



Bethesda Children's Home
Lutheran Social Services

EMPLOYMENT APPLICATION

It is the policy of Bethesda Children's Home to provide equal opportunity in employment with no regard for race, color, religion, citizenship, disability, national origin, sex, age, genetic information or any other protected status under applicable federal, state or local law. Due to regulatory standards some positions require applicants to be **21** years of age.

APPLICANT INFORMATION:			
Last Name	First	Middle	Today's Date:
Street Address:		Home Phone:	Cell Phone:
City, State, Zip Code:		Position applying for:	
Are you available for: Full Time Part Time Both		Desired compensation:	
Are you willing to work overtime? Yes or No		Are you legally authorized to work in the United States? Yes or No	
How did you learn about Bethesda?		When are you available to begin work?	

EDUCATION:					
School	Name & Location of School	Course of Study	Number of Years Completed	Did you graduate?	Degree or Diploma
College					
College					
High School					
Other					

MILITARY SERVICE:	
Branch of Service: Your Rank:	Period of Active Duty: To: From:
Describe any special training you received:	Date of Discharge:

LICENSE AND/OR CERTIFICATION:

Are you licensed or have any certifications which may assist in the job? Please explain

Registration or License Number:	State Issued:	Expiration Date:
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EMPLOYMENT HISTORY: Start with your current or most recent employer.

Company Name:	Phone Number:
Address:	Dates of Employment: From: To:
Supervisor's Name:	Final Pay Rate:
Job Title & Description of Duties:	Reason for Leaving:

Company Name:	Phone Number:
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Company Name:	Phone Number:
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Job Title & Description of Duties:	Reason for Leaving:

Company Name:	Phone Number:
Address:	Dates of Employment: From: _____ To: _____
Supervisor's Name:	Final Pay Rate:
Job Title & Description of Duties:	Reason for Leaving:

We may contact present or former employers unless you indicate those you do not want us to contact.

DO NOT CONTACT:

Employer Name: _____

Reason: _____

REFERENCE INFORMATION:	
List Two Professional References	
1. Name:	Nature of Relationship:
Phone Number:	Address:
2. Name:	Nature of Relationship:
Phone Number:	Address:
List One Personal Reference	
1. Name:	Nature of Relationship:
Phone Number:	Address:

Have you ever been employed at Bethesda Children's Home before? Yes No

If yes, please state dates of employment, position, reason for leaving and under what name you were employed: _____

State the names of relatives and friends working at Bethesda to your knowledge: _____

Please read carefully before signing this form.

Bethesda Children's Home adheres to the requirements under Regulatory Standards, the Child Protective Services Law, and agency policy regarding background check information. The majority of positions within our agency are subject to a variety of clearance checks including but not limited to FBI, Child Abuse, PA Criminal Check, and Driver History. If you are offered a position with Bethesda Children's Home, the offer of employment will be contingent upon satisfactorily completing these clearances within the accepted guidelines under Regulatory Standards, the Child Protective Services Law, and agency policy. Each position is considered individually and Bethesda Children's Home does **not** automatically exclude candidates who have indicated they have a criminal record.

Have you ever been **convicted** of a crime (do not disclose any information regarding criminal records that have been sealed)? Yes No If Yes, please indicate the nature of the crime and date of conviction:

I understand that upon receiving an offer of employment, a physical examination and drug screening may be required.

I understand this application remains current for six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

By signing below, I am indicating that all the information provided by me in this application for employment is true and accurate to the best of my knowledge. I understand that if employed, any misrepresentation or omission of fact on this application shall be considered cause for dismissal.

Signature of Applicant

Date

Thank you for your interest in employment at Bethesda Children's Home!

Revision date: 7/12



Accredited/Certified by The Joint Commission