

# EMPLOYMENT APPLICATION

*Susquehanna Conference*



Name:

\_\_\_\_\_ Last First Middle

Present address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List previous address if less than five years (use other side to list addresses)

Home phone: \_\_\_\_\_ Cell Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

What social networks are you currently using (list all) \_\_\_\_\_

Position applying for: \_\_\_\_\_

Date you are available to start: \_\_\_\_\_ Are you over the age of 18? \_\_\_\_ Yes \_\_\_\_ No

**Qualifications:**

Academic achievements: (schools attended, degrees earned, dates of completion)

School and Location	Degree Received	Dates

Continuing education completed: (courses taken, dates of completion)

Courses Taken	Dates completed	CEU's Received

Professional organizations: (list any in which you have membership and dates of involvement).


First aid training? Yes \_\_\_ No \_\_\_ Date completed \_\_\_\_\_

CPR training? Yes \_\_\_ No \_\_\_ Date completed \_\_\_\_\_

AED training? Yes \_\_\_ No \_\_\_ Date completed \_\_\_\_\_

Other Trainings or Certifications \_\_\_\_\_

Previous Work Experience: Please list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of company/employer, the name of your immediate supervisor, and the dates you were employed in each position.

Employer	Position	Duties	Dates of Employment	Supervisor	Phone Numbers

Previous Volunteer Experience: Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

Organization	Position	Duties	Dates Involved	Supervisor	Phone Numbers

Ever convicted of a criminal offense (Felony or Misdemeanor)? Yes \_\_\_ No \_\_\_

Ever charged with a sexual offense related to children? Yes \_\_\_ No \_\_\_

Ever charged with a crime of violence? Yes \_\_\_ No \_\_\_

Ever had to report to any organization/registry for abuse or misconduct involving children? Yes \_\_\_ No \_\_\_

Any other disciplinary action or investigation pending by an employer or other organization for violence, sexual misconduct, or misconduct with children? Yes \_\_\_ No \_\_\_

Ever been disciplined or dismissed from any volunteer or employment position for any reason or following an allegation of sexual misconduct? Yes \_\_\_ No \_\_\_

Have you been reprimanded or asked to leave or end involvement with any program providing services to children? Yes \_\_\_ No \_\_\_

Do you now or have you ever sought out or intentionally viewed child pornography? Yes \_\_\_ No \_\_\_

**References:** Please list three individuals who are not immediate family members or in the same residence. At least one must be work related and these persons should have known you for at least three years.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_ Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_ Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_ Relationship to reference: \_\_\_\_\_

**Waiver and Consent:**

I, \_\_\_\_\_, hereby certify that the information I have provided on this application is true and correct. I authorize the Susquehanna Conference to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

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

\_\_\_\_\_  
Witness Date