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| A logo for a senior services company  Description automatically generatedSenior Services Inc. of Chester County/The ConnectorA logo with a circle and stars  Description automatically generated |
| Employment Application |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. No. \_\_\_\_\_\_\_\_\_  |
| City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Day telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| For what position are you applying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you **18** years or older? O Yes O No |
| How did you become aware of this opening? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Type of work O Full Time O Part Time O On-Call O Temporary/Seasonal  |
| Please indicate your shift availability O Day O Evening O Night O Weekend O Holidays  |
| Date available to start work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desired rate of pay: \_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Have you ever applied to or worked for SSICC/TC? O Yes O No |
| If yes, list date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Do you have any relatives or friends currently working for SSICC/TC? O Yes O No |
| If yes, state the individual’s name and relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Can you provide original documentation of your identity & eligibility to work in the United States? O Yes O No |
| Have you ever been convicted of a felony / misdemeanor crime? O Yes O No |
| If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *(Note: An applicant will not be denied employment based solely on the grounds of a conviction for a criminal offense. The type* |
| *of offense, the date and the relevance of the criminal conviction to the position applied may be considered in the employment decision)* |
| **(1)** Have you ever worked for a Department of Transportation (DOT) regulated Employer?  **O Yes O No** **(2)** Were you covered under DOT regulated Drug/Alcohol Testing during the last three years prior to this application? **O Yes O No (3)** Have you ever tested positive for a Drug/Alcohol test while working under a DOT regulated Employer? **O Yes O No**  |
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| Education |
| High School | Graduated | Name of school and address | Type of Degree |
| O Yes O No |  |  |
| College/University | O Yes O No |  |  |
| Graduate or Professional School | O Yes O No |  |  |
| Trade/Business or Driving School | O Yes O No |  |  |

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| Driver’s License Information (If applying for a transportation position) |
| Do you hold a valid driver’s license in this state? O Yes O No |
| Unexpired License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ |
| Do you hold a valid commercial driver’s license in this state? O Yes O No |
| List all other states where you have held a driver’s license in the last 10 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever been denied a license or permit to operate a motor vehicle? O Yes O No |
| Has your license or permit ever been suspended or revoked? O Yes O No |
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| Accident Record for Past Three (3) Years*List all vehicular accidents in which you have been involved as a driver during the past three (3) years.* |
| Date | Description | Location |
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| **Employment Record****PLEASE FULLY COMPLETE ALL SECTIONS** |
| I understand consideration for employment with SSICC/TC will be contingent upon the results of reference andcriminal background checks as well as a negative pre-employment drug screen. I understand that a pre-employment positive drug screen disqualifies me from employment but that I may re-apply after successful completion of a substance abuse program under the guidance of a Substance Abuse Professional Which Senior Services Inc. of Chester County will refer me to at my own cost. I authorize SSICC/TC to investigate all information I provide on this application for employment, including previous employment, experience, and educational credentials. In addition, I also give SSICC/TC my permission to contact my former employer (s), all listed references or any other person who can verify the information I provide on this application. I give my consent to my current and former employers and other contacted persons to respond to any questions pertaining to the information included in this application. I release my current/former employer (s) and any other persons contacted from any liability for releasing information to SSICC/TC. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PLEASE COMPLETELY LIST THE LAST 3 EMPLOYERS, EVEN IF YOU ARE SUBMITTING A RESUME. BEGIN WITH THE CURRENT OR MOST RECENT EMPLOYER AND INCLUDE ANY MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT.**May we contact your present employer: O Yes O No |
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| Employer: | Period of EmploymentFrom Month/Year to Month/Year | Name of Supervisor |
| Phone Number (with area code) |
| Address, City, State, Zip |
| Title/Duties: | Starting Hourly Rate/Salary |
| Reason for Leaving: | Ending Hourly Rate/Salary |
| Employer: | Period of EmploymentFrom Month/Year to Month/Year | Name of Supervisor |
| Phone Number (with area code) |
| Address, City, State, Zip |
| Title/Duties: | Starting Hourly Rate/Salary |
| Reason for Leaving: | Ending Hourly Rate/Salary |
| Employer: | Period of EmploymentFrom Month/Year to Month/Year | Name of Supervisor |
| Phone Number (with area code) |
| Address, City, State, Zip |
| Title/Duties: | Starting Hourly Rate/Salary |
| Reason for Leaving: | Ending Hourly Rate/Salary |

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| **PLEASE READ EACH PARAGRAPH BELOW. IF YOU DO NOT UNDERSTAND ANY PART OF THE INFORMATION INCLUDED IN EACH PARAGRAPH, PLEASE ASK THE INTERVIEWER BEFORE SIGNING.**All employees, contractors and lessees are required to adhere to the SSICC/TC Drug and Alcohol Policy. The information provided below is intended to be a brief summary of this policy and is not inclusive. Our complete policy is available for review upon request in our Human Resources Department. I understand that SSICC/TC maintains a Drug and Alcohol-free workplace and requires a drug-screening test as a requirement for employment. By my signature below I am allowing Senior Services Inc. of Chester County permission to contact my previous DOT regulated employer for drug testing results for the previous two years from this application and/or employment date. If I do not complete the pre-employment drug and alcohol testing within 24 hours of being offered a position or if I test positive, refuse to test, or submit an adulterated specimen, I understand I will not be considered for employment. I further understand that if employed by SSICC/TC, I will be required to submit to random, post-accident and reasonable suspicion drug and alcohol testing during the course of my employment. Testing positive, refusing to test within the designated time period or submitting an adulterated specimen for a random, reasonable suspicion or post-accident drug and alcohol screening during my employment will be considered a voluntary resignation of such employment. I authorize the laboratories, facilities, physicians, nurses, and technicians contracted by SSICC/TC to collect the necessary specimens for the purpose of determining the presence or absence of controlled substances. I authorize the disclosure of the results of such testing only to the appropriate company officials. I understand that SSICC/TC is responsible for maintaining the confidentiality of all testing results. I understand that SSICC/TC abides by an employment-at-will policy except where there is a collective bargaining agreement in effect. In such circumstances, the terms of the collective bargaining contract take precedence. However, for employees not covered by a collective bargaining agreement the following terms apply: Either the company or the employee may terminate the employment relationship at any time, for any reason, with or without notice. Additionally, nothing contained in this employment application, or anything conveyed during an interview, is intended to create an employment contract, implicit or implied. I also understand and agree that any future changes in my titles, duties, compensation, working conditions, benefits or company policies and procedures will not alter this at-will agreement.If I am applying for a position as a CDL or Non-CDL driver, I am required to possess a current and valid driver’s license andI agree to provide SSICC/TC with a certified copy of my driving record. I also understand that any offer of employment is contingent upon my ability to be covered by the Company’s vehicle insurance policy. I certify that I completed this application for employment and that all of the information provided herein is true. I understand that any omission, misstatement, or inclusion of false information on this application or any document used to secure employment with SSICC/TC shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. My signature below certifies that I have read and fully understand the information included on this application and agree to the terms and conditions outlined in this document.Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **FOR OFFICE USE ONLY: DO NOT WRITE IN THIS SECTION**Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_Status: O FT O PT O Weekend O On-Call/TempStart Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ O Hourly O Salary**Senior Services Inc. of Chester County is an Equal Opportunity Employer in Compliance with Title VII-CRA of 1964****FOR OFFICE USE ONLY: DO NOT WRITE IN THIS SECTION** |