



# Employment Application

Today's Date: \_\_\_\_\_

How did you hear about us?

- Facebook     Indeed     Company Website     Employee Referral: \_\_\_\_\_  
 Job Fair     School     Other: \_\_\_\_\_

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_  

Last
First
Middle

Present Address: \_\_\_\_\_  

Street
City
State
Zip

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently authorized to work in the United States?     YES     NO    Proof of eligibility required if hired.

If necessary for the job, are you age 18 or older?     YES     NO    If under 18, proof of eligibility required.

Have you lived in the state of Pennsylvania for the previous 2 years?     YES     NO

If the answer to this question is NO, you will be required to complete an FBI fingerprint through the Dept. of Human Services prior to hire.

Position Applying For: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Desired Wage: \_\_\_\_\_ Employment Desired:     Full-time     Part-time     Contract/1099

Days/Hours Available to Work:

No preference _____	Thursday _____
Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	Sunday _____

Have you ever been convicted of a crime?     YES     NO    (A Conviction record will not necessarily disqualify you from employment.) If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## EDUCATION

	Name of School	Location	No. Years Attended	Major/Degree
High School				
College				
Graduate				
Other				

## MILITARY

Are you a current or previous member of the U.S. Military?  YES  NO

Specialty & Rank \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

Were you honorably discharged?  YES  NO

If no, please explain why: \_\_\_\_\_

## PROFESSIONAL REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ No. Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ No. Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ No. Years Known: \_\_\_\_\_

EMPLOYMENT HISTORY (list most current first and additional sheets if necessary)

Name of Employer: \_\_\_\_\_ Dates of Employment (from) \_\_\_\_\_ (to) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Your Job Title: \_\_\_\_\_ Wage (start) \_\_\_\_\_ (final) \_\_\_\_\_

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

Reason for leaving (be specific): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Dates of Employment (from) \_\_\_\_\_ (to) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Your Job Title: \_\_\_\_\_ Wage (start) \_\_\_\_\_ (final) \_\_\_\_\_

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

Reason for leaving (be specific): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Dates of Employment (from) \_\_\_\_\_ (to) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Your Job Title: \_\_\_\_\_ Wage (start) \_\_\_\_\_ (final) \_\_\_\_\_

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

Reason for leaving (be specific): \_\_\_\_\_

May we contact your current employer?  YES  NO

Did you complete this application yourself?  YES  NO If not, who did? \_\_\_\_\_

After reviewing the job description, are you able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation?  YES  NO

Skills, Qualifications, Achievements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Croyle-Nielsen Therapeutic Associates, Inc. (C-NTA) to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability C-NTA and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I hereby authorize C-NTA, its employees, contractors, affiliates, and designees to perform all necessary screenings and checks in order to consider me for employment, including but not limited to Pennsylvania State Police Criminal History Check (EPATCH), FBI Cogent Criminal History Check, Child Abuse Registry Record Check, Driving Record Check (if job applied for requires driving), and pre-employment drug screening. I understand that all employment offers potentially extended to me will be contingent upon all such screenings and checks yielding results deemed acceptable to C-NTA. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

**We are an equal employment opportunity employer.** We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date