

Writing on this application 'see resume' is not acceptable. You must complete all the information on this application. Include your resume, if applicable.



# Application For Employment

Administrative Office at 1149 East Oregon Road, Lititz, PA 17543  
Phone: 717-656-2466 ext. 162 or Fax: 717-656-7591  
Web: <http://www.friendshipcommunity.net>

<b>Office use</b>
<b>Program</b>
<b>Position</b>
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> MP <input type="checkbox"/> Other
<b>Salary</b>

Friendship Community is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, national or ethnic origin, color, religion, sex, age, disability, citizenship or veterans status.

**Please Type or Print** Complete the entire application. You may attach a resume, but you must still complete all questions or your application may not be considered.

**Position applied for** \_\_\_\_\_ **Drivers License ...Yes or No** \_\_\_\_\_ **Date:** \_\_\_\_\_

Last Name	First Name	Middle	Other names used
Address <i>Street</i>		<i>City</i>	<i>State /Zip Code</i>
Cell Phone	Home Phone	Other	Email Address

How did you learn about this employment opportunity?  Newspaper    Program/fundraiser    Inquiry    Radio  
 Job Fair    Friend/Relative    Current Employee (provide name): \_\_\_\_\_

Are you under 18 years of age?  Yes    No  
Were you ever employed with Friendship?  Yes    No, if yes, start date \_\_\_\_\_ end date \_\_\_\_\_  
Have you applied at Friendship before?  Yes    No, if yes, give date \_\_\_\_\_  
Do you have friends, relatives or a spouse, employed with Friendship?  Yes    No  
Are you currently employed?  Yes    No  
Are you currently on "lay-off" status and subject to recall?  Yes    No  
Are you eligible to work in the United States?  Yes    No

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you interested in  Full Time    Part Time    Temporary (dates available \_\_\_\_\_)

**Circle Times Available for Direct Care Shifts:**  
Monday-Friday 6-9 am and 2-10 pm (These shifts may occur on the same day)  
Overnight Shifts 9 pm-6 am or 10 pm-7 am      Weekend Shifts: 7 am-3:00 pm and 3 pm-11:00 pm

Comments:

# Education & Skills

	Name & City and State	Course of Study	Graduated	Number of Years Completed	Diploma or Degree
High School Or GED			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Undergraduate College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Describe any specialized training including military, apprenticeships, skills and extra-curricular activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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Describe your computer skills.

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State any additional information you feel may be helpful to us in considering your application.

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**Personal References—ALL INFORMATION MUST BE COMPLETE FOR APPLICATION TO BE CONSIDERED. WE CANNOT ACCEPT JUST PHONE NUMBERS. WE MUST HAVE COMPLETE AND CURRENT ADDRESSES.**

1. Name	Phone #
Address: Street	City State Zip Code
2. Name	Phone #
Address: Street	City State Zip Code
3. Name	Phone #
Address: Street	City State Zip Code

**All information must be complete to be considered for an interview.**

**Employment Experience for at least the past 10 years.** Start with your present or last job (use additional paper if needed). Do not omit any position held in the last 10 years. Include military and volunteer activities.

<b>May Friendship Community contact your current employer? .....</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Present or Last Employer		Dates Employed From	Job Title: Work Performed _____
Address			
		Hourly Rate/ Salary Starting	_____
Telephone Number	Supervisor		Final
Reason for Leaving			
Prior to Above		Dates Employed From	Job Title: Work Performed _____
Address			
		Hourly Rate/ Salary Starting	_____
Telephone Number	Supervisor		Final
Reason for Leaving			
Prior to above		Dates Employed From	Job Title: Work Performed _____
Address			
		Hourly Rate/ Salary Starting	_____
Telephone Number	Supervisor		Final
Reason for Leaving			
Prior to above		Dates Employed From	Job Title: Work Performed _____
Address			
		Hourly Rate/ Salary Starting	_____
Telephone Number	Supervisor		Final
Reason for Leaving			
Prior to above		Dates Employed From	Job Title: Work Performed _____
Address			
		Hourly Rate/ Salary Starting	_____
Telephone Number	Supervisor		Final
Reason for Leaving			

# Applicant's Statement

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I certify that the information I provided in this application is true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary or appropriate in the discretion of Friendship Community in arriving at a decision. I release the Employer and every person and organization from all liability relating to this investigation, and authorize the persons and organizations named in this application to release any and all information requested by the employer.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of this organization.

In event of employment, I understand that false or misleading information or omissions given in my application, interview(s) and other documents may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand and acknowledge that all offers of employment are contingent upon completion of all documentation, but not limited to: employment inquiries, criminal history, driving record, child abuse check and/or credit check. Friendship Community is a smoke free, substance abuse free organization. Therefore, I could be requested to submit to drug or alcohol testing and I agree to abstain from the following: illegal drug use, abuse of legal drugs, tobacco and alcohol during working hours or on Employer property, and alcohol at any time if it could effect me during working hours or on Employer property.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I affirm that the following statement is true and correct:

"I have never been convicted of a felony or misdemeanor, and do not have any criminal charges pending against me, except as I have listed it here: \_\_\_\_\_ .  
I have never been dismissed from employment due to allegations, theft or abuse of clients, residents or another employee. I understand that I may be required to provide a criminal history, driving record, child abuse check and/or credit check."

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

(8/2009)