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|------------|
| Full Time |
| Part Time |
| Substitute |

EMPLOYMENT APPLICATION

Instructions: Please read the instructions before completing the application. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of an accommodation to complete this application, please call for an appointment at the phone number below.

POSITION TITLE: _____ **DATE AVAILABLE FOR WORK:** _____

PERSONAL DATA

NAME: (Last) _____ (First) _____ (MI) _____

CURRENT ADDRESS:

(Number & Street) _____ (City) _____ (State) _____ (Zip) _____

Have you been a resident of Pennsylvania the past five (5) years? Yes No

If no, list previous address: _____

List any other names used if different from name given on application: _____

PHONE (Home): _____

PHONE (Cell): _____

E-MAIL ADDRESS: _____

EDUCATION & TRAINING

HIGHEST GRADE COMPLETED: _____ **HIGH SCHOOL DIPLOMA OR GED?** _____

| Type of School | Name & Location of School | Sem/Clock Hours Completed | Graduated Y/N | Expected Graduation Date | Type of Diploma or Degree | Major/Minor Field of Study |
|---|---------------------------|---------------------------|---------------|--------------------------|---------------------------|----------------------------|
| Colleges or Universities | | | | | | |
| | | | | | | |
| | | | | | | |
| Technical, Vocational, or Business | | | | | | |
| | | | | | | |
| | | | | | | |

❖ *Transcript and/or Diploma Required At Time Of Hire*

| License/Certification (CDA, CDL, Food Handlers, Etc.) | Date Issued | Issued By (State or Other Authority) | License Number | Location of Issuing Authority (City & State) |
|---|-------------|--------------------------------------|----------------|--|
| | | | | |
| | | | | |

SPECIAL TRAINING: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

| COURSE TITLE | DATE | GRANTING INSTITUTION |
|--------------|------|----------------------|
| | | |
| | | |

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer software, specialized equipment or machines, memberships, areas of expertise for recreation/sport training and instruction).

GENERAL INFORMATION

Have you ever been convicted of a MISDEMEANOR or FELONY and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. Yes No

Date: _____ Charge: _____ City/State: _____
Disposition: _____

Date: _____ Charge: _____ City/State: _____
Disposition: _____

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

Have you ever applied to FCCA before? Yes No

Have you ever worked for FCCA before? Yes No

What salary or rate of pay do you expect to receive if employed? _____ per _____

EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer and volunteer work. **Interns and Volunteers: It is not necessary to complete salary information.**

| Employer: | Start Date | End Date |
|----------------------------------|-----------------|--------------|
| Address/City/State: | | |
| Phone: () - Job Title: | Starting Salary | Final Salary |
| Supervisor: | \$ | \$ |
| Supervisor's Title: | | |

Reason for Leaving:

Briefly Describe the Nature and Duties of Your Position

| | | |
|--|------------------------|---------------------|
| Employer: | Start Date | End Date |
| Address/City/State: | | |
| Phone: () - Job Title: | Starting Salary | Final Salary |
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| | | |

REFERENCES

Name _____ Phone _____
Address _____
Years Known _____ Relationship _____

Name _____ Phone _____
Address _____
Years Known _____ Relationship _____

GENERAL INFORMATION

Briefly describe previous experience working with children.

Are you currently working? If hired, when would you be able to begin?

What schedule are you able to work?

Why are you applying for this position?

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from FCCA. In submitting this application, I authorize FCCA to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of FCCA and will not be returned.

I also understand that as a condition of employment I will be subject to one or more of the following: initial health assessment, including the results of initial tuberculin skin test, x-rays or other medical documentation necessary to confirm freedom from communicable tuberculosis, criminal record test, child abuse registry report, clearance information as required, and NSOR clearance. An employment offer received from FCCA is contingent upon information received.

Signature of Applicant

Date Signed

**THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH
FAMILY & COMMUNITY CHRISTIAN ASSOCIATION.**

AN EQUAL OPPORTUNITY EMPLOYER