



WESTMORELAND CASEMANAGEMENT AND SUPPORTS, INC. EMPLOYMENT APPLICATION

The purpose of this application is to assist Westmoreland Casemanagement and Supports, Inc. (WCSI) in finding the best person suited to the job description. All information must be provided in order to process the application.

WCSI is an Equal Opportunity Employer and does not discriminate on the basis of any protected classification. WCSI 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 No

Type of Employment Desired: Full-Time Part-Time Temporary

If 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 No

Has your Driver's License been suspended and/or revoked within the past 3 years? Yes No

Do you have valid Automobile Insurance? Yes No

Since 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 No

If yes, describe the nature of offense, when, where and disposition:

Have you reviewed the job description: Yes No

If 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 No

Do 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 No

If yes, please describe:

Have you previously filed an application with WCSI? Yes No If yes, when:

Have you previously been employed with WCSI? Yes No If yes, when:

Do any of your friends or relatives work for WCSI? Yes No

If Yes, who:

How were you referred to WCSI?

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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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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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"/>				

EMPLOYMENT GAPS:

PLEASE LIST ANY GAPS IN EMPLOYMENT AND EXPLAIN:

<input type="text"/>

EDUCATION:

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

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	No. of Years Completed	Did you Graduate?	Degree or Diploma
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:

Branch of Service:	From:	To:	Rank & Type of Service:

LIST SPECIFIC FIELD PLACEMENTS OR INTERNSHIPS:

Name of Agency	Location	Date Started	Date Finished	Field Instructor

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 WCSI to consider:

REFERENCES:

**** WCSI REQUESTS AT LEAST (2) EMPLOYMENT REFERENCES AND (1) PERSONAL REFERENCE. THE PERSONAL REFERENCE CANNOT BE A RELATIVE.****

EMPLOYMENT REFERENCE 1

Name:

Address:

Telephone:

Cell Phone:

Occupation:

Relationship:

Years they have known you:

EMPLOYMENT REFERENCE 2

Name:

Address:

Telephone:

Cell Phone:

Occupation:

Relationship:

Years they have known you:

PERSONAL REFERENCE 1

Name:

Address:

Telephone:

Cell Phone:

Occupation:

Relationship:

Years they have known you:

Is there any information WCSI requires regarding your name, or use of another name/ maiden name/ alias, in order to check your work record? Yes No

If yes, please specify:

**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 WCSI 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: _____

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other |

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone # _____
Last First Middle

Address _____
Street City State Zip Code

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|--|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Am'can Indian/Alaskan | <input type="checkbox"/> Asian | <input type="checkbox"/> Hawaiian/Pacific |
| <input type="checkbox"/> Two or More Races | | |

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire _____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date _____