

EMPLOYMENT APPLICATION



Name:

Present address: _____
Last First Middle

City: _____ State: _____ Zip: _____

List previous address if less than five years (use other side to list addresses)

Home phone: _____ Cell Number _____ E-mail Address _____

What social networks are you currently using (list all) _____

Position applying for: _____

Date you are available to start: _____ Are you over the age of 18? ____ Yes ____ No

Qualifications:

Academic achievements: (schools attended, degrees earned, dates of completion)

School and Location	Degree Received	Dates

Continuing education completed: (courses taken, dates of completion)

Courses Taken	Dates completed	CEU's Received

Professional organizations: (list any in which you have membership and dates of involvement).

First aid training? Yes ____ No ____ Date completed _____

CPR training? Yes ____ No ____ Date completed _____

AED training? Yes ____ No ____ Date completed _____

Other Trainings or Certifications _____

Previous Work Experience: Please list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of company/employer, the name of your immediate supervisor, and the dates you were employed in each position.

Employer	Position	Duties	Dates of Employment	Supervisor	Phone Numbers

Previous Volunteer Experience: Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

Organization	Position	Duties	Dates Involved	Supervisor	Phone Numbers

Ever convicted of a criminal offense (Felony or Misdemeanor)? Yes ____ No ____

Ever charged with a sexual offense related to children? Yes ____ No ____

Ever charged with a crime of violence? Yes ____ No ____

Ever had to report to any organization/registry for abuse or misconduct involving children? Yes ____ No ____

Any other disciplinary action or investigation pending by an employer or other organization for violence, sexual misconduct, or misconduct with children? Yes ____ No ____

Ever been disciplined or dismissed from any volunteer or employment position for any reason or following an allegation of sexual misconduct? Yes ____ No ____

Have you been reprimanded or asked to leave or end involvement with any program providing services to children? Yes ____ No ____

Do you now or have you ever sought out or intentionally viewed child pornography? Yes ____ No ____

References: Please list three individuals who are not immediate family members or in the same residence. Please list people who have known you for at least three years.

1. Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Evening Phone: _____
Length of time you have known reference: _____ Relationship to reference: _____

2. Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Evening Phone: _____
Length of time you have known reference: _____ Relationship to reference: _____

3. Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Evening Phone: _____
Length of time you have known reference: _____ Relationship to reference: _____

Waiver and Consent:

I, _____, hereby certify that the information I have provided on this application is true and correct. I authorize the Susquehanna Conference to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of Applicant Date

Witness Date