

Applicant Instructions

If you need help to fill out this application form or for any phase of the employment process, please notify recruiter@FriendshipHousePa.org and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read the statement below.
2. Complete all parts of the employment application.
3. If more space is needed to complete any question, use the back of page.
4. Print clearly; incomplete or illegible applications will not be processed.

Statement

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of marital status, race, age, creed, national origin, color, gender, sexual orientation, veteran's status or disability. This policy applies to recruitment, hiring, placement, transfer, promotion, demotion, selection for training, layoff, termination, shift assignment, rate of pay; benefit plans and all other personal actions. Completed employment applications received by Friendship House will be held on file for a period not to exceed one year.



Friendship House

HELPING CHILDREN TODAY FOR A BRIGHTER TOMORROW

HUMAN RESOURCES APPLICATION

1509 Maple Street
Scranton, PA 18505

We Embrace the Sanctuary Model of Care

EQUAL OPPORTUNITY EMPLOYER--ALCOHOL, DRUG & TOBACCO FREE ENVIRONMENT

PERSONAL INFORMATION

PLEASE PRINT

LAST NAME		FIRST NAME		MAIDEN	
STREET ADDRESS					
CITY			STATE		ZIP CODE
HOME TELEPHONE NUMBER (w /area code)			CELLULAR TELEPHONE NUMBER (w/area code)		
IN CASE OF EMERGENCY CONTACT NAME		TELEPHONE NUMBER (w/area code)		RELATIONSHIP TO YOU	
POSITION DESIRED				SALARY DESIRED	
I AM AVAILABLE TO WORK <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		SHIFT AVAILABILITY <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Any Shift		DATE AVAILABLE	
Are you at least 18 years of age?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you legally authorized to work in the U.S.? (Proof will be required upon employment.)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a CURRENT & VALID Driver's License? What State? _____				<input type="checkbox"/> YES <input type="checkbox"/> NO	
How did you hear about Friendship House? _____				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
Were you referred by FH staff, if yes by whom _____					
Are you related to a Friendship House employee? If Yes whom _____					
Have you previously applied to work for Friendship House? If Yes, when? _____					
Are you aware of the Sanctuary Model of Care? For more information please refer to www.sanctuaryweb.com				<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION AND TRAINING

SCHOOL NAME	CITY AND STATE	COURSE OF STUDY	DIPLOMA OR DEGREE

If you are currently enrolled in a school, give the school name, city, state, course of study, anticipated completion date and your schedule. _____

OTHER EDUCATION / LICENSURE INFORMATION

SUBJECTS OF SPECIAL STUDY , RESEARCH OR TRAINING	CERTIFICATE (S), LICENSE (S), REGISTRATION(S)	STATE	NUMBER	EXPIRES
	CERTIFICATE(S), LICENSE(S), REGISTRATION(S)	STATE	NUMBER	EXPIRES

DID YOU SERVE IN THE ARMED FORCES? YES NO IF YES, WHAT BRANCH?

EMPLOYMENT HISTORY List below the last four employers, starting with the most recent.

MONTH & YEAR	NAME AND TELEPHONE NUMBER (include area code) OF PREVIOUS EMPLOYER(S)	SALARY or WAGE	POSITION HELD AND SUPERVISOR	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Do you have any commitments to another employer that might interfere with your employment with Friendship House?

YES NO If Yes, please explain _____

May we contact your present employer? YES NO

PERSONAL REFERENCES List below the names of four persons, not related to you, who have known you at least one year. References must verify character & education.

	NAME	TELEPHONE NUMBER (w/area code)	RELATIONSHIP TO YOU	YEARS KNOWN
1.				
2.				
3.				
4.				

APPLICANT AUTHORIZATION AND UNDERSTANDING *Please read carefully before signing.*

- I certify that the facts contained in this application are true and complete to the best of my knowledge.
- I understand that, if employed or assigned, falsified statements on this application shall be grounds for dismissal.
- I authorize investigation of all statements, references and employers recorded on this application.
- I authorize all references and employers to give Friendship House any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the organization or person from all liability for any damage that may result from utilization of such information.
- Friendship House does not unlawfully discriminate in employment or assignment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment or assignment on a basis prohibited by local, state or federal law. I understand it is Friendship House policy not to refuse to hire or assign a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.
- If I am hired or assigned, I understand that I am free to resign at any time, with or without cause, and that Friendship House reserves the same right to terminate my employment or assignment at any time, with or without cause. This application does not constitute an agreement or contract for employment or assignment for any specified period or definite duration. I understand that no representative of Friendship House, other than the President, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the President.
- I understand that if employment or assignment is offered, I will be required to provide proof of identity and legal work authorization, a Physician's Health Statement, an unexpired (dated within one (1) year of hire) Criminal Background Check, Child Abuse Clearance and a Federal Fingerprint-based Criminal Record Check. I will comply with updated Health Statement, **All** State and Federal Clearances every two (2) years for required positions (i.e. direct-care, non-clinical staff) established by regulatory and licensing guidelines. Proof of minimum age will be required as mandated by the Commonwealth of Pennsylvania for certain positions.
- I have read and fully understand this application, and seek employment or assignment under these conditions.

Signature of Applicant _____ Date ____ / ____ / ____