

**APPLICATION FOR EMPLOYMENT**  
**Clare House, Inc.**

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

This application will provide Clare House, Inc. with information to determine whether you are suited for the position for which you are applying. The application serves applicants for all Clare House, Inc. positions. Please answer every question to the best of your ability. All information will be treated confidentially.

<b>P E R S O N A L</b>	First _____ Middle _____ Last _____	Date _____
	Street Address _____	Home Telephone (    ) _____
	City, State, Zip _____	Business Telephone (    ) _____
	Have you previously applied for employment with the Clare House? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Month and Year _____ Location _____	Social Security Number (voluntary) _____
	Position Desired _____	Pay Expected _____
	Are you related to any current employee of the Clare House, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please state name and position: _____	Do you need any assistive devices or accommodations for the job in which you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you available for full-time work on holidays, evenings and/or weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, what hours can you work? _____	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?	When will you be available to begin work? _____
	Have you pleaded guilty to or been convicted of a misdemeanor or a felony in the past ten years which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain the nature of all such crimes and the dates and courts in which you were convicted or pled guilty (any conviction or guilty plea will be considered only insofar as it relates to your suitability for employment in the position for which you are applying):	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", with what employers?  Have you ever been denied bonding? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", why?

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Keyboarding WPM: _____ Data Entry: _____  Computer Software Proficiencies: Other special training or skills (i.e., language, competencies, certifications, etc.) that in the position for which you are applying: _____ _____ _____ _____						
<b>EMPLOYMENT</b>					Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer.	
<b>1</b>	Company Name			Telephone		
	Address			( )		
	Name of Supervisor			Employed – (State month and year)		
	State Job Title and Describe Your Work			From:                      To:		
			Weekly Pay			
			Start:                      Last:			
			Reason for Leaving			

2	Company Name	Telephone (    )
	Address	Employed – (State month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work _____	Reason for Leaving
3	Company Name	Telephone (    )
	Address	Employed – (State month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work _____	Reason for Leaving
4	Company Name	Telephone (    )
	Address	Employed – (State month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work _____	Reason for Leaving
<b>DO NOT CONTACT</b>		We will contact the employers listed above unless you indicate those you do not want us to contact and provide a reason below: _____

<b>REFERENCES</b>		Please give 3 professional references
<b>1</b>	Name	Telephone (    )
	Address	Email
	Relationship	Length of years
<b>2</b>	Name	Telephone (    )
	Address	Email
	Relationship	Length of years
<b>3</b>	Name	Telephone (    )
	Address	Email
	Relationship	Length of years
<b>MILITARY</b>		Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "Yes", in what branch?
Describe any military training relevant to the position for which you are applying. <hr/> <hr/>		
<b>Additional information</b> <b>Membership in professional and civic organizations, special accomplishments, volunteer activities, awards, etc.</b> (exclude those which will disclose your race, color, religion, age or national origin)		

## Applicant's Signature

Please read and understand this statement before signing your application.  
Applications without signature will not be considered for employment at Clare House, Inc.

The information I have provided in this application for employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize Clare House, Inc. to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request, and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 60 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time, Clare House, Inc. may terminate my employment at any time, with or without cause and without prior notice, and that my employment is "at will". I understand that no one, other than an executive officer of Clare House, Inc., has authority to enter into an employment agreement with terms contrary to the foregoing and then only in writing, signed by such officer.

I understand that Clare House, Inc is a drug/alcohol free facility. Clare House, Inc requires both current and prospective employees to submit to drug and alcohol testing. All pre-employment tests will be conducted only after a conditional offer of employment has been made, which is contingent upon passing a drug and alcohol test.

I fully understand and accept all terms and conditions in the above statement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

When you have completed the above application, please email to [Keya@clarehouselancaester.org](mailto:Keya@clarehouselancaester.org)  
or  
mail via post to 344 E. Chestnut St. Lancaster PA, 17602 ATTN: Keya Shell

**CLARE HOUSE STAFF ONLY**

<b>R E F E R E N C E S</b>	<b>Employer</b>	<b>Results</b>
	Employer: _____	
	Employer Contact: _____	
	Employer: _____	
	Employer Contact: _____	
	Employer: _____	
	Employer Contact: _____	
<b>E V A L U A T I O N S</b>	<b>Evaluative Tools Administered</b>	<b>Analysis and Comments</b>
<b>I N T E R V I E W S</b>	<b>Interview Name and Comments</b>	
	Interviewer Name: _____	