

## **Employment Application**

		Арр	licant	Information		
Full Name:				Date	):	
	Last	First	t	M.I.		
Address:						
	Street Address				Apartment/Unit #	
	City			State	ZIP Code	
Phone:				Email		
Date Availat	ble: Social	Security	y No.:_			
Position App	olied for:					
Are you a ci	tizen of the United States?	YES	NO	If no, are you authorized to work in t	YES he U.S.? □	NO
Have you ever worked for this company?			NO	If yes, when?		
	ages can you use? Please inclu peginning learner, conversationa th :					
Have you ev	ver been convicted of a felony?	YES	NO			

To comply with the PA rules relating to employees having contact with children, please answer the following:

- (a) Have you been a perpetrator of a founded report of child abuse/neglect committed within the last five years? yes no
- (b) Have you been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state (continued on next page)? yes no

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)

- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- A felony offense under section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)
- (c) Have you been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, within the last five years? yes no

If yes to any felor (a), (b) or (c), exp	nies or offenses in blain:					
		Educa	ation			
High School: _		Address:				
From:	To:	Did you graduate?	YES	NO	Diploma::	
College:		Address:				
From:	To:	Did you graduate?	YES	NO	Degree:	
Other:		Address:_				
From:	To:	Did you graduate?	YES	NO	Degree:	
		Refere	nces			
Please list three	professional or p	ersonal references (at le	ast 2 c	of whon	n are not family members).	
Full Name:					Relationship:	
Company:					Phone:	
Address:						
Full Name:					Relationship:	
0					Discourse	
Address:						
Full Name:					Relationship:	
Company:					Phone:	

Address:				_	
	Previous E	mployme	ent		
Please list inform	nation for your last 3 positions:				
Company:					
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From:	To:	Reason fo	or Leaving:_		
May we contact y	your previous supervisor for a reference?	YES	NO □		
Company:				Phone:	
Address:					
Job Title:					
Responsibilities:	_				
From:	To:	Reason fo	or Leaving:_		
May we contact y	your previous supervisor for a reference?	YES	NO □		
Company:				Phone:	
Address:				_	
Job Title:					
Responsibilities:					
From:	To:	Reason fo	or Leaving:_		
May we contact	your previous supervisor for a reference?	YES	NO □		
	Military	Service			
Branch:			From:		To:
Rank at Discharç	ge:	Type of	Discharge:		

Disclaimer and Signature				
I certify that my answers are true and complete to the best of my knowledge.				
I authorize any of my current or previous employers and supervisors as well as other references I named in this application to release my personnel records and to respond fully to questions asked by officials of Thrive International Programs, Inc. about my work/volunteer history and performance as well as my character as it may contribute to decisions regarding employment. However, I do not authorize disclosure of medical information that may relate to a disability, medical condition, or medical history, and I do not waive rights granted under state or federal law to challenge unlawful or inaccurate information (including that which would relate to discrimination based on race, color, age, gender, religion, national origin, ancestry, or disability), provided by employers, supervisors, or other references named in this application.				
Further, if this application leads to employment, I understand that my employment is contingent upon a satisfactory F.B.I. background check, State Police Background check, and Child Abuse Clearance. These must be applied for before starting work and satisfactory results must be presented within four weeks of starting employment. I agree to apply for these and/or give Thrive International Programs permission to submit my information for these clearances. Additionally, I understand that if accepted for employment, I must submit a certificate of satisfactory completion of the online PA mandatory reporter training.				
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.				
Signature: Date:				

If other than honorable, explain: