

# REGIONAL INTEGRATED HUMAN SERVICES, INC.

## EMPLOYMENT APPLICATION

The purpose of this application is to assist Regional Integrated Human Services, Inc. (RIHS) in finding the best person suited to the job description. All information must be provided in order to process the application.

RIHS is an Equal Opportunity Employer and does not discriminate on the basis of any protected classification. RIHS also provides reasonable accommodations to qualified individuals with disabilities in accordance with the requirements of the Americans With Disabilities Act and applicable state and local laws. Applicants requiring a reasonable accommodation in order to participate in the interview process are requested to contact a representative of Human Resources in order to arrange such accommodations.

### PERSONAL INFORMATION:

Date: Name:  Home Phone:  Cell Phone: Present Address: Best time to contact you at home is:  Date available to start work: Are you currently employed?  Yes  No Are you currently on a "lay-off" status and subject to recall?  Yes  NoType of Employment Desired:  Full-Time  Part-Time  TemporaryIf part time, list hours available: If temporary, how long do you plan to be employed? Type of position desired?  Minimum Salary Desired? Do you have a valid Pennsylvania Driver's License?  Yes  NoHas your Driver's License been suspended and/or revoked within the past 3 years?  Yes  NoDo you have valid Automobile Insurance?  Yes  NoSince age 18, have you ever been convicted of a crime, including any felony or misdemeanor?  Yes  No

If yes, state the nature of offense, when, where and disposition. (Conviction of a crime is only considered as it relates to suitability for employment in the position sought, and does not necessarily preclude consideration for employment).

Have you ever pled guilty, no contest, or been convicted of any offence related to abuse of children?  Yes  NoIf yes, describe the nature of offense, when, where and disposition: Have you reviewed the job description:  Yes  NoIf yes, do you believe you are capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you are applying?  Yes  NoDo you have any condition that precludes you from performing certain kinds of work or that limits your performance of job responsibilities or that requires reasonable accommodation by an employer?  Yes  NoIf yes, please describe: Have you previously filed an application with RIHS?  Yes  No If yes, when: Have you previously been employed with RIHS?  Yes  No If yes, when: Do any of your friends or relatives work for RIHS?  Yes  NoIf Yes, who: How were you referred to RIHS?

## EMPLOYMENT HISTORY:

**\*\* LIST EVERY EMPLOYMENT WHETHER OR NOT IT SEEMS RELEVANT TO THE POSITION YOU ARE SEEKING \*\***  
If your Employment records are under another name, please provide other names.

Employer Name:	<input type="text"/>	Telephone:	<input type="text"/>		
Address:	<input type="text"/>	Job Title:	<input type="text"/>		
Name of Supervisor:	<input type="text"/>	May we contact employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties:	<input type="text"/>	Employed From:	<input type="text"/>	Employed To:	<input type="text"/>
		Starting Salary:	<input type="text"/>	Ending Salary:	<input type="text"/>
Reason for Leaving:	<input type="text"/>				

Employer Name:	<input type="text"/>	Telephone:	<input type="text"/>		
Address:	<input type="text"/>	Job Title:	<input type="text"/>		
Name of Supervisor:	<input type="text"/>	May we contact employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Duties:	<input type="text"/>	Employed From:	<input type="text"/>	Employed To:	<input type="text"/>
		Starting Salary:	<input type="text"/>	Ending Salary:	<input type="text"/>
Reason for Leaving:	<input type="text"/>				

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Duties:	<input type="text"/>	Employed From:	<input type="text"/>	Employed To:	<input type="text"/>
		Starting Salary:	<input type="text"/>	Ending Salary:	<input type="text"/>
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Duties:	<input type="text"/>	Employed From:	<input type="text"/>	Employed To:	<input type="text"/>
		Starting Salary:	<input type="text"/>	Ending Salary:	<input type="text"/>
Reason for Leaving:	<input type="text"/>				

## EMPLOYMENT GAPS:

**PLEASE LIST ANY GAPS IN EMPLOYMENT AND EXPLAIN:**

<input type="text"/>
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**EDUCATION:**

(Show complete record commencing with High School, Including Major Courses)

<b>TYPE OF SCHOOL</b>	<b>NAME AND LOCATION OF SCHOOL</b>	<b>COURSE OF STUDY</b>	<b>No. of Years Completed</b>	<b>Did you Graduate?</b>	<b>Degree or Diploma</b>
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**US MILITARY:**

<b>Branch of Service:</b>	<b>From:</b>	<b>To:</b>	<b>Rank &amp; Type of Service:</b>

**LIST SPECIFIC FIELD PLACEMENTS OR INTERNSHIPS:**

<b>Name of Agency</b>	<b>Location</b>	<b>Date Started</b>	<b>Date Finished</b>	<b>Field Instructor</b>

**PLEASE LIST ANY SPECIALIZED TRAINING AND/OR EXPERIENCE & PROFESSIONAL REGISTRATION, LICENSE, AND/OR CERTIFICATION:**

(May exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status)

**ADDITIONAL INFORMATION:**

**Please list any additional information you would like RIHS to consider:**

**CHILD PROTECTIVE SERVICE LAW  
ACT 33 OF 1985 & ACT 34:**

Employers are required by law to require applicants for employment with Child Care Services to comply with the requirements of Act 33, and provide employers with Child Abuse and Criminal Record Information.

By law, employers are prohibited from hiring a person who, within the prior five (5) years, has been named as a perpetrator in a founded report of Child Abuse or convicted of specified crime(s).

**APPLICANT'S STATEMENT:**

I verify that all the information I have provided on this Employment Application is true, and that no misrepresentations have been made and that no material information has been withheld. I understand that if any responses are found to be false or misleading, this application will be rejected. If I have been hired, any false or misleading statement will be grounds for immediate termination of employment. I authorize investigation of all responses contained in this application.

I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time for any reason. I understand that no person other than the Executive Director of RIHS is authorized to enter into any agreement for employment for any specified period of time. I have not relied on and will not rely on any oral or written statements to the contrary.

I understand that federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant's identity and employment authorization. If hired, it will be necessary for me to submit such documents as are required by law to verify my identification and employment authorization.

I understand that this Employment Application will be active for a period of one (1) year. Following one (1) year, I must submit a new Application if I wish to be considered for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**INTERVIEWER'S SECTION---ONLY:**

Have the requirements of Acts 33 & 34 and FBI clearances been discussed with the applicant?  Yes  No

Interviewer's Signature & Date: \_\_\_\_\_