

BERKS COUNSELING CENTER

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any legally protected status.

Last Name	First Name	Middle Name
Address	City	State/Zip
Telephone Number (s)	Email Address	
Position(s) Applied For	Date of Application	
How Did You Learn about BCC?		
If Referred by Employee Please Provide Name: _____		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?
 Yes No

Have you ever filed an application with us before? Yes No If yes, give date _____

Have you ever been employed with us before? Yes No If yes, give date _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Do you have a valid PA Driver's License? Yes No

On what date would you be available for work? _____

Are you able to work: ___ Full Time ___ Part Time ___ Temporary/Relief

Pay expected? _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? ___ Yes ___ No

If yes, explain:

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate	Degree or Diploma
College					
High School					
Elementary					
Other					

SPECIAL SKILLS AND QUALIFICATIONS

Summarize your special job-related skills and qualifications acquired from employment or other experience.

Do you speak, write, or read any foreign language? ___ Yes ___ No

If yes, what language(s)? _____

Have you ever had any job-related training in the United States military? ___ Yes ___ No

If yes, describe

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

___ Yes ___ No

EMPLOYMENT HISTORY

Please give your accurate and complete full-time and part-time employment record. Begin with present or most recent employment.

Company Name	Telephone
Address	Employed From: To:
Supervisor	Pay
Job Title & Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed From: To:
Supervisor:	Pay
Job Title & Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed From: To:

Supervisor	Pay
Job Title & Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed From: To:
Supervisor	Pay
Job Title & Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate * those you do not want us to contact.

REFERENCES

Give name, address and telephone numbers of three references who are not related to you.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit or personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the

information contained in the report.

Signature: _____ **Date:** _____

FOR EMPLOYER'S USE ONLY

Reference Check

Interviewer Name and Comments:

Mail Completed Application to:

Berks Counseling Center P.O.Box 523 Reading, PA 19601

Or Email to:

bcc@berksec.org