

**THE CHILDREN'S HOME OF READING / CHOR YOUTH AND FAMILY SERVICES**

Return completed application to: The Children's Home of Reading / Human Resources / 1010 Centre Avenue / Reading, PA 19601

**APPLICATION FOR EMPLOYMENT**

**"An Equal Opportunity Employer"**

*The Children's Home of Reading is an equal opportunity employer and prohibits illegal discrimination on the basis of race, color, religion, national origin, sex, age, sexual orientation, disability or veteran status.*

**Please Print Clearly**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular Telephone: (\_\_\_\_) \_\_\_\_\_

What was your previous address? \_\_\_\_\_

How long at present address? \_\_\_\_\_ Years How long at previous address? \_\_\_\_\_ Years

Are you 21 or older?  Yes  No Employment is subject to verification of age. Are you legally eligible for employment in the United States? \_\_\_\_\_

State names of friends and relatives working for us: \_\_\_\_\_ If referred by current employee, please state name: \_\_\_\_\_

The Children's Home of Reading adheres to a Code of Ethics, which restricts hiring of former clients. The term **client** is defined as any person or persons involved in the treatment process who are currently active or who are less than seven (7) years post discharge (and at least 18 years of age) from placement in a residential or community based program.

Based on this Code of Ethics, do you qualify for employment?  Yes  No Please note that it is the responsibility of the applicant to report a possible dual relationship to The Children's Home of Reading.

Do you have the ability to perform the duties of the job with or without reasonable accommodation?  Yes  No If No, explain \_\_\_\_\_

If accommodation is needed, please describe the proposed accommodation. \_\_\_\_\_

Do you have a valid Pennsylvania driver's license?  Yes  No  
If "No", please explain \_\_\_\_\_

Have you had any moving violations within the past 3 years?  Yes  No  
If so, please explain: \_\_\_\_\_

Has your driver's license ever been revoked, suspended, or placed in restricted status?  Yes  No  
If so, please explain: \_\_\_\_\_

Are you aware of any action pending which might result in assignment of points, or revocation, suspension, or restriction of your driver's license?  Yes  No  
If so, please explain: \_\_\_\_\_

Have you ever held employment with us?  Yes  No If "Yes", when? \_\_\_\_\_ to \_\_\_\_\_ Position Held \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Pay expected: \$ \_\_\_\_\_ (check one)  hourly  weekly  annually

Will you work Full-Time?  Yes  No Will you work Part-Time?  Yes  No Specify days/hours: \_\_\_\_\_

Describe special skills, training, experiences, or qualifications acquired from employment or other experiences that may qualify you to work with our agency.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY**

Employment is prohibited for an individual who within ten (10) years from the date of employment application has been named as a perpetrator in a founded report of child abuse, has been convicted of a felony drug offense, or who has been convicted of one or more of the following offenses listed under Title 18 of the PA Consolidated Statutes ("Crime Code") or equivalent crime in another jurisdiction:

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing the death of a child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c)(d) (relating to obscene and other sexual materials and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)
- (relating to child abuse)
- (relating to statutory rape)

If convicted of any of the above listed offenses prior to ten (10) years from the date of employment application, the individual must have a minimum five (5) year aggregate work history in care-dependent services since conviction of the crime or release from incarceration, whichever is later. The individual is responsible for providing official verification of such dates. Care-dependent services include healthcare, childcare, eldercare, mental health services, mental retardation services or care of the disabled. The individual's work history in care-dependent services may not include any incidents of misconduct by the individual.. Additionally, all employees must have maintained a clear criminal history for a minimum of two (2) years. This means that the employee must have completed serving any sentence at least two years before beginning employment and the employee must have received no new criminal convictions within the two years prior to working or while working. The Children's Home of Reading reserves the right not to employ any person whose criminal record indicates a potential physical or psychological threat to the welfare of the clients we serve.

**Please disclose if you have any background covered by the policy as stated above:**

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**PROFESSIONAL REFERENCES**

Name / Address / City / Zip Code	Telephone Number	Position / Title	Affiliation (how known)
1	( )		
2	( )		
3	( )		

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name / Address / City / Zip Code	Telephone Number	Occupation	Affiliation (how known)
1	( )		
2	( )		
3	( )		

## EMPLOYMENT

List below all present and past employment, beginning with your most recent employer.

<b>1</b>	Company Name	Type of Business	Telephone (     )
	Address / City / State / Zip Code		Employed (State month and year) From                      To
	Supervisor Name / Title		Starting Salary      Final Salary
	State Job Title and Describe Your Work		Reason for Leaving

<b>2</b>	Company Name	Type of Business	Telephone (     )
	Address / City / State / Zip Code		Employed (State month and year) From                      To
	Supervisor Name / Title		Starting Salary      Final Salary
	State Job Title and Describe Your Work		Reason for Leaving

<b>3</b>	Company Name	Type of Business	Telephone (     )
	Address / City / State / Zip Code		Employed (State month and year) From                      To
	Supervisor Name / Title		Starting Salary      Final Salary
	State Job Title and Describe Your Work		Reason for Leaving

<b>4</b>	Company Name	Type of Business	Telephone (     )
	Address / City / State / Zip Code		Employed (State month and year) From                      To
	Supervisor Name / Title		Starting Salary      Final Salary
	State Job Title and Describe Your Work		Reason for Leaving

<b>5</b>	Company Name	Type of Business	Telephone (     )
	Address / City / State / Zip Code		Employed (State month and year) From                      To
	Supervisor Name / Title		Starting Salary      Final Salary
	State Job Title and Describe Your Work		Reason for Leaving

## EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please read carefully before signing:**

I hereby certify that the information that I have provided in this employment application is true and complete to the best of my knowledge. I understand that any misrepresentation by me in this application, including the omission of relevant information, no matter when discovered, will be sufficient cause for termination of my employment.

I authorize The Children's Home of Reading to make whatever inquiries it considers necessary of any person or organization to verify any information I have provided in this application and to determine my qualifications and abilities. I hereby release The Children's Home of Reading and all persons or organizations contacted by The Children's Home of Reading from any and all claims or causes of action arising out of The Children's Home of Reading's verification of the information I have provided in this application and / or its determination of my qualifications and abilities.

I understand that if an offer of employment is made to me, beginning work may be contingent upon my completion of a physical examination, drug screen and TB Mantoux test to the satisfaction of The Children's Home of Reading. I hereby consent to undergo this examination, which may include and all tests and procedures to be determined by The Children's Home of Reading to be helpful in evaluating my suitability for employment. I also understand that if I am offered a position with The Children's Home of Reading, I will need to provide the following before I may start working:

1. Three (3) letters of reference - two (2) from present/recent employers and one (1) personal character reference (may not be from a relative)
2. Daytime telephone numbers where we can contact your three references for further information or verification (if not already included on the application).
3. Verification of employment eligibility. We generally require minimum of 21 years of age, PA Drivers License and good driving record and Social Security Card or other acceptable ID to complete Form I-9.
4. Act 33 Clearances - we will help you submit the following if you do not already have them: Child Abuse Clearance, Criminal History Clearance, FBI Clearance.
5. Verification of highest level of education completed (copy of diploma /GED/transcripts).

Additional requirements may also exist for certain positions.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, The Children's Home of Reading reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of The Children's Home of Reading has the authority to make any assurances to the contrary.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FOR EMPLOYER'S USE ONLY**

**APPLICANT CONTACT RESULTS**

Contact Date/Time:	Contact Date/Time
Results:	Results:
Contact Date/Time	Contact Date/Time:
Results:	Results:

**INTERVIEW RESULTS**

INTERVIEWER	INTERVIEW DATE	RESULTS
Name:		
Title:		
Name:		
Title:		

**TEST RESULTS**

Date Administered	Tests Administered	Raw Score	Rating	Results