

**114 Skyline Drive  
Butler, PA 16001**

**Employment Application**

**We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.**

**Please Print**

Position(s) Applied For: \_\_\_\_\_ Date of Application \_\_\_\_\_

How Did You Learn About Us?

- |  |                                   |                                  |
|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Friend   | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other   |

Have you ever applied to, or worked for Community Care Connections, Inc. prior to this? *List position applied for or dates previously worked and position* \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School District of Residence \_\_\_\_\_ Township of Residence \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Social Security No. \_\_\_\_\_

State briefly why you would like to work for Community Care Connections, Inc.: \_\_\_\_\_

Are you a US citizen? \_\_\_\_\_ If not, do you have the legal right and necessary documents to work in the US? Yes \_\_\_\_\_ No \_\_\_\_\_ Identity will be verified as required by law.

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_ Driver License No. \_\_\_\_\_

**General Information about Employment Desired**

Are you are applying for a full-time or part-time position? \_\_\_\_\_

If part-time, hours per week desired: \_\_\_\_\_  
 Are you available to work holidays? \* \_\_\_\_\_  
 Hours you are available to work: \_\_\_\_\_  
 Are you available to work nights? \* \_\_\_\_\_  
 If hired, on what date could you start work? \_\_\_\_\_  
 Have you ever been convicted of a crime, other than a minor traffic offense, or pled no contest to a crime? (Conviction will be not necessarily disqualify an applicant from employment) \_\_\_\_\_  
 Act 33 & Act 34 clearances are requirements of the position.

Are you available for work on weekends? \* \_\_\_\_\_  
 Days of week you are available to work: \_\_\_\_\_  
 Are you available to be on-call? \* \_\_\_\_\_  
 Are you available to work overtime? \* \_\_\_\_\_  
 Are you able to travel on company business? \* \_\_\_\_\_  
 Are you able to perform the job functions of the job you are applying for? \_\_\_\_\_  
 Do you have a valid driver's license? \* \_\_\_\_\_  
**Hourly rate of pay desired?** \_\_\_\_\_

\*If required by the position applied for

**Employment History**

**List all previous employers starting with your present or most recent position (last 10 years is sufficient) below. Please furnish daytime telephone number for contact person.**

**Name of Employer:** \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Street Address of Company: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone No. (include area code): \_\_\_\_\_

Position and Duties: \_\_\_\_\_

\_\_\_\_\_

Dates Employed or Length of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Current Salary: \_\_\_\_\_

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Name of Contact Person: \_\_\_\_\_ May we contact them? \_\_\_\_\_

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City, State & Zip Code: \_\_\_\_\_

Telephone No. (include Area Code): \_\_\_\_\_

Position and Duties: \_\_\_\_\_

\_\_\_\_\_

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Name of Contact Person: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Street Address of Company: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone No. (include Area Code): \_\_\_\_\_

Position and Duties: \_\_\_\_\_

\_\_\_\_\_

Dates Employed or Length of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Current Salary: \_\_\_\_\_

**Additional Reference**

Give work related references. Do not list relatives or personal friends. Please furnish daytime telephone number for contact person.

Name: \_\_\_\_\_  
Telephone No. (include area code): \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Length of Time Known by Applicant: \_\_\_\_\_

**Additional Reference**

Please furnish daytime telephone number for contact person.

Name: \_\_\_\_\_  
Telephone No. (include area code): \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Length of Time Known by Applicant: \_\_\_\_\_

**Education**

	Name of School	Course of Study	Graduated (Yes or No)
High School/GED			
Community College			
Trade School			
College/University			

**Special Skills**

Licenses or Certifications (indicate State of issue) \_\_\_\_\_

Nursing License No. \_\_\_\_\_

Do you speak, write or understand any foreign language/s? If yes which language/s?  
\_\_\_\_\_

Do you have experience, training, qualifications or skills that you feel make you especially suited for work at Community Care Connections, Inc.? If yes, explain in detail below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Computer Skills – please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ ,  
Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Applicant’s Statement**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand and authorize Community Care Connections, Inc., or any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I make this authorization in return for Community Care Connections, Inc.’s consideration of me for employment, and I specifically release and hold harmless such corporations, agents or persons harmless from any and all liabilities arising out of their investigation of my application for employment. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this agency is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the 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 the Executive Director/Board of Directors of this agency specifically acknowledges such change in writing. 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 the employer. I have read and understand everything on this application.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant