



EASTERN AREA ADULT SERVICES

901 West Street, Pittsburgh, PA 15221-2833

EMPLOYMENT APPLICATION

Pre-Employment Statement - Please read carefully

It is Eastern Area Adult Services, Inc. policy to provide employment, training, compensation, promotion and other conditions of employment without regard to race, color, religion, national origin, sex, age, non-job related disability, marital status, sexual orientation, veteran status or any other legally protected status.

I certify that the information contained in this application is correct to the best of my knowledge and understand that the falsification or misrepresentation of this information is grounds for dismissal or denial of hire. I authorize the sources listed to give you, or any third party representing you, any and all information concerning my previous employment and any pertinent information they may have; voluntarily give Eastern Area Adult Services, Inc., or any third party representing you, the right to make a thorough investigation of my past education, employment and activities, and agree to cooperate in such investigation; and hereby release and waive claims for liability against all persons, companies or corporations supplying any information to Eastern Area Adult Services, Inc.

In making this application for employment, I understand that a criminal history check and investigative report may be made in which information is obtained through personal interviews with family members, business associates, financial sources, or other third parties with whom I am acquainted. This information will include inquiries as to my job and/or educational qualifications and my general reputation, whichever is applicable. I understand that I have the right to make written request, within a reasonable period of time, for complete disclosure of additional information concerning the nature and scope of the investigation. I understand that it is my responsibility to pay for the criminal history.

I understand that because of the nature of certain jobs, I may be required to undergo a physical examination prior to employment and/or during employment.

I understand and will comply with Eastern Area Adult Services, Inc. adherence to a Smoke free Workplace Program. Smoking is not to be permitted in the Agency offices except for designated areas outside the buildings.

Also, I understand, if employed, that as part of Eastern Area Adult Services, Inc. procedure for processing my application, I must provide verification of my identity and employability in compliance with the Immigration Reform and Control Act of 1986. Additionally, in consideration of my employment, I agree, if employed, that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of the Agency or myself.

If employed by the Agency, I agree to abide by its rules and regulations.

Applicant's Signature _____

Date: _____

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GENERAL INFORMATION

Name: _____ Social Security # _____ - _____ - _____

Present Address: _____
House number & Street City State Zip Code

Home Telephone (_____) _____ Business Telephone (_____) _____

Are you a citizen of the U.S.A.? Yes [] No []

If no, can you submit verification of your legal status to work in the U.S.A.? Yes [] No []

Work Visa Number # _____ Valid until _____

POSITION

Position applying for _____ Date Available ____/____/____ Desired Salary _____

[] Full Time [] Part time

If part-time, days and hours available for work _____

How were you referred? [] Friend [] Relative [] Advertisement [] Walk-In

[] Employment Agency [] Employee Referral [] Other

If employment agency, or current employee, please give name _____

If offered employment, how soon can you report? _____

Have you ever worked at Eastern Area Adult Services before? _____

Are you willing to travel? Yes [] No []

Are you willing to work evenings and/or weekends? Yes [] No []

BACKGROUND

Have you even been convicted of or pled guilty or "No Contest" (Nolo Contendere) to a felony, criminal offense or misdemeanor involving fraud, false statements or omissions, wrongful taking of property or bribery, forgery, counterfeiting or extortion? Yes [] No []

Any other felony? Yes [] No []

U.S. Military experience Yes [] No [] If yes, complete:

Branch of Armed Services _____ Date of Discharge ____/____/____ Rank at Discharge _____

Are you presently in the Reserves or National Guard? Yes [] No []

Date of permanent separation ____/____/____

EDUCATION

Name	Address & Telephone	Course/Degree GPA	Did you graduate
High School			
Business or Vocational School			
College			

PLEASE LIST ALL EMPLOYMENT STARTING WITH PRESENT OR MOST RECENT EMPLOYER. ALSO INCLUDE RELEVANT VOLUNTARY AND/OR PART-TIME WORK EXPERIENCE. USE ADDITIONAL SHEET(S) IF NECESSARY.

WORK HISTORY				
Present Company _____				
Address _____				
Street	City	State	Zip Code	
Employed from _____	to _____	Your Supervisor _____	Phone Number _____	
mo/yr	mo/yr			
Your job title _____		Salary: Start _____ Finish _____		
Major Duties _____				
Why do you wish to leave? _____				
May we contact the above? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If no, explain why _____				

Prior Company _____				
Address _____				
Street	City	State	Zip Code	
Employed from _____	to _____	Your Supervisor _____	Phone Number _____	
mo/yr	mo/yr			
Your job title _____		Salary: Start _____ Finish _____		
Major Duties _____				
Why did you leave? _____				
May we contact the above? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If no, explain why _____				

Prior Company _____				
Address _____				
Street	City	State	Zip Code	
Employed from _____	to _____	Your Supervisor _____	Phone Number _____	
mo/yr	mo/yr			
Your job title _____		Salary: Start _____ Finish _____		
Major Duties _____				
Why did you leave? _____				
May we contact the above? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If no, explain why _____				

SKILLS

If you are applying for a home care service position, please complete the following

CPR & First Aid Certification Other

If you are applying for an administrative position: Word processing/Spread Sheet Software

Calculator Typing, speed per minute: _____ wpm

Other software packages Other types of equipment

Current Valid Driver's License: State _____ No. _____ Class _____
(if applicable to position)

EXPERIENCE/SKILLS/QUALIFICATIONS

In order to appropriately evaluate your ability to perform the job for which you are applying, we encourage you to describe any job-related experiences, skills or qualifications which you consider relevant.

REFERENCES (PROFESSIONAL)

Name	Address	Telephone Number
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1. _____

2. _____

REFERENCES (PERSONAL)

Name	Address	Telephone Number
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1. _____

2. _____
