

Hiring Manager

- Hired
- Not hired
- Offer refused

**Via of the Lehigh Valley, Inc.
Employment Application****HR Use ONLY**

Position: _____
Dept: _____
Received on: _____
Forward to: _____

Should you need assistance in completing this application or at any other stage of the hiring process, please notify us immediately.

Please Read Before Completing Application

Via is an equal opportunity employer and does not discriminate in recruiting, hiring, compensation, promotion or other employment terms or conditions based upon race, color, religion, creed, national origin, citizenship, gender, age, disability, veteran or any other status protected by law. The information requested in this application will be used in a nondiscriminatory manner.

Via will make every effort to provide applicants with disabilities and employees with reasonable accommodations necessary for the performance of the essential functions of a job. Employees with disabilities who can no longer perform essential job functions are encouraged to advise management of the nature of their disability and which functions they can no longer perform and to suggest accommodations that they believe would enable them to perform those functions.

In accordance with the Immigration Reform and Control Act of 1986, Via is committed to employing only United States citizens, and aliens who are authorized to work in the United States. Proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

In accordance with the Older Adults Protective Services Act and the Child Protective Services Law, all applicants are required to submit, with their applications, a report of criminal history record information from the State Police or a statement from the State Police that their central repository contains no such information relating to that person.

In accordance with the Child Protective Services Law, all applicants are further required to submit with their applications a certification from the Department of Public Welfare as to whether the applicant is named in the central register as the perpetrator of a founded report of child abuse, founded report for school employee or indicated report for school employee.

After extending a conditional offer of employment, Via requires applicants to undergo a medical examination. All medical information obtained from applicants will be kept confidential.

**An Equal Opportunity Employer
M/F/D/V**



Via of the Lehigh Valley, Inc.

Employment Application

PLEASE PRINT IN INK.

POSITION APPLYING FOR _____ DATE OF APPLICATION _____

LAST NAME _____ FIRST NAME _____ MIDDLE _____

ADDRESS _____ HOME TELEPHONE _____

CITY, STATE, ZIP _____ OTHER TELEPHONE _____

SOCIAL SECURITY NUMBER _____

IF NOT A RESIDENT OF PENNSYLVANIA FOR THE PAST TWO YEARS, PLEASE PROVIDE THE REQUESTED INFORMATION BELOW:

PREVIOUS ADDRESS _____ NUMBER OF YEARS AT PREVIOUS ADDRESS _____

CITY, STATE, ZIP _____

SCHEDULE AVAILABILITY

TYPE OF WORK: Full time Part time Casual SHIFT PREFERRED: Day Middle Night

DAYS AVAILABLE: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

PREFERRED WORK HOURS _____ PAY RATE EXPECTED _____ DATE AVAILABLE FOR EMPLOYMENT _____

Have you ever worked for VIA, United Cerebral Palsy of Lehigh Valley or Lehigh Valley Association of Rehabilitation Center, Inc.?

Yes No **If Yes, list month, year and location:**

MONTH _____ YEAR _____ LOCATION _____

Do you have any relatives or friends employed with the company? Yes No **If Yes, list name of person(s):**

Are you legally eligible for employment in the United States? (*proof of eligibility required upon employment*) Yes No

Are you over the age of 18 years? Yes No

Have you ever been convicted of any crime/offense other than minor traffic violations? Yes No

If Yes, list date(s), location (city and state) and type of offense: (*a conviction will not necessarily bar employment*)

DATE(S) _____ CITY AND STATE _____ TYPE OF OFFENSE _____

Do you have a valid driver's license? Yes No

Are you applying for the position of driver or any other position which would require operation of a vehicle to perform job duties which would require a valid driver's license? Yes No **If Yes, provide driver's license number and state of issue:**

DRIVER'S LICENSE NUMBER _____ STATE _____

How did you here about us? On-line Newspaper Walk-In Employee Other _____

Are you presently employed? Yes No **If Yes, may we contact your employer?** Yes No

If presently employed, why are you considering leaving? _____

EMPLOYMENT RECORD – Start with your present or most recent employer.

NAME OF EMPLOYER	TELEPHONE
ADDRESS	From: _____ To: _____ EMPLOYED – (MONTH AND YEAR)
NAME OF SUPERVISOR	Start: _____ Last: _____ RATE OF PAY
JOB TITLE AND WORK PERFORMED	REASON FOR LEAVING

NAME OF EMPLOYER	TELEPHONE
ADDRESS	From: _____ To: _____ EMPLOYED – (MONTH AND YEAR)
NAME OF SUPERVISOR	Start: _____ Last: _____ RATE OF PAY
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NAME OF EMPLOYER	TELEPHONE
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NAME OF SUPERVISOR	Start: _____ Last: _____ RATE OF PAY
JOB TITLE AND WORK PERFORMED	REASON FOR LEAVING

EDUCATION

NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DIPLOMA OR DEGREE RECEIVED
HIGH SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
GRADUATE SCHOOL	_____	_____	_____

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes No **If Yes, please describe:**



**Confidential Pre-Employment Information Form
(To be completed by applicant)**

In compliance with Federal and State equal opportunity laws, all qualified applicants will be considered for employment without regard to race, color, religion, gender, national origin, age, disability, veteran or any other legally protected status. To help us comply with Federal and State equal employment record keeping, reporting and other obligations, please answer the questions below. The information provided will be kept confidential, and this form will be maintained in a separate location from your application. Providing this information is voluntary and neither disclosure of the information nor refusal to provide it will adversely affect consideration of your application. This information will be used only in accordance with the regulations implementing Executive Order 11246.

PRINT FULL NAME

POSITION APPLIED FOR (only one please)

GENDER

- MALE
- FEMALE

RACE/ETHNIC GROUP

- WHITE (not Hispanic origin)
- BLACK (not Hispanic origin)
- AMERICAN INDIAN OR ALASKAN NATIVE
- HISPANIC
- ASIAN OR PACIFIC ISLANDER
- OTHER (please specify) _____

SIGNATURE OF APPLICANT

DATE

AN EQUAL OPPORTUNITY EMPLOYER, M/F/D/V



PLEASE READ BEFORE SIGNING

I UNDERSTAND THIS APPLICATION IS INTENDED FOR INFORMATIONAL PURPOSES ONLY. I AGREE THAT, JUST AS I HAVE, IF HIRED, THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, THE COMPANY MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO MANAGER OR REPRESENTATIVE OF THE AGENCY, OTHER THAN ITS PRESIDENT & CEO OR HIS DESIGNEE, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING EITHER NOW, OR IN THE FUTURE. I FURTHER UNDERSTAND THAT SUCH AN AGREEMENT MUST BE IN WRITING AND SIGNED BY THE PRESIDENT FOR IT TO BE BINDING ON EITHER THE AGENCY OR MYSELF. I FURTHER UNDERSTAND THAT THIS STATEMENT SUPERSEDES ANY PRIOR ORAL OR WRITTEN UNDERSTANDING AND BARS ANY FUTURE ORAL UNDERSTANDING TO THE CONTRARY.

I understand this application will remain active for six (6) months only and that reapplying in person only can reactivate my application.

I authorize Via to conduct a complete criminal record check.

I authorize and request any and/or all previous employers to release to Via any information regarding my previous employment including but not limited to my performance, attendance record, reason for separation or any information requested relative to employment.

I authorize and request any and/or all educational institutions to release to Via any information regarding my enrollment including but not limited to transcripts, degrees conferred, dates of attendance or any information requested relative to education.

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I acknowledge that I have read and understand each of the above statements.

Signature

Today's Date

Preparer/Translator: The information below is to be completed if this application is prepared by someone other than the applicant.

I attest that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Title

Today's Date