



Susque-View Home, Inc.

22 Cree Drive, Lock Haven, PA 17745

(570) 893-5945

Attn: Human Resources Department

APPLICATION FOR EMPLOYMENT

***Note: Fields in red *must* be completed for application acceptance!**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name	First Name	Middle Name
Address	City	State Zip Code
Telephone Number(s)	E-mail address	Social Security Number - -

Have you ever been convicted of a felony? Yes No
 If yes, please explain _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date: _____

Have you ever been employed with us before? Yes No
 If Yes, give date: _____

Do any of your friends or relatives, other than spouse, work here? Yes No
 If yes, please list names: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because Of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

Date available for work: ___ / ___ / ___ What is your desired salary? _____

Are you available to work: Full-Time Temporary
 Part-Time Shift work

Are you currently on "lay-off" status and subject to recall? Yes No

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Professional Licenses and Certificates, State of Issue, Expiration Date, and Registration Number.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

SPECIALIZED SKILLS (Check applicable skills)

<input type="checkbox"/> MS Word <input type="checkbox"/> MS Access <input type="checkbox"/> Equipment Operation Please list:	<input type="checkbox"/> MS Excel <input type="checkbox"/> Other _____	<input type="checkbox"/> MS Publisher <input type="checkbox"/> Other _____
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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
				Reason for Leaving
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
				Reason for Leaving
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
				Reason for Leaving

If you need additional space, please continue on a blank sheet of paper.

VOLUNTEER EXPERIENCE

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

REFERENCES (No relatives please)

1.	()	
	(Name)	Phone #
	(Address)	
2.	()	
	(Name)	Phone #
	(Address)	
3.	()	
	(Name)	Phone #
	(Address)	

Pennsylvania state law (Act 13) requires all persons to submit a report of criminal history record information or a statement from the State Police that their repository contains no such information. If you have a current background response, kindly attach it to the completed application. **If you do not have a current background check, please be informed that one will be performed upon your acceptance at Susque-View Home.**

If you are not now, and for the two years immediately preceding this application, have not been, a resident of the Commonwealth of Pennsylvania, you are required to submit with the application for employment a report of Federal Criminal History Record information. Please contact the Human Resource office for further information on how to obtain a background check request.

APPLICANT'S STATEMENT

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

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

This application for employment, if completed in full, shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, and that applicants may be subject to drug testing.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For : _____

Date _____

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate / Salary _____ Department _____

By _____
Name and Title Date