



CHILDREN'S AID HOME PROGRAMS OF SOMERSET COUNTY, INC.  
 1476 North Center Avenue, PO Box 1195, Somerset, Pennsylvania 15501  
 Telephone Number (814) 443-1637

APPLICATION FOR EMPLOYMENT

MISSION STATEMENT

***Our mission is to provide a continuum of quality services which promote the emotional, behavioral, educational, and physical development of children, adolescents, and their families.***

In accordance with Act 33 of the Pennsylvania Child Protective Services Law, January 1, 1986, all prospective applicants who are offered conditional employment at the Children's Aid Home Programs of Somerset County, Inc. **MUST** submit an original and valid:

- Criminal History Record Verification (SPA-164)
- Child Abuse Record Verification (CY-113)
- FBI Fingerprint based record check

Copies of the required forms will be furnished to you upon hire. The Children's Aid Home Programs of Somerset County, Inc. will not hire any person, or retain any person in employment, who has been convicted of:

- A felony involving violence or assaultive behavior; or
- Any offense related to child endangerment or abuse.

If employed by the Children's Aid Home Programs of Somerset County, Inc., employees are required to submit to and successfully pass an employment related physical examination.

**The Children's Aid Home Programs of Somerset County, Inc. considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, military status, or any other status protected by applicable federal, state, or local laws.**

(PLEASE PRINT / PLEASE COMPLETE WITH BLUE OR BLACK INK)

Position(s) Applied For		Date of Application	
<b>How did you learn about us?</b>			
Advertisement	Friend	Walk-In	
Employment Agency	Relative		
Other			

Last Name	First Name	Middle Name
Address	City	State/Zip
Telephone Number(s):		

<b>Please answer the following questions:</b>														
<b>Are you age 21 or older?</b>						YES			NO					
<b>Have you ever filed an application with us before?</b>						YES			NO					
If YES, give date:														
<b>Have you ever been employed with us before?</b>						YES			NO					
If YES, give date:														
<b>Are you currently employed?</b>						YES			NO					
<b>May we contact your present employer for reference?</b>						YES			NO					
If YES, please initial:														
<b>Do you have the legal right to work in the United States?</b>						YES			NO					
<b>On what date would you be available for work?</b>														
<b>Are you available to work:</b>			Full Time		Part Time		Shift Work							
			Temporary											
<b>Are you currently on "lay-off" status and subject to recall?</b>						YES			NO					
<b>Can you travel if a job requires it?</b>						YES			NO					
<b>Have you been convicted of a felony within the last seven years?</b> (Conviction will not necessarily disqualify an applicant from employment.)						YES			NO					
If YES, please explain:														
<b>EDUCATION</b>														
<b>Do you have a high school diploma or GED?</b>						YES			NO					
					<b>UNDERGRADUATE COLLEGE/UNIVERSITY</b>					<b>GRADUATE/PROFESSIONAL</b>				
<b>School Name and Location:</b>														
<b>Years Completed:</b>					1	2	3	4	1	2	3	4		
<b>Diploma/Degree:</b>														
<b>Describe Course of Study:</b>														
<b>SPECIAL SKILLS/QUALIFICATION</b>														
Please summarize special job-related skills, training, and qualifications acquired from employment, military service, or other experience.														

**PROFESSIONAL ASSOCIATIONS**

Please list any professional, trade business, or civic activities and offices held.

**NOTE:** You may exclude memberships that would reveal race, color, religion, sex, national origin, age, disability, military status, or any other status protected by applicable federal, state, or local laws.

**REFERENCES**

Please list three references that are not related to you and are not previous employers.

<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
1.		
2.		
3.		

**EMPLOYMENT EXPERIENCE**

Please list your employment experience starting with your present or last job. Include any job related or military service assignments and volunteer activities. You may exclude organizations that would reveal race, color, religion, sex, national origin, age, disability, military status, or any other status protected by applicable federal, state, or local laws.

<b>EMPLOYER #1</b>	<b>Length of Service</b>		<b>Work Performed</b>	
<b>Address</b>				
<b>Telephone Number(s)</b>				
<b>Job Title</b>				
<b>Supervisor</b>				
<b>Reason for Leaving</b>				
<b>Hourly Rate/Salary:</b>		Starting		Final

<b>EMPLOYER #2</b>	<b>Length of Service</b>		<b>Work Performed</b>	
<b>Address</b>				
<b>Telephone Number(s)</b>				
<b>Job Title</b>				
<b>Supervisor</b>				
<b>Reason for Leaving</b>				
<b>Hourly Rate/Salary:</b>		Starting		Final

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<b>EMPLOYER #3</b>	<b>Length of Service</b>		<b>Work Performed</b>	
<b>Address</b>				
<b>Telephone Number(s)</b>				
<b>Job Title</b>				
<b>Supervisor</b>				
<b>Reason for Leaving</b>				
<b>Hourly Rate/Salary:</b>		Starting		Final
<b>EMPLOYER #4</b>	<b>Length of Service</b>		<b>Work Performed</b>	
<b>Address</b>				
<b>Telephone Number(s)</b>				
<b>Job Title</b>				
<b>Supervisor</b>				
<b>Reason for Leaving</b>				
<b>Hourly Rate/Salary:</b>		Starting		Final

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

**APPLICANT'S SIGNATURE**

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my Application For Employment or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Children's Aid Home Programs of Somerset County, Inc.

I authorize the investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision and release the Children's Aid Home Programs of Somerset County, Inc. from any and all liability associated with such an investigation. I authorize the companies, schools, and persons named herein to release any employment and background information they have regarding me, whether or not it is in their records, and hereby release said companies, schools, and persons from all liability for releasing such information.

This Application For Employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not Applications For Employment are being accepted at that time. I understand that neither this document nor any offer of employment from the Children's Aid Home Programs of Somerset County, Inc. shall constitute as an employment contract unless a specific document to that affect is executed by both the employer and employee in writing.

Signature of Applicant	Date

THANK YOU FOR APPLYING FOR EMPLOYMENT WITH THE  
CHILDREN'S AID HOME PROGRAMS OF SOMERSET COUNTY, INC.