Middle Name:	
Address:		Apt #:	
City:	State:	Zip:	
Contact Information	Home Phone:	Cell:	email:

Position of Interest:	Date of Application:
How did you hear about this opportunity at WORDSWORTH? <input type="checkbox"/> Job Board (i.e. CareerBuilder, Monster, etc.) <input type="checkbox"/> Wordsworth's website <input type="checkbox"/> Job Fair; location: _____ <input type="checkbox"/> Advertisement - Name: _____ <input type="checkbox"/> Employment Agency - Name: _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Employee Referral - Name: _____	
Do you have any Relatives and/or Friends currently employed with Wordsworth? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide: Name, Department/Program & Relationship _____	

Have you lived outside the State of Pennsylvania at any time during the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? <input type="checkbox"/> Yes Give Date: _____ <input type="checkbox"/> No
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Give Date: _____ Program: _____ Position: _____
Can you perform the essential functions of the job without any reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No

If hired can you provide documents required to establish your eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>
On what date would you be available for work? _____
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary
Would you be available to work evenings and/or weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, indicate any exceptions. _____
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No

## EMPLOYMENT EXPERIENCE and WORK RELATED REFERENCES

**Start with your present or last job. Must complete even if resume is attached.**

<b>Employer:</b>	<b>DATES EMPLOYED</b>	
<b>Address:</b>	FROM: MM/YY	TO: MM/YY
<b>Phone:</b>	<b>HOURLY RATE / SALARY</b>	
<b>Job Title:</b> <b>Supervisor:</b>	STARTING:	FINAL:
<b>Reason for Leaving:</b>	May we contact to verify employment and/or obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Employer:</b>	<b>DATES EMPLOYED</b>	
<b>Address:</b>	FROM: MM/YY	TO: MM/YY
<b>Phone:</b>	<b>HOURLY RATE / SALARY</b>	
<b>Job Title:</b> <b>Supervisor:</b>	STARTING:	FINAL:
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<b>Employer:</b>	<b>DATES EMPLOYED</b>	
<b>Address:</b>	FROM: MM/YY	TO: MM/YY
<b>Phone:</b>	<b>HOURLY RATE / SALARY</b>	
<b>Job Title:</b> <b>Supervisor:</b>	STARTING:	FINAL:
<b>Reason for Leaving:</b>	May we contact to verify employment and/or obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## ADDITIONAL REFERENCES

Only complete this section if you were unable to provide 3 employment references or want to include a professional non-employment related reference such as colleagues, co-workers, instructors. Anyone listed may be contacted to provide reference information. *Do not list friends or relatives.*

<b>1.</b>	Name:		
	Address:		
	Phone:	Relationship:	Time period known:
<b>2.</b>	Name:		
	Address:		
	Phone:	Relationship:	Time period known:
<b>3.</b>	Name:		
	Address:		
	Phone:	Relationship:	Time period known:

## EDUCATION

	Name/Address of School	Course of Study	No. of Years Completed	Diploma/Degree Received
High School or last grade completed		<i>NOT APPLICABLE</i>		
Associate Education				
College Education				
Graduate Education				
Other (Specify)				

### LICENSING AND CERTIFICATIONS

List all current professional licenses and certifications including identification numbers and expiration dates.


List any languages you are fluent in other than English.

List specialized training, skills, extra-curricular activities or interests that are related to the job for which you are applying:




## APPLICANT'S STATEMENT

Read this statement carefully before signing this application.

I certify that all statements in this application are true and complete and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire regardless of when or how discovered.

I understand that employment with Wordsworth is at-will and would not be for any fixed period of time and that, if employed, I may resign at any time, for any reason or Wordsworth may terminate my employment at any time for any reason.

I understand Wordsworth requires the successful completion and periodic renewal of background checks, such as criminal history, child abuse clearances, FBI clearance, medical examination, verification of education and past employment, performance references, drug testing, a motor vehicle report as applicable or other background screening.

I release Wordsworth, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, organizations and businesses named to provide any requested information and release them from all liability for providing requested information. Wordsworth has my permission to contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, job performance or credit standing.

I affirm that I have not been convicted of one or more of the following crimes or an out-of-state or Federal offense similar in nature to the crimes listed below that would prohibit employment in a setting that serves children and youth.

Chapter 25 (relating to criminal homicide).

Section 2702 (relating to aggravated assault).

Former section 2709(b) (relating to stalking).

Section 2709.1 (relating to stalking).

Section 2901 (relating to kidnapping).

Section 2902 (relating to unlawful restraint).

Section 3121 (relating to rape).

Section 3122.1 (relating to statutory sexual assault).

Section 3123 (relating to involuntary deviate sexual intercourse).

Section 3124.1 (relating to sexual assault).

Section 3125 (relating to aggravated indecent assault).

Section 3126 (relating to indecent assault).

Section 3127 (relating to indecent exposure).

Section 4302 (relating to incest).

Section 4303 (relating to concealing death of a child).

Section 4304 (relating to endangering welfare of children).

Section 4305 (relating to dealing in infant children).

A felony offense under section 5902(b) (relating to prostitution and related offenses).

Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).

Section 6301 (relating to corruption of minors).

Section 6312 (relating to sexual abuse of children).

An offense designated as a felony under the act of April 14, 1972 (P.L.233, No. 64), known as "The controlled Substance, Drug, Device and Cosmetic Act."

Other criminal convictions will not necessarily bar you from employment. The nature and seriousness of the crime, date of conviction and rehabilitation will be considered.

My signature acknowledges that I have read and understand the entire application, and I agree to the terms and conditions stated above.

**Signature of Applicant:**

**Date:**

*Thank you for your interest in employment at Wordsworth and for completing this application.*