

Application for Employment

Child Advocates of Blair County, Inc.
319 Sycamore Street
Altoona, PA 16602

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Name _____
Last First Middle

Address _____
Number/Street City State Zip Code

Telephone Number () _____

Position(s) Applied For _____

Are you a current or former Head Start parent? [] Yes [] No

Are you a current licensed PA driver? [] Yes [] No

Do you have access to a car? [] Yes [] No

Have you received Act 33 Clearance?
Pa State Police Criminal History Record [] Yes [] No

Dept. of Public Welfare Child Abuse History [] Yes [] No

FBI Clearances [] Yes [] No

Would you accept full-time work? [] Yes [] No

Would you accept part-time work? [] Yes [] No

List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin).

Employment Experience

Place an X in the block by the employer(s) you **do not** want us to contact. List the most recent employer first.

1. Employer _____ Phone () _____
 Address _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____
2. Employer _____ Phone () _____
 Address _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____
3. Employer _____ Phone () _____
 Address _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: Starting _____ Final _____
Work Performed _____
Reason for Leaving _____

Give names, addresses and telephone numbers of three professional references.

Educational Background

	Elementary	High School/GED	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
List any continuing education, training, or special skills that would benefit the job for which you are applying:				

APPLICANT'S STATEMENT/INQUIRY AUTHORIZATION

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize Child Advocates of Blair County, Inc. to check my references. In doing so, I hereby release from any liability, any and all individuals, organizations, schools, or former employers who, in good faith and without malice, provide information to Child Advocates of Blair County, Inc.

I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Child Advocates of Blair County, Inc.

Photocopies of this statement shall be considered as valid as the original.

I have read and understand the above.

Signature

Date