



Superior Human Services, Inc.

"Striving For A Better Tomorrow"

APPLICATION FOR EMPLOYMENT

Superior Human Services, Inc. is an equal opportunity employer – employment decisions are based on qualifications and without regard to race, color, religion, sex, age, national origin, disability military status, or any other status protected by federal, state or local law

INTERESTED POSITION (S) :		DATE OF APPLICATION:	
LAST NAME:		FIRST NAME:	
ADDRESS:	CITY	ZIP CODE	
HOME PHONE:	CELL/ALTERNATE PHONE:	E-MAIL (OPTIONAL)	

PLEASE ANSWER THE FOLLOWING REQUIRED QUESTIONS:

ARE YOU AGE 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYEMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED OF A CRIME (EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES) THAT HAS NOT BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: (conviction will not necessarily disqualify an applicant from employment)	HAVE YOU LIVED OUTSIDE OF PENNSYLVANIA AT ANYTIME DURING THE LAST TWENTY-FOUR MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YOU WILL BE REQUIRED TO SUBMIT AN FBI CLEARANCE

WORK AVAILABILITY :

ON WHAT DATE WILL YOU BE AVAILABLE TO BEGIN WORK? DATE: _____	HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT DATE DID YOU FILE? _____																								
<input type="checkbox"/> CHECK HERE IF AVAILABLE FOR WORK ALL HOURS/DAYS WHAT HOURS/DAYS ARE YOU AVAILABLE TO WORK?																									
	<table border="1"> <thead> <tr> <th></th> <th>MON</th> <th>TUES</th> <th>WED</th> <th>THURS</th> <th>FRI</th> <th>SAT</th> <th>SUN</th> </tr> </thead> <tbody> <tr> <td>FROM:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TO:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		MON	TUES	WED	THURS	FRI	SAT	SUN	FROM:								TO:							
	MON	TUES	WED	THURS	FRI	SAT	SUN																		
FROM:																									
TO:																									

EDUCATION

DO YOU HAVE A COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED? Yes No

SCHOOL	NAME/LOCATION	COURSE OF STUDY	# YRS COMPLETED	DID YOU GRADUATE
HIGH SCHOOL				
BUS/TRADE/TECH				
COLLEGE				
GRADUATE				

SPECIAL SKILLS/QUALIFICATIONS:

SUMMARIZE SPECIAL JOB-RELATED SKILLS, LANGUAGE, TRAINING, OR QUALIFICATIONS FROM PAST EMPLOYMENT, MILITARY SERVICE, OR OTHER EXPERIENCES RELEVANT TO THE POSITION(S) FOR WHICH YOU ARE APPLYING:

EMPLOYMENT QUESTIONNAIRE:

DO YOU HAVE A VALID PA DRIVER'S LICENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU HAD A MEDICAL EXAM DONE WITHIN THE LAST 12 MONTHS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU HAD A CRIMINAL CLEARANCE SUBMITTED WITHIN THE LAST 12 MONTHS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU HAD A CHILD ABUSE CLEARANCE SUBMITTED WITHIN THE LAST 12 MONTHS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU HAD ANY MOVING VIOLATIONS OR ACCIDENTS IN THE PAST 5 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE SPECIFY:		

WHY ARE YOU INTERESTED IN THIS KIND OF WORK?

DESCRIBE YOUR EXPERIENCES WITH PEOPLE MENTAL AND/OR PHYSICAL CHALLENGES

EMPLOYMENT EXPERIENCE:

PLEASE LIST YOUR EMPLOYMENT EXPERIENCE STARTING WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED OR MILITARY SERVICE ASSIGNMENTS OR VOLUNTEER ACTIVITIES

EMPLOYER #1	COMPANY NAME:		
ADDRESS:	TELEPHONE:		
	EMPLOYED	FROM: (M/YR)	TO: (M/YR)
SUPERVISOR:	REASON FOR LEAVING:		
JOB TITLE – DESCRIBE YOUR WORK:	MAY WE CONTACT THIS EMPLOYER?		
START PAY:	END PAY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER #2	COMPANY NAME:		
ADDRESS:	TELEPHONE:		
	EMPLOYED	FROM: (M/YR)	TO: (M/YR)
SUPERVISOR:	REASON FOR LEAVING:		
JOB TITLE – DESCRIBE YOUR WORK:	MAY WE CONTACT THIS EMPLOYER?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER #3		COMPANY NAME:	
ADDRESS:		TELEPHONE:	
		EMPLOYED	FROM: (M/YR) TO: (M/YR)
SUPERVISOR:		REASON FOR LEAVING:	
JOB TITLE – DESCRIBE YOUR WORK:			
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REFERENCES			
NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
1.			
2.			
3.			
EDUCATION			
PLEASE LIST NAMES OF RELATIVES AND FRIENDS CURRENTLY WORKING AT SUPERIOR HUMAN SERVICES, INC.:			
NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
1.			
2.			
3.			

IMPORTANT; PLEASE READ: I hereby certify the information provided by me in this application is true, correct, and complete. I understand I may be refused employment or terminated from employment due to falsification or failure to provide complete information. I authorize the investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I release SHS from any and all liability associated with such an investigation. I authorize the companies, schools, and persons named herein to release any employment and background information they have regarding me, whether or not it is in their records, and hereby release said companies, schools, and persons from all liability for releasing such information.

I understand that Superior Human Services, Inc has an obligation to all its employees, customers, and the public at large to ensure safety in the workplace, on company premises, and in the delivery of its services. Therefore, I hereby consent to post-offer, pre-employment screening. I understand that successful completion of the post-offer, pre-employment screening is required, including the submission of applicable criminal history and child abuse clearances. I understand that to be minimally eligible for employment I must be over the age of 18, possess a high school diploma/GED and have a valid PA driver's license.

Applicant Signature

Date

*Thank you for applying for employment
at
Superior Human Services, Inc.*