

Application for Employment

RAISEtown Care Connect is committed to the principle of equal opportunity and remains a non-discriminatory organization in all personnel practices. In alignment with our mission to raise the quality of life through compassionate care and inclusive support, we seek to recruit, train, utilize, and promote all qualified individuals across all occupational levels without regard to race, color, sex, sexual orientation, gender identity, age, religion, national origin, marital or parental status, political beliefs, genetic information, or mental or physical disabilities.

RAISEtown Care Connect ensures that reasonable accommodations are provided for individuals with disabilities or limitations, fostering a work environment that is accessible and inclusive to all.

Employees have the right to file complaints of employment discrimination under Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Pennsylvania Human Relations Act of 1955, as amended, with the Public Health Relations Commission (PHRC) or the Equal Employment Opportunity Commission (EEOC).

Position for which you are apply:				
Date Available for work:				
Where did you learn about this position?				
Why are you a good candidate for this position?				
	mographics			
Full Name:				
Address:	Cell Phone:			
	House Phone:			
	Education			
Graduate School:	Dates:			
Major:				
Did you obtain degree? Ye	es/No			
Degree:				
Undergraduate School:	Dates:			
Major:	Minor:			
Did you obtain degree? Ye	es/No			
Degree:				
Vocational/Trade School:	Dates:			
Major:				
Do you have a license or de				
Degree:				
Other Higher Education:				
Major:				

Do you have a license or certificate? Yes/no License/certificate: _____ High School: Did you graduate? Yes/no Graduation Year: _____ If you did not graduate, do you have a GED? Yes/no ______ **Professional License(s)** Current License Number: ______ Issuing State: _____ Dated Issued: _____ Expiration Date: Current License Number: ______ Issuing State: _____ Dated Issued: Expiration Date: **Employment History** Start with most recent Employer _____ Address: _____ Phone: Supervisor: Employed From: Month _____ Year ____ to Month _____ Year ____ Are you still employed here? Yes/No May we contact your supervisor? Yes/No Position: _____ Job Duties: _____ Reason for Leaving:

•	oyer	Address:			
	Supervisor:	Phone:			
	Employed From: Month Year_	<u>to</u> Month	Year		
	Are you still employed here? Yes/No	May we contact your sup	ervisor? Yes/No		
	Position:	Job Duties:			
	Reason for Leaving:				
Emplo	loyer Address:				
	Supervisor:	Phone:			
	Employed From: Month Year_	<u>to</u> Month	Year		
	Are you still employed here? Yes/No	May we contact your sup	ervisor? Yes/No		
	Position:	Job Duties:			
	Reason for Leaving:				
	Ski	lls			
Can y	Ski ou type? Yes/No WPM:	lls			
		lls			
	ou type? Yes/No WPM:				

Julie 3km3.		
Organizations for which you have	been or are prese	ntly a member/officer:
P	rofessional Refere	ences
P Name:		
Name:	Phone:	
Name: Professional Relationship:	Phone:	Years Known:
Name:Professional Relationship:	Phone:	Years Known: Years Known:
Professional Relationship: Name: Professional Relationship:	Phone:	Years Known: Years Known:
Name:Professional Relationship: Name: Professional Relationship: Name:	Phone:	Years Known: Years Known:

Criminal History

RAISEtown Care Connect. is an agency that works to serve the residents of Huntingdon County. RAISETOWN CARE CONNECT staff have direct contact with the public, and therefore, all hired employees must provide criminal background and child abuse clearances. Under Pennsylvania Code 15.143, RAISETOWN CARE CONNECT is prohibited from hiring an employee who has been convicted of a felony drug offense, violent crimes, or child abuse/endangerment. Have you ever been convicted of a felony or misdemeanor that would prevent you from obtaining a position at this agency? Yes/No

Certification and Authorization

I certify that the above information is true and correct. I authorize RAISEtown Care Connect to verify my education, past employment history, and references as needed. If

• , , ,	inderstand that I will have to provide a proper criminal I check and child abuse clearances.
Signature	Date:

employed, I will be required to provide original documentation verifying my identity.