

Please list your employment record, including periods of unemployment, starting with your present or most recent position and working backward. Include any volunteer, unpaid work, or military services.

1. Employer: _____ Phone: _____
Address: _____
Job Title: _____ Supervisor: _____
(Name/Title)
Duties: _____
Hourly Rate/Salary: Starting _____ Ending _____ No. of Hours worked per week _____
Date Employed: From _____ To _____ No. of Employees Supervised _____
Reason for Leaving: _____
May we contact this employer? yes no If No, please explain: _____

2. Employer: _____ Phone: _____
Address: _____
Job Title: _____ Supervisor: _____
(Name/Title)
Duties: _____
Hourly Rate/Salary: Starting _____ Ending _____ No. of Hours worked per week _____
Date Employed: From _____ To _____ No. of Employees Supervised _____
Reason for Leaving: _____
May we contact this employer? yes no If No, please explain: _____

3. Employer: _____ Phone: _____
Address: _____
Job Title: _____ Supervisor: _____
(Name/Title)
Duties: _____
Hourly Rate/Salary: Starting _____ Ending _____ No. of Hours worked per week _____
Date Employed: From _____ To _____ No. of Employees Supervised _____
Reason for Leaving: _____
May we contact this employer? yes no If No, please explain: _____

4. Employer: _____ Phone: _____
Address: _____
Job Title: _____ Supervisor: _____
(Name/Title)
Duties: _____
Hourly Rate/Salary: Starting _____ Ending _____ No. of Hours worked per week _____
Date Employed: From _____ To _____ No. of Employees Supervised _____
Reason for Leaving: _____
May we contact this employer? yes no If No, please explain: _____

Educational Record:

Circle highest grade of schooling
1-2-3-4-5-6-7-8-9-10-11-12 College 1-2-3-4

Post-graduate

School Name and Location	Course	Graduated? no/yes	Degree/Diploma
High School			
College or University			
Graduate or Professional			
Other			

Please list any license, certificate or registration issued by the Commonwealth of PA. Include the number and date of expiration.

Please list any professional or civic organizations to which you belong (do not list any organization that would reveal your race, color, religion, national origin or any other legally protected characteristic).

Please list any office equipment that you operate, including computer skills.

Please list any non-English languages that you are fluent in, including any sign languages or Braille.

Please list any other training or experience you have that you believe is particularly applicable to the type of work for which your are applying.

Have you ever been convicted of a felony or misdemeanor? Yes or No

If yes, please give details. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its own merits.

Please read the following statements carefully:

I understand, agree, and accept as conditions of employment with Access Services that:

- a. Client needs dictate staff scheduling. Overtime, shift work or revised work schedules may sometimes be required.
- b. Client information is confidential and may not be discussed with anyone not officially involved in the specific client's case. Violation of a client's privacy is a serious offense which may result in immediate dismissal.
- c. Employees are required to undergo health examinations, which are dictated by state law and Access Services' policy. Employees are also required to participate in and complete agency training sessions as a condition for continued employment.

I authorize Access Services to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and Access Services from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Access Services.

I authorize Access Services to secure criminal background information through an appropriate agency, and I understand that, upon my written request made within a reasonable period of time, the agency providing the report to Access Services will provide me with a complete description of the nature and scope of the investigation.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if Access Services has not employed me and for immediate dismissal if Access Services has employed me. I also authorize Access Services to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release Access Services from any and all liability for its' providing this information.

I understand that any offer of employment I may receive is contingent upon my successful completion of Access Services' pre-employment, post-offer screening process including any pre-employment, post-offer physical examination that may be required. In the event of employment or an offer of employment, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of the job for which I am being hired or considered.

I hereby agree to submit to any lawful drug, alcohol or other testing that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including discharge.

I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. Citizenship status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

In the event of my employment with Access Services, I will comply with all rules, regulations, and policies of Access Services.

I understand that nothing in this employment application, Access Services' policy statements, human resources guidelines, or in my communications with any Access Services official is intended to create an employment contract between Access Services and myself. I also understand that Access Services has the right to modify its policies and benefits without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Access Services unless it is made in writing and signed by the President & CEO. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason that I think is appropriate. I also understand that Access Services retains the right to terminate my employment and my benefits at any time for any reason that Access Services believes is appropriate.

I hereby acknowledge that I have read, understand, and agree to all of the above statements.

Signature of Applicant

Date



Driving History Questionnaire

Transportation is one of the central services provided to many of those served by Access Services. Operation of motor vehicles by employees' carries with it substantial responsibility. Employees' commitment to the safe operation of any motor vehicle used to travel for business-related purposes will minimize risks of property damage and/or bodily injury to themselves, consumers or others. Driving is an essential function for many of our positions. This form must be completed in its entirety if driving for business related reasons is an essential function of the position that you are applying for.

Name _____ DL State _____ DL # _____

Date of Issue _____ Expiration Date _____

Are you at least 18 years of age (Yes/No)? _____

Do you have at least 3 years of driving experience (Yes/No)? _____

Do you have and agree to maintain automobile liability insurance, listing you as a covered driver (Yes/No)? _____

Do you have, and agree to maintain, automobile liability insurance covering you in the amount of at least \$50,000 Combined Single Limit or \$25,000 for bodily injury per person, \$50,000 per accident and \$25,000 for property damage (Yes/No)? _____

NOTE: IF EMPLOYED, YOU WILL BE REQUIRED TO PROVIDE PROOF OF COVERAGE.

For each of the following questions, please check the appropriate response. Have you:

1) been involved in any motor vehicle accidents within the past 5 years?

no yes (please give details below - i.e., at fault, not at fault, etc.)

2) received any moving traffic violations within the last 5 years?

no yes (please give details below - i.e., type, reason, etc.)

3) had your license suspended or revoked within the last 10 years?

no yes (please give details below)

Driver's Statement:

If employed, I agree to notify Access Services in writing within 24 hours if there is any change in the status of my driver's license or insurability. I understand that not providing this information as required may result in the termination of my employment.

If employed, I understand and agree that any restrictions on my driver's license place legal obligations on me, which I will follow (i.e. wearing corrective lenses when driving, suspension of license). I further understand that not abiding by these restrictions is a violation of Access Services' policy designed to promote and protect the safety of our consumers. Violation of this policy may result in the termination of my employment.

All of the information provided by me is true and correct and I authorize Access Services or their designee to verify my statements. I understand that providing false information or withholding information may result in my not being considered for employment or, if employed, the termination of my employment with Access Services.

Signature _____ Date _____



**NOTIFICATION TO APPLICANT/EMPLOYEE THAT
A CONSUMER REPORT MAY BE OBTAINED**

In Compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, this notice is to inform you that the Company may obtain a consumer report or reports in connection with your application for employment and for other employment related reasons, such as annual Department of Motor Vehicle reports. "Consumer reports" include, but are not limited to, credit reports, criminal background checks and Department of Motor Vehicle reports .

AUTHORIZATION TO OBTAIN A CONSUMER REPORT

By signing below, I certify that I have reviewed the Company's written notification that it may obtain a consumer report or reports on me and I authorize Access Services to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks and Department of Motor Vehicle Reports.

Signature of Applicant/Employee

Date

Name (Please Print)

Social Security Number

This information will solely be used to conduct a criminal background check and not used for any other purpose.



Reference Verification Request

Applicant Information

Please complete the applicant information section only and submit this form with your employment application.

Applicant Name: _____

Name at time of Employment: _____

Current/Previous Employer: _____

Employer's Address: _____

City: _____ State: _____ ZIP: _____

Position held: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Supervisor's name and title: _____

Phone number: _____

I authorize the above named person/organization to furnish ACCESS SERVICES with any relevant information that may be required to arrive at an employment decision. I hereby release ACCESS SERVICES and the above named person/organization from any and all liability arising from their receiving or giving information about my employment history, qualifications or suitability for employment with ACCESS SERVICES.

SIGNATURE: _____ DATE: _____

Reference Verification (to be completed by employer listed above)

The above individual has applied to ACCESS SERVICES for employment. We would appreciate your completing the information listed below so that we may make a more complete assessment of his/her suitability for employment. Information that you share will be held in complete confidence. Thank you for your prompt cooperation.

Time Supervised: _____ Position(s) held: _____

Employed From: _____ To: _____ Full Time: _____ Part Time: _____ Temp: _____ Other: _____

Reason for Leaving: _____ Proper Notice: YES ___ NO ___

Eligible for Rehire? Yes ___ No ___ Conditionally ___

	Unsatisfactory	Satisfactory	Excellent
Attendance			
Punctuality			
Quality of Work			
Job Knowledge (if applicable)			
Dependability			
Cooperation			
Verbal Communication Skills			
Written Communication Skills			

Additional Comments: _____

Completed by: _____ Date: _____



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Cooperation			
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Additional Comments: _____

Completed by: _____ Date: _____