



PLEA
Bringing help and hope together

APPLICATION FOR EMPLOYMENT

PLEA is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act.

Date _____

PERSONAL:

Name _____
Last First Middle Maiden

Address _____
No. Street City State Zip

Home Phone _____ - _____ = _____ Cell Phone _____ - _____ = _____

Alternate Phone _____ - _____ = _____ Email address _____

Social Security No. _____ - _____ - _____ Are you over 18? Yes No

Have you resided in Pennsylvania for the last 12 consecutive months? Yes No

Drivers License: State _____ Currently Valid? Yes No

EMPLOYMENT DESIRED:

Are you seeking full-time part-time temporary or summer employment?

If you are seeking full-time, are you willing to accept part-time? Yes No

Position applied for _____ Minimum salary desired _____

Date available to start _____

Have you ever applied to PLEA before? Yes No

Have you ever worked for PLEA before? Yes No

If your answer to either of the above questions is Yes, please state when and where you applied and/or worked. _____

How did you learn of our program and/or position? _____

Are there any days or hours you would be unable or unwilling to work? Yes No

If yes, please specify those days or hours you would be unable or unwilling to work _____

Do you have the ability, with or without reasonable accommodations, to work overtime if overtime is required by the job for which you are applying? Yes No

If no, please explain _____

Do you have allergies that would prevent you from working in homes? Yes No

EDUCATION:

Name, Address and Location	Dates	Graduate?	Major or Courses Studied
High School		Yes/No	Diploma:
College or University	From: To:	Yes/No	Degree:
Graduate or Professional	From: To:	Yes/No	Degree:
Trade or Business School	From: To:	Yes/No	Diploma/Degree:

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No If so, when, where and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college _____

List and describe any other School or Specialized Training _____

CAPABILITY/RELIABILITY:

Would you be willing and able to physically pursue and restrain a child out of control? Yes No

If not, please explain _____

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If yes, please explain _____

Will you abide by the safety rules of this agency? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If yes, please explain _____

How many days of work (or school) have you missed, other than for illness, in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes No

If no, please explain _____

WORK HISTORY:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Name of Employer Address City, State, Zip Code Name and Title of Last Supervisor:			Dates Employed: From:	Pay: Starting \$ _____
Telephone Number: _____ - _____ - _____	Nature of Business:	No. Hrs. Worked Per Week _____	To:	Ending \$ _____
Title		Reason for leaving		
Duties				

Name of Employer Address City, State, Zip Code Name and Title of Last Supervisor:			Dates Employed: From:	Pay: Starting \$ _____
Telephone Number: _____ - _____ - _____	Nature of Business:	No. Hrs. Worked Per Week _____	To:	Ending \$ _____
Title		Reason for leaving		
Duties				

Name of Employer Address City, State, Zip Code Name and Title of Last Supervisor:			Dates Employed: From:	Pay: Starting \$ _____
Telephone Number: _____ - _____ - _____	Nature of Business:	No. Hrs. Worked Per Week _____	To:	Ending \$ _____
Title		Reason for leaving		
Duties				

Name of Employer Address City, State, Zip Code Name and Title of Last Supervisor:			Dates Employed: From:	Pay: Starting \$ _____
Telephone Number: _____ - _____ - _____	Nature of Business:	No. Hrs. Worked Per Week _____	To:	Ending \$ _____
Title		Reason for leaving		
Duties				

List any additional employment on a separate 8 1/2" x 11" sheet of paper.

SUPPLEMENTAL EMPLOYMENT INFORMATION:

If you worked in any of your previous positions under another name, please give that name(s) below:

(For reference checking purposes.) Name _____ Company _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Have you ever been fired, or asked to resign, from a job? Yes No If yes, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes No

If yes, please explain _____

Do you have current (less than 1 year old)

Act 33 (Child Abuse) Clearance Yes No

Act 34 (Criminal History) Clearance Yes No

FBI Fingerprint Clearance Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including driving while under the influence of alcohol or drugs? Yes No

If yes, state the offense, location, date and disposition _____

NOTE: A conviction will not necessarily disqualify you from employment.

Have you ever been excluded from any Medicaid or Medicare work? Yes No

Do you have reliable transportation? Yes No

Do you have personal automobile insurance coverage? Yes No

How far are you willing to drive on assignments? _____ miles one way.

How many hours per week are you available to work? _____ hours/week.

Have you had any experience with children with special needs? If yes, please describe the situation(s).

REFERENCES:

Give three references, not relatives and at least one who can comment on your ability to work with children.

Name	Address	Phone	Relationship to Applicant

AFFIDAVIT:

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize PLEA to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the agency. I further understand that nobody in the agency is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Executive Director of the agency. I also understand that my employment is "at-will" and may be terminated by myself or by the agency at any time for any reason or no reason at all, with or without prior notice.

Signature _____ Date ____/____/____

Please return completed application to: PLEA
733 South Ave
Pittsburgh PA 15221
Phone: 412-243-3464
Fax: 412-243-5649



