

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: _____ _____ _____ _____						
EMPLOYMENT					Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer.	
1	Company Name			Telephone		
	Address			()		
	Name of Supervisor			Employed – (State month and year) From: To:		
	State Job Title and Describe Your Work			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
DO NOT CONTACT		We will contact the employers listed above unless you indicate those you do not want us to contact and provide a reason below: _____

REFERENCES		Please give 3 professional references
1	Name	Telephone ()
	Address	Email
	Relationship	Length of years
2	Name	Telephone ()
	Address	Email
	Relationship	Length of years
3	Name	Telephone ()
	Address	Email
	Relationship	Length of years
MILITARY		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. _____ _____		
Additional information Membership in professional and civic organizations, special accomplishments, volunteer activities, awards, etc. (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 Eva@clarehouse Lancaster.org
or
mail via post to 344 E. Chestnut St. Lancaster PA, 17602 ATTN: Eva Dombrowski

CLARE HOUSE STAFF ONLY

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