



***Thank you for exploring Employment Opportunities
at Friendship Community!***

Friendship Community is a ministry of the Lancaster Conference of the Mennonite Church.
Our Board of Directors is mainly Mennonite with other denominations represented.

As you consider involvement with our organization, we want you to be aware of our Christian-based approach. This means the teachings of Christ serve as the foundation for our philosophy of care, as well as, our personal lifestyles. We encourage all of our Team Members and Individuals to pursue a relationship with Christ and therefore a Christian lifestyle. Please consider if you can support our approach and commit to serving the Individuals at Friendship Community.

VISION

Impacting the World with Capabilities

MISSION

Friendship Community is a Christian Ministry Cultivating Capabilities of Individuals with Developmental Disabilities.

VALUES - R.I.S.E.

Relationships ~ Inspiring unity, respect and perspective.

Integrity ~ Modeling authenticity, clarity and truth.

Spirituality ~ Embracing the whole person to encourage living in balance with God, self and others.

Excellence ~ Creating the extraordinary with passion and purpose.

Regarding our Direct Care Interview Process: Finding the right people to serve the Individuals in our care is very important. For this reason, candidates that are seriously considered for employment as a Direct Support Professional are expected to meet the Individuals whom they may potentially work with at the group home. This interview could include both a formal meeting with the Supervisor and interaction with the Individuals at that home on the same day or a different date. This process can take one to two weeks, depending on the schedules of everyone involved. We thank you in advance for being understanding of this unique process and for your interest in employment at Friendship Community.

JOB APPLICANTS ARE WELCOME TO KEEP THIS PAGE.



Application For Employment

Main Office: 1149 East Oregon Road, Lititz, PA 17543
 Bloomfield Office (HR Location): 235 Bloomfield Dr, Suite 111, Lititz, PA 17543
 Phone: 717-656-2466
 HR Fax: 717-9456218
 FriendshipCommunity.net

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

Please 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: _____ **Date of Application:** _____

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

Have you read, and can you support Friendship Community's Mission Statement? Yes No

Are you eligible to work in the United States? Yes No

Are you at least 18 years of age? Yes No

Within the past ten years, have you gone by any other names than that listed on this application? This is helpful to us as we receive applicants' references: _____

How did you learn about this job listing? _____

If you learned about us through a current Team Member, please list their name: _____

Are you willing and able to abide by Friendship Community's Tobacco-Free Policy? Yes No

Have you had a valid Driver's License for more than 6 months, and is it currently valid? Yes No

What state issued the license? _____

Have you had 3 or more moving violations in the past 3 years? Yes No

Have you been charged with a DUI? Yes No If yes, when? _____

Has your Driver's License ever been suspended? Yes No If yes, when? _____

Do you have reliable transportation to and from work? Yes No

Are you comfortable driving organizational mini-vans? Yes No

Are you comfortable driving organizational 12-passenger vans? Yes No

Have you been convicted of a misdemeanor? Yes No

Have you been convicted of one or more felonies or more than one misdemeanor? Yes No

Do you have criminal any charges pending against you? Yes No

Are you willing to submit to a background check? Yes No



Have you applied at Friendship Community before? Yes No If yes, please list the month and year of your original application _____

Have you ever been employed with Friendship Community? Yes No If yes, please provide dates of employment _____

Do you have friends employed with Friendship Community? Yes No If yes, please provide their name(s) _____

Do you have relatives or a spouse employed with Friendship? Yes No If yes, please provide their name(s) and relationship _____

Are you currently employed? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Are you interested in: Full Time Part Time Student On-Call Seasonal

Are you able to work a split shift, such as 6am-9am & 2pm-10pm? Yes No

Are you able to work every other weekend? Yes No

Are you comfortable working in a home where you may need to lift a person or operate a mechanical lift?
 Yes No

When are you available to begin working? _____

Circle Times Available for Direct Care Shifts (These hours are generalizations of typical 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-3pm & 3pm-11:00pm

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		

Certifications:
Awards:
Please tell us about your experience with persons with Developmental Disabilities, Mental Health Concerns, or Physical Disabilities:

Personal References — Please list 3 persons who have known you professionally or personally for at least one year. Exclude family members and roommates.	
1. Full Name	Cell Phone:
E-mail:	What is this person's relation to you?
2. Full Name	Cell Phone:
E-mail:	What is this person's relation to you?
3. Full Name	Cell Phone:
E-mail:	What is this person's relation to you?

Please provide us with the past TEN YEARS of your employment history. Start with the most recent or current employer. Your application is considered "incomplete" and/or "false" if you omit portions of your employment history. Use additional paper if necessary.

May Friendship Community contact your current employer? Yes No

Place of Employment #1:
Your Job Title at this Place of Employment
Address of Employer
Please indicate how long you worked here (Example: May 2006-July 2011):
Telephone Number
Why are you no longer working there (If you are still here, please put N/A)?

Place of Employment #2:
Your Job Title at this Place of Employment
Address of Employer
Please indicate how long you worked here (Example: May 2006-July 2011):
Telephone Number
Why are you no longer working there (If you are still here, please put N/A)?

Place of Employment #3:
Your Job Title at this Place of Employment
Address of Employer
Please indicate how long you worked here (Example: May 2006-July 2011):
Telephone Number
Why are you no longer working there (If you are still here, please put N/A)?

Place of Employment #4:
Your Job Title at this Place of Employment
Address of Employer
Please indicate how long you worked here (Example: May 2006-July 2011):
Telephone Number
Why are you no longer working there (If you are still here, please put N/A)?

Applicant's Statement

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.

I am aware and I understand that if employment is offered to me, I will be trained to provide direct care to both male and female individuals who are served at Friendship Community.

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, fraud check, 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.

I understand that Federal Law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States, and that Friendship Community uses a service called "E-Verify" in order to determine whether Form I-9 documentation is valid for all persons offered a position, and only post-offer. I further understand that additional information regarding E-Verify is available both at the Friendship Community office and at <http://www.uscis.gov/e-verify>.

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



EEO-1 DEMOGRAPHIC INFORMATION SURVEY

Friendship Community is required to report both the gender and race/ethnicity of it's workforce and employment applicants on an annual or as needed basis, because of the state funding Friendship Community receives. Your response assists us in providing accurate data. Therefore, we ask that you please complete this form.

None of the information on this form is used as the basis for employment decisions or actions. Rather, this information is provided to both state and federal agencies, as they apply to particular laws, regulations and orders. Thank you!

GENDER: () Male () Female () I choose not to self-identify

I identify myself as:

A. () Hispanic or Latino-a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

OR

B. () White-A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

() Black or African American-A person having origins in any of the black racial groups of Africa.

() Native Hawaiian or Other Pacific Islander-A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

() Asian-A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

() American Indian or Alaska Native-A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

() Two or More Races-All persons who identify with more than one of the races above (excluding Hispanic or Latino)

() I choose not to self-identify

APPLICANT NAME: _____ Date: _____