



All applications are to be submitted to the Human Resource Department, 915 Hickory Street, Hollidaysburg, PA 16648 – 814.696.4500

Program/location you are applying for: _____

*required field - must be completed

EMPLOYMENT APPLICATION

“To serve people through a ministry of love, compassion, and mercy in the name of our Lord, Jesus Christ.”

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. **This is not an employment contract.** Please answer all appropriate questions completely and accurately. False or misleading statements or omissions during the interview and on this form are grounds for terminating the application process, or if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination with regard to race, color, religious creed, sex, marital status, national origin, ancestry, age 40 and over, military reserve membership, physical handicap or presence of disabilities. Where applicable conviction for crimes designated in the Older Adults Protective services Act and Child Protective Services Act may bar an applicant from employment. Additional testing of job related skills may be required prior to employment. After an offer of employment, and prior to reporting to work, drug testing for use of illegal drugs is required as well as drug/alcohol testing for reasonable suspicion during employment. You will be required to submit a complete medical review and complete a medical history form.

APPLICANT INSTRUCTIONS

If you need help filling out this application form or during any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read “APPLICANT NOTE” above.
2. Complete pages 1-3.
3. If more space is needed to complete any question, use comments section on page 2.
4. **Print** or type clearly; incomplete or illegible applications will not be processed. PLEASE NOTE: “NA” FOR “NOT APPLICABLE” IF NOT ANSWERING A QUESTION

Today’s Date ____/____/____

*Name _____
Last First MI

*Home Phone _____ *Work Phone _____

*Current Address: _____
Street
City State Zip

Applicant email address _____

Confirm applicant email address _____

How did you hear about ALSM? Newspaper; Internet; Radio; School/University; Career Link; Resident/participant/client; Job fair; Other _____

*REFERRED BY (check one) ALSM team member – who _____;

AVAILABILITY

*For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full-time Part-time Temporary Occasional

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____

*reasonable efforts will be made to accommodate religious beliefs and practices.

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid drivers license?
Name on license _____ DL# _____ Type _____ State of Issue _____

Yes No Have you had any moving violations? Please describe. _____

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

Yes No Can you perform the essential functions of this job with or without reasonable accommodations?

Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or ALSM.

SECURITY

Yes No

Have you been convicted of a crime, including a plea of guilty or nolo contendere? If so, please describe in the boxes below. Conviction will not necessarily be a bar to employment. In accordance with ALSM policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.

DESCRIBE INCIDENT	CITY/STATE	CHARGE
1.		
2.		

COMMENTS *(Ask for additional page, if necessary)* _____

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY (_____) (_____) (_____) REASON FOR LEAVING _____

PHONE: () _____
FAX: () _____

SECOND MOST RECENT EMPLOYER

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY (_____) (_____) (_____) REASON FOR LEAVING _____

PHONE: () _____
FAX: () _____

THIRD MOST RECENT EMPLOYER

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY (_____) (_____) (_____) REASON FOR LEAVING _____

PHONE: () _____
FAX: () _____

REFERENCES

Include only **individuals** familiar with your **work** ability. **Do not include relatives.**

NAME	COMPANY/ADDRESS/PHONE	YEARS KNOWN RELATIONSHIP or POSITION
1.		
2.		
3.		

EDUCATION

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16⁺

If your school records are under a different name than listed on page 1, please enter that name: _____

NAME	CITY/STATE	GRADUATE? YES/NO	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

Have you ever worked for Allegheny Lutheran Social Ministries? Yes _____ or No _____

If yes, what program and location? Check appropriate program and location listed below:

- Corporate Office*
915 Hickory St.
Hollidaysburg PA 16648
814.696.4500
- Hollidaysburg Campus*
916 Hickory St.
Hollidaysburg PA 16648
814.696.4527
- Johnstown Campus*
807 Goucher St.
Johnstown PA 15905
814.255.6844
- The Oaks at Pleasant Gap*
200 Rachel Drive
Pleasant Gap PA 16823
814.359.2782
- Children's Services*
231 S. Juliana St.
Bedford PA 15522
814.624.3200
- Any location of Senior Daily Living Center Program*
- Any location of Growing Years/Kid Stop Programs*
- Any location of ALSM @ Home*

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I affirm that I have a genuine intent and no other purpose for applying for a job with ALSM. Furthermore, I understand that just as I am free to resign at any time, ALSM reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of ALSM has the authority to make any assurances to the contrary. I authorize ALSM and / or its agents, including consumer reporting bureaus, to verify any of this information.

I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background which is job or performance related or other information and hereby release any employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. Furthermore, in consideration of my application, I release ALSM from any liability for any damage whatsoever in receiving and utilizing this information.

I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that ALSM is an equal opportunity employer, that ALSM does not discriminate in employment, and that no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Signature: _____

Date: _____