



**Begin With Us**

Child Care and Preschool

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703 Grant Avenue • Altoona, PA 16602

814-941-0606

## Employment Application

We consider applicants for all positions without regard to race, color, creed, sex, ancestry, pregnancy, national origin, age, veteran status, the presence of a non-job-related medical condition or disability or any other legally protected status.

			Date of Application:
LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	ALTERNATE TELEPHONE NUMBER
POSITION(S) APPLIED FOR			

### EDUCATION (Highest Level Completed)

School: \_\_\_\_\_  
 Course of Study: \_\_\_\_\_ Graduate (circle one)    Yes    No

### EMPLOYMENT HISTORY

1. Name & Address of Employer: \_\_\_\_\_  
 \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of Employment (Month & Year): From \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
 Name & Title of Immediate Supervisor: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2. Name & Address of Employer: \_\_\_\_\_  
 \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of Employment (Month & Year): From \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
 Name & Title of Immediate Supervisor: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

3. Name & Address of Employer: \_\_\_\_\_  
 \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of Employment (Month & Year): From \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
 Name & Title of Immediate Supervisor: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

<b>Which of these jobs did you like the best?</b>
<b>What did you like most about this job?</b>

<b>BUSINESS REFERENCES</b> (Give the names of three persons not related to you, whom you have known at least one year.)	
NAME	TELEPHONE NUMBER
ADDRESS	
NAME	TELEPHONE NUMBER
ADDRESS	
NAME	TELEPHONE NUMBER
ADDRESS	

**Please answer the following questions:**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever been employed with us before?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently employed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. May we contact your current employer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. On what date would you be available for work? _____  |                          |                          |
| 5. Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Evenings <input type="checkbox"/> Summer only <input type="checkbox"/> Other |                          |                          |
| 6. Are you currently on "lay-off" status and subject to recall?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Can you perform the functions of this job without reasonable accommodations?   | <input type="checkbox"/> | <input type="checkbox"/> |

I understand that any misrepresentation or material omission made by me on this Employment Application will be sufficient cause for cancellation of this Employment Application or immediate termination of employment if I am employed, whenever it may be discovered. I authorize investigation of all information provided by me in the application process. I understand that any offer of employment is contingent on the completion of a satisfactory background investigation and verification of previous employment.

If I am employed, I acknowledge that my employment is "at-will" and there is no specified length of employment and that this Employment Application does not constitute an agreement or contract for employment. Accordingly, either I or Begin With Us can terminate the relationship at will, with or without cause and at any time.

I understand that it is the policy of Begin With Us not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation under the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization. Failure to submit such proof within the required time shall result in immediate termination of employment. In addition, I will also be required to pay for and provide Begin With Us with the following documents:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Physical Examination</li> <li>• TB Test</li> <li>• Verification of Age</li> </ul> | <ul style="list-style-type: none"> <li>• Pennsylvania Child Abuse History Clearance</li> <li>• Pennsylvania Criminal History Record</li> <li>• Federal Bureau of Investigation Clearance</li> <li>• Transcript or Diploma from Highest Level of Completed Education</li> </ul> |
|--|--|

I further understand that, as a condition of employment, I must abide by all applicable laws, rules and regulations of the Commonwealth of Pennsylvania, as well as the policies and procedures set forth in the Begin With Us Personnel Policy Handbook.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_