



“Helping People Reach Their Potential”

**APPLICATION FORM**

(COMPLETE INFORMATION REQUESTED ON ALL PAGES ATTACHED)

Date: \_\_\_\_\_ Position(s) applying for: \_\_\_\_\_

Source/Referred by: \_\_\_\_\_  
*(If newspaper, please specify which paper; if job board, please specify which job board, career center etc)*

Were you ever employed by Spectrum Community Services, Inc.?  Yes  No If yes, when? \_\_\_\_\_

**Personal Data:**

Name: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Email address: \_\_\_\_\_

How many consecutive years/months have you resided in Pennsylvania? \_\_\_\_\_ yrs \_\_\_\_\_ months

Do you have the legal right to work and remain in the United States?  Yes  No

Are you able to perform the duties of the position you have applied for in a reasonable and safe manner?

Yes  No If no, please explain: \_\_\_\_\_

Did you serve in any military branch?  Yes  No If yes, in what capacity? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, please explain: \_\_\_\_\_

*(Please note: Conviction will not necessarily disqualify applicant.)*

Do you have a valid driver's license: ?  Yes  No Issued by what state? \_\_\_\_\_ Exp date \_\_\_\_\_

Have you ever been terminated or suspended from any previous employment?  Yes  No

If yes, describe the circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

**Education and Training**

(List name of school, location, and course of study) Diploma obtained?

High School: \_\_\_\_\_  Yes  No

College: \_\_\_\_\_  Yes  No

Other: \_\_\_\_\_  Yes  No

Certificates/licenses: \_\_\_\_\_  
*(List specifics/Identify)*

## EMPLOYMENT HISTORY

*(Begin with most recent position)*

**(1)** Employer's Name: \_\_\_\_\_ May we contact?  Yes  No  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Address/Street Number: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
Annual salary: \_\_\_\_\_ or hourly rate: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**(2)** Employer's Name: \_\_\_\_\_ May we contact?  Yes  No  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Address/Street Number: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
Annual salary: \_\_\_\_\_ or hourly rate: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**(3)** Employer's Name: \_\_\_\_\_ May we contact?  Yes  No  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Address/Street Number: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
Annual salary: \_\_\_\_\_ or hourly rate: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**(4)** Employer's Name: \_\_\_\_\_ May we contact?  Yes  No  
Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
Address/Street Number: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
Annual salary: \_\_\_\_\_ or hourly rate: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Final salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**AVAILABILITY QUESTIONNAIRE**

Several positions require that you be available to work alternating shifts and/or weekend assignments. In order that we give your application appropriate consideration, please complete the following questions:

I am available and willing to work the following hours on days indicated.

- |              |            |          |             |            |          |
|--------------|------------|----------|-------------|------------|----------|
| 1. Monday    | from _____ | to _____ | 5. Friday   | from _____ | to _____ |
| 2. Tuesday   | from _____ | to _____ | 6. Saturday | from _____ | to _____ |
| 3. Wednesday | from _____ | to _____ | 7. Sunday   | from _____ | to _____ |
| 4. Thursday  | from _____ | to _____ | 8. Holidays | from _____ | to _____ |

Do you have any restrictions or conflicts or additional considerations with the hours you have indicated that you are available?  Yes  No If yes, please explain: \_\_\_\_\_

**STATEMENT**

*Completion of this form indicates your interest in becoming an employee of Spectrum Community Services, Inc. and we promise to give your application careful consideration.*

*Spectrum Community Services, Inc. is an equal opportunity employer in full accordance with the Federal and State regulations. The criteria to be used in judging candidates for staff positions are those capabilities needed to successfully fulfill the responsibilities of the position. Requirements prior to securing employment includes [but is not limited to] completing a Criminal, FBI and Child Abuse clearances.*

*Spectrum Community Services, Inc. will investigate the information contained herein and will disqualify applicants who falsify information. If employment has commenced, this information will be grounds for immediate termination.*

*Information provided in the application and all subsequent personnel forms are maintained in the strictest confidence.*

*I have read and understand the above:*

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)



**EMPLOYEE REFERENCE FORM**

**THE UNDERSIGNED**, has made application for employment with Spectrum Community Services, Inc.

**THE UNDERSIGNED**, in the course of such application for employment, hereby executes this Authorization for Spectrum Community Services, Inc. to request information concerning the applicant from all previous employers of the applicant and the applicant, by execution hereof, does hereby specifically authorize the release of such information as requested by Spectrum Community Services, Inc. from the previous employers of the undersigned as in its descretion, may require in reviewing and considering the applicant of the undersigned for employment.

By execution of this Authorization, the undersigned specifically relieves the employer as well as its agents, officers, employees, its successors from any claim, demand, liability, suit, judgment or action of any kind by release of information pursuant to this Authorization.

I was employed from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_.

My position was \_\_\_\_\_ and my last salary was \_\_\_\_\_

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

-----  
*(This section to be completed by person providing reference)*

**EMPLOYMENT EVALUATION**

- ATTENDANCE \_\_\_\_\_
- PUNCTUALITY \_\_\_\_\_
- CHARACTER \_\_\_\_\_
- COMPATIBILITY \_\_\_\_\_
- JOB KNOWLEDGE \_\_\_\_\_
- COMPETENT TO PERFORM DUTIES \_\_\_\_\_
- QUALITY OF WORK \_\_\_\_\_
- HONESTY \_\_\_\_\_
- PERSONAL APPEARANCE \_\_\_\_\_
- ELIGIBLE FOR RE-HIRE  YES  NO

- LEGEND**  
 1=EXCELLENT  
 2=GOOD  
 3=SATISFACTORY  
 4=FAIR  
 5=POOR

REASON FOR LEAVING \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return this form in the stamped, self addressed envelope.*



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Applicant Name (Print)

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