

Date of application:

**Adult Care of Chester County
Application for Employment**

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status, or any condition prescribed by state or local law.

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Position Applied for: _____ How did you hear about job? _____

Do you know anyone who works or worked for ACCC? If so, who? _____

Education:

	Name and location of school	Years attended	Did you graduate	Subjects Studied
Grammar				
Middle				
High School				
College				
Trade or Business				

Previous Experience/former employers: List below your last five employers, starting with the last one first

Date Month/Year	Name and address of employer	Salary	Position/ Title	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

Have you been convicted of any crimes in the past, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? Yes No If yes, describe in full.

Listing a conviction will not automatically disqualify an applicant from employment.

Continued on Back

What can you bring to this position that would make a difference in the lives of our participants?

References: Give below the names of two persons not related to you, whom have known you at least two years.

Name	Address (street, city, state, zip)	Phone	Relationship	Years known

Applicant's signature – Please read and understand this statement before signing your application.

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize Adult Care of Chester County, Inc. to contact and obtain information about me from previous employers, educational institutions and “references” I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

I have lived in Pennsylvania continuously for the past two years YES NO

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than the President/CEO of Adult Care of Chester County, Inc., has authority to enter into any employment agreement.

I fully understand and accept all terms and conditions of the above statement.

Signature: _____ Date: _____

To be completed by Office personnel:

First interview by: _____ Date: _____

	1	2	3	4	5	Comments:
Ability						
Attentiveness						
Communication skills						
Enthusiasm						
Neatness						

Second interview by: _____ Date: _____

Comments: _____

Hired: Yes No Position: _____ Status: FT PT to start then FT PT PRN

Wage: _____ Note: _____ Start date: _____ Revised 4/2011