



# THE EMMAUS COMMUNITY

## APPLICATION FOR EMPLOYMENT

The Emmaus Community of Pittsburgh Inc. is an Equal Opportunity Employer. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his/her race, color, religion, age, sex, ancestry, national origin, place of birth, marital status, veteran status, sexual orientation, disability or any other legally protected status. All information will be treated confidentially.

If you require assistance or a reasonable accommodation in completing this application or any aspect of the interview process, please contact the Director of Human Resources.

**PLEASE PRINT**

**PLEASE ANSWER EVERY QUESTION ON THIS FORM**

(Unanswered area(s) will be highlighted and returned)

Last Name		First Name		Middle Initial
Have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list:				
Address: Number	Street	City	State	Zip
Telephone Numbers Mobile		Home	Work	
E-Mail			Social Security ____/____/____	

Position Applied For: (please check one)

Full Time  Part Time  Seasonal  Temporary  Intern

Referral Source

Advertisement (specify) \_\_\_\_\_  Friend  Current or Past Employee Name \_\_\_\_\_  
 Employment Agency  Relative  Walk-in  Other \_\_\_\_\_

## EDUCATION AND SPECIAL SKILLS

Please Complete All Areas	Elementary School	High School	Under Graduate College/University	Graduate Professional
School Name and Location				
Highest completed for each				
Describe Course of Study				

**EDUCATION AND SPECIAL SKILLS continued**

Describe any specialized training/ apprenticeship skills.	
List any computer / software training.	
Indicate any foreign languages you can speak, read, or write.	
Summarize special job-related skills and qualifications acquired from employment or other experience.	
Have you ever served in the United States Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of discharge. _____
If you served, please describe any job-related training you received.	
State any additional information you may feel may be helpful in considering your application.	

**QUALIFICATIONS**

Do you have a current Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, do you have a permit, or in the process of getting a permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work evenings and weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by The Emmaus Community before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in what capacity?	
Are you familiar with and do you have the ability to perform essential job related functions for the position for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, please describe the accommodations, which would be required to perform essential job-related functions: (The Emmaus Community will assist in identifying reasonable accommodations.)	
Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status will be required upon employment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**QUALIFICATIONS continued**

Have you ever been convicted of a felony?  
 (Conviction will not necessarily disqualify an applicant from employment.)  Yes  No

If yes, please explain:

**EMPLOYMENT EXPERIENCE**

Please start with your present or last job. You may include any volunteer activities. You should exclude organizations, which indicate race, color, gender, national origin, sexual orientation, disability, or other status.

Employer	Dates Employed		Job Title
	Start Date	End Date	
Address			Work Performed
Telephone Numbers	Hourly Rate/Salary		Supervisor
	Start	Finish	
Reason for Leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			
Permission to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Dates Employed		Job Title
	Start Date	End Date	
Address			Work Performed
Telephone Numbers	Hourly Rate/Salary		Supervisor
	Start	Finish	
Reason for Leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			
Permission to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**EMPLOYMENT EXPERIENCE continued**

Employer	Dates Employed		Job Title
	Start Date	End Date	
Address			Work Performed
Telephone Numbers	Hourly Rate/Salary		Supervisor
	Start	Finish	
Reason for Leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			
Permission to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PROFESSIONAL REFERENCES**

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

**PERSONAL REFERENCES**

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

**APPLICANT'S STATEMENT**

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

I authorize investigation of all statements contained in this application for employment as may be helpful in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Emmaus Community 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 an authorized representative of The Emmaus Community specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information provided in my application or interview(s) may result in discharge whenever discovered. I understand, also, that I am required to abide by all policies and procedures set forth by The Emmaus Community, and that these policies and procedures are subject to change without notice.

Do you intend to work at least one year at this agency if you are hired?  Yes  No

I hereby release any and all former employers and references from any liability for releasing information about me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Hired <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Date	Position	Location	Department
Hourly Rate/Salary \$	Supervisor	Comments		
By: Name		Title	Date	



EMMAUS COMMUNITY  
OF PITTSBURGH

# THE EMMAUS COMMUNITY

## REFERENCE AUTHORIZATION FORM

To Whom It May Concern:

I hereby authorize any representative of the Emmaus Community of Pittsburgh bearing this Authorization to obtain information from my current and previous employers, or other sources including a licensing agency, if applicable, pertaining to my employment history. This authorization includes, but it not limited to, attendance records, disciplinary actions, licensing agency actions, length of employment, and performance evaluations.

I hereby authorize you to release such information upon request of the bearer. This Authorization is executed with the full knowledge and understanding that the information is for official use by the Emmaus Community of Pittsburgh.

I hereby release you, the institution or establishment which you represent, including the officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to my, my heirs, family, or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of this Authorization, you may contact me as indicated below.

A photocopy of the Authorization shall have the same force as the original.

Full Name (Printed): \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_