

Date of Application _____



CHARTIERS CENTER

437 Railroad Street, Bridgeville, PA 15017

An Equal Opportunity Employer*

Application For Employment

Chartiers Community Mental Health and Retardation Center is an equal opportunity employer and prohibits discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or status as a disabled veteran or a veteran of the Vietnam Era. Reasonable accommodation for the need of otherwise qualified applicants with disabilities will be evaluated upon request.

PERSONAL DATA

Last Name	First Name	MI
Street Address		
City	State	Zip
Phone	Email address	
Other Names which records may be filed under		
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in US? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever worked for or previously applied to Chartiers? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?		
Have you ever been convicted of a felony or misdemeanor? YES <input type="checkbox"/> NO <input type="checkbox"/> (PLEASE NOTE: A conviction or guilty plea is not an automatic bar to employment.) If yes, please provide the date of each conviction or guilty plea, the state in which this occurred, the nature of the offense committed, and the sentence or penalty imposed on you.		

EMPLOYMENT INFORMATION

Position Applied for:
Salary Desired:
How were you referred to Chartiers?
Date you would be available to begin work?
Type of employment desired: <i>(check as many as apply)</i> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/>
Willing/Available to Work: <i>(check as many as apply)</i> Daylight <input type="checkbox"/> Evenings <input type="checkbox"/> Overnight <input type="checkbox"/> Weekends/Holidays <input type="checkbox"/> Rotating <input type="checkbox"/> On-Call <input type="checkbox"/>
Some positions may require access to an automobile. Do you have such access? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there any reason why you would not be able to perform the functions of the position for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:

EDUCATION AND TRAINING

High School or GED	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College/University	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other Education	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

EDUCATION AND TRAINING (con't)

List any license, certificate issued by Commonwealth or professional association which relates to or is a requirement for the position for which you are applying

List any office machines/equipment you can operate

Typing wpm

Dictation wpm

PREVIOUS EMPLOYMENT EXPERIENCE

Company		Phone
Address		
Dates Employed	Ending Salary	Supervisor
Job Title	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		
Dates Employed	Ending Salary	Supervisor
Job Title	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		
Dates Employed	Ending Salary	Supervisor
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Company		Phone
Address		
Dates Employed	Ending Salary	Supervisor
Job Title	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge		
Type of Discharge	If other than honorable, explain	

SIGNATURE _____ **DATE** _____

THIS APPLICATION WILL RECEIVE ACTIVE CONSIDERATION FOR THREE (3) MONTHS.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING THIS APPLICATION.

I certify that I fully understand all requests for information contained in this application, and I certify that the information supplied by me, on this form and elsewhere in conjunction with obtaining employment, is complete and correct to the best of my knowledge and hereby grant Chartiers Center permission to verify such answers and investigate all references including a criminal history check with local, state and federal agencies as well as a background check for fraud and abuse with the Cumulative Sanction Report and National Practitioner Databank. I understand that any false or misleading statements, omission, or misrepresentation on this application will be considered sufficient cause for rejection of this application or for dismissal, if such information or omission is discovered subsequent to my employment. **Initials:** _____

I authorized the employers, schools, or persons named on application to give any information regarding my previous employment, character, general reputation, and other personal characteristics, together with any information regarding me, whether or not it is in their records. I understand that under the Federal Fair Credit Reporting Act, I have the right to make written request within a reasonable period of time for the complete and accurate disclosure by Chartiers Center of the nature and scope of any credit investigation requested. I hereby release Chartiers Center, employers, schools, or persons from all liability for any damage resulting from issuing the information. I further certify that I have not entered into any agreement with any previous employer or other organization that would prevent or restrict my employment with Chartiers Center at this time or in the future. **Initials:** _____

I understand and agree that the acceptance for this application by Chartiers Center does not constitute a promise that I will be hired. I further understand that Chartiers Center does not guarantee employment for any specific length of time and, therefore, agree that if I am hired my employment may be terminated by either me or Chartiers Center at any time without cause for notice. **Initials:** _____

In consideration of my employment, I agree to submit to pre-placement screening and periodic physical examination and evaluations, including, but not limited to, invasive diagnostic testing, as Chartiers Center, from time to time, deems reasonably necessary to determine my fitness to perform the work for which I was hired. I understand that, as a condition of ongoing employment, I may be required to submit to testing for the illegal use of drugs. If the testing reveals evidence of the illegal use of drugs, an offer(s) of employment extended to me will be unconditionally revoked regardless of whether I have or have not begun employment. **Initials:** _____

I agree to abide by the rules and regulations of Chartiers Center if I am employed by Chartiers Center. I understand that all records pertaining to my employment are to remain the property of Chartiers Center, and that hours of work and other working conditions are subject to change at the organization's discretion. **Initials:** _____

Print Name: _____

Signature: _____ Date: _____