



HOLY FAMILY INSTITUTE

Restoring Hope, Transforming Lives

APPLICATION FOR EMPLOYMENT

NOTES TO APPLICANTS

The filing of an application is the preliminary step to employment and does not imply that the applicant is bound to accept employment or eventually will be hired.

If you are applying for a position that requires driving, you will, if given a job offer, be required to show a valid driver's license.

Please **type** or **print** all answers clearly, accurately and completely.

Position(s) Applied For:	Expected Salary Range	Date of Application
How did you learn about Holy Family Institute?		
<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Friend _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Website	<input type="checkbox"/> Relative _____	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-in	

Last Name		First	MI	Other Names Known by		
Number and Street Address		City		County	State	Zip Code
Home Telephone Number ()	Alternate Telephone Number ()	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing/able to work all shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address		Work Schedule Preferred <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On Call/Casual	Date Available	Hours <u>Unable</u> to Work		
Do not answer the following question unless you have been informed about the requirements of the job for which you are applying. Are you capable of performing, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied: <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a valid PA Drivers' License? (applicable only if driving is an essential job function) <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a dependable means of transportation to & from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Holy Family Institute and its affiliate organizations are Equal Opportunity Employers

PERSONAL INFORMATION

Are you at least 18 years of age? YES NO

If you are applying for a direct childcare position with Holy Family's Residential Program, you must be at least 21 year of age. (DPW Reg. 3800.55h)

Are you at least 21 year of age? YES NO
(Please circle your response)

Are you legally eligible to work in the United States? YES NO

Proof of employability will be required if you are hired.

Have you pleaded guilty to or been convicted of a crime other than a traffic violation?

Yes No

If yes, please explain and state charge, court, date, and disposition of case:

Conviction will not necessarily disqualify an applicant from employment

Have you been discharged or forced to resign for misconduct or unsatisfactory performance from any company?

YES NO

If yes, explain _____

Do you have any relatives employed by Holy Family Institute or its affiliated organizations?

YES NO

If yes, give name(s) and relationship _____

Have you ever applied to Holy Family Institute or its affiliated organizations?

YES NO If yes, indicate where & when _____

Have you ever worked at Holy Family Institute or its affiliated organizations?

YES NO

If yes, Date left _____

Position held _____

Location _____

EDUCATIONAL BACKGROUND

(Name) College or University	Address	Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO	Course or Major
(Name) Graduate School	Address	Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO	Course or Major
(Name) Technical or Professional	Address	Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO	Course or Major
(Name) High School	Address	Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO	Course or Major

EMPLOYMENT HISTORY

Account for all employment in excess of six (6) months in the past ten (10) years, including U.S. Military Service and volunteer work experience. List your most recent position first. A resumé may be used to supplement the Application for Employment, but you must complete all information requested on the application. Do not write "See Resumé" on the application. If more space is required, attach an additional sheet.

EMPLOYER NAME _____

Address _____
Street City State Zip Code

Job Title (start) _____ Job Title (finish) _____

Employed from _____ to _____ Salary _____
(Month/Year) (Month/Year)

Position and Duties _____

Reason for Leaving _____

Name of Supervisor _____ Phone _____ May we contact him/her regarding your employment? YES NO

EMPLOYER NAME _____

Address _____
Street City State Zip Code

Job Title (start) _____ Job Title (finish) _____

Employed from _____ to _____ Salary _____
(Month/Year) (Month/Year)

Position and Duties _____

Reason for Leaving _____

Name of Supervisor _____ Phone _____ May we contact him/her regarding your employment? YES NO

EMPLOYER NAME _____

Address _____
Street City State Zip Code

Job Title (start) _____ Job Title (finish) _____

Employed from _____ to _____ Salary _____
(Month/Year) (Month/Year)

Position and Duties _____

Reason for Leaving _____

Name of Supervisor _____ Phone _____ May we contact him/her regarding your employment? YES NO

My signature below indicates that I have read, I understand and I agree to the following:

I hereby certify that the statements made on this application are true and correct to the best of my knowledge and belief, and hereby grant Holy Family Institute and its affiliate organizations permission to verify such answers and investigate all references. I understand that any false statements on this application may be considered sufficient cause for rejection of this application or for dismissal if such false information is discovered subsequent to my employment. I authorize employers, schools or persons named in this application to give any information regarding my previous employment, character, general reputation and personal characteristics, together with any information they have regarding me whether or not it is in their records. I hereby release said organization, employers, schools or persons from all liability for damage for issuing this information. In addition, if accepted for employment, I hereby agree to abide by the rules and regulations of HFI and its affiliate organizations. I agree that if an offer of employment is made to me, it may be contingent upon my completion of a physical examination which may include any and all tests and procedures determined by HFI to be helpful in evaluating my suitability for employment, including a drug test and TB test.

I understand that if I am employed at HFI and its affiliate organizations I will be employed as an "employee-at-will" and, therefore, my employment may be terminated by either HFI or its affiliate organizations or by me at any time and for any reason whatsoever. HFI and its affiliate organizations are equal opportunity employers. No person shall on account of race, color, religious creed, national origin, ancestry, sex, age, qualified individuals with handicaps, sexual orientation/preference or veteran status be unlawfully excluded from consideration for employment. It is the policy of HFI and its affiliated organizations to hire only United States citizens and aliens lawfully authorized to work in the United States. Proper legal identification is required by law at the time of employment.

Applicant's Signature

Date of Application



HOLY FAMILY INSTITUTE

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PRE-EMPLOYMENT DRUG TESTING POLICY

Holy Family Institute and its affiliate organizations ("Organization") are committed to providing a safe, healthy, productive and drug-free workplace.

Subsequent to the date a conditional job offer is made, and prior to beginning employment, an applicant will be expected to take a drug screen. The initial cost of this screen is borne by the Organization. Any offer of employment that an applicant receives is contingent upon satisfactory completion of this screening. Positive results will remove the applicant from consideration for employment.

I, _____ hereby acknowledge that I have been informed of the policy of pre-employment testing for the Organization. I understand that if I provide a positive test, I shall not be offered this position with Holy Family Institute or any other positions at any of its affiliates. In addition, I understand that any offer of employment at this time will be withdrawn if I refuse to sign this document and/or refuse to comply with the policy of pre-employment testing.

I certify that within the past two years from this date, I have not had a drug test for Holy Family Institute or any of its affiliates with a positive result.

Initial/Date

Signature/Date

EMPLOYEE DISCLOSURE STATEMENT

(Required by the Child Protective Services Law)

I swear/affirm that I have mailed the requests for clearances to Childline, the Pennsylvania State Police, and the Federal Bureau of Investigation (where applicable). I understand that these clearances must be received by the Human Resources Department within 30 days of this signed statement. If they are not received within 30 days, I will not be allowed to work until they are received.

I swear/affirm that I have not been named as a perpetrator of a founded or indicated report of child abuse as defined by the Child Protective Services Law.

I swear/affirm that I have never been criminally convicted. Specifically, I swear/affirm that I never have been convicted of any of the following listed crimes in Pennsylvania or anywhere else:

Chapter 25 (relating to criminal homicide)	Section 3124.1 (relating to sexual assault)
Section 2702 (relating to aggravated assault)	Section 3125 (relating to aggravated indecent assault)
Section 2709 (relating to stalking)	Section 3126 (relating to indecent assault)
Section 2901 (relating to kidnapping)	Section 3127 (relating to indecent exposure)
Section 2902 (relating to unlawful restraint)	Section 4302 (relating to incest)
Section 3121 (relating to rape)	Section 4303 (relating to concealing death of a child)
Section 3122.1 (relating to statutory rape)	Section 4304 (relating to endangering welfare of children)
Section 3123 (relating to involuntary deviate sexual intercourse)	Section 4305 (relating to dealing in infant children)

A felony offense under Section 5902(b) (relating to prostitution and related felony offenses)
Section 5903(c) and/or (d) (relating to obscene and other sexual materials and performances)
Section 6301 (relating to corruption of minors)
Section 6312 (relating to sexual abuse of children)

In addition, I swear/affirm that I have not been convicted of a felony offense under the Act of April 14, 1972 (P.L. 233, No. 64) known as the Controlled Substance, Drug Device and Cosmetic Act within the preceding five (5) years.

I understand that as an Introductory Employee, I may be required to work within eyesight of a permanent employee at all times.

Per policy and procedure of Holy Family Institute and its affiliate organizations, I understand that I may be dismissed if I have been named as a perpetrator of a founded or indicated report of child abuse or have been convicted of any crimes.

I understand that it is the duty of all employees to inform Holy Family Institute and its affiliate organizations about all criminal convictions, child abuse reports and license suspensions/violations at the time of hire and throughout the entire duration of my employment.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903 (b) of the Crimes Code.

Date

Employee (Print Name)

Witness (Print Name)

Employee Signature



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INSTITUTE
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VOLUNTARY EEO IDENTIFICATION INFORMATION

Thank you for your interest in our open position. We are currently evaluating your resume. If it is determined that your skills, education and experience match our job requirements, you will receive further consideration for this position.

As part of the application process, we are sending this Voluntary EEO Identification Information form for you to complete and return. Submission of this information is **STRICTLY VOLUNTARY** and will not be used in any decision affecting employment consideration.

VOLUNTARY EEO IDENTIFICATION INFORMATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, gender, and type of position for which an individual applies. The information requested on this form is for compliance with certain record keeping requirements. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, martial status or any other protected group status. This form will be maintained in a separate confidential file.

Print Name: _____ **Date:** _____

Please Check One: **Male** **Female**

Position Applied for: _____

Please check as applicable

- White-** (Not of Hispanic Origin) – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black or African American** – (Not Hispanic or Latino) – A person having_origins in any of the Black racial groups of Africa.
- Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin regardless of race.
- Native Hawaiian or other Pacific Islander** – (not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native** – (Not Hispanic or Latino) – A person having origin in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

- Asian** – (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Two or More Races** – (Not Hispanic or Latino)- All persons who identify with more than one of the above five races.

Regulations issued by the U.S. Department of Labor, with respect to disabled individuals, disabled veterans, and Vietnam Era veterans, require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

- DISABLED INDIVIDUAL** – Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person’s major life activities, (2) has a history of such impairment.
- VIETNAM VETERAN** – An individual who has served in active duty for a period of more than 180 days, between 8/6/64 to 5/7/75, and was discharged or released with other than a dishonorable discharge.
- SPECIAL DISABLED VETERAN** – An individual who is entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or was discharged or released from active duty because of a service-connected disability.
- OTHER ELIGIBLE VETERAN** – Defined as any veteran who served in a “war” declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.



- I have read the above and voluntarily provide the requested information.**
- I have read the above and decline to provide the required information.**

Signature of Applicant

Date

THANK YOU FOR YOUR INFORMATION
This form will be maintained in a separate confidential file