

**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.

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

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
<b>College</b>					
<b>High School</b>					
<b>Elementary</b>					
<b>Other</b>					

### SPECIAL SKILLS AND QUALIFICATIONS

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

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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.

<b>Company Name</b>	<b>Telephone</b>
<b>Address</b>	<b>Employed From:</b> <b>To:</b>
<b>Supervisor</b>	<b>Pay</b>
<b>Job Title &amp; Describe Your Work</b>	<b>Reason for Leaving</b>
<b>Company Name</b>	<b>Telephone</b>
<b>Address</b>	<b>Employed From:</b> <b>To:</b>
<b>Supervisor:</b>	<b>Pay</b>
<b>Job Title &amp; Describe Your Work</b>	<b>Reason for Leaving</b>
<b>Company Name</b>	<b>Telephone</b>
<b>Address</b>	<b>Employed From:</b> <b>To:</b>

<b>Supervisor</b>	<b>Pay</b>
<b>Job Title &amp; Describe Your Work</b>	<b>Reason for Leaving</b>
<b>Company Name</b>	<b>Telephone</b>
<b>Address</b>	<b>Employed From:</b> <b>To:</b>
<b>Supervisor</b>	<b>Pay</b>
<b>Job Title &amp; Describe Your Work</b>	<b>Reason for Leaving</b>

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.

<b>Name</b>	<b>Address</b>	<b>Phone</b>
<b>Name</b>	<b>Address</b>	<b>Phone</b>
<b>Name</b>	<b>Address</b>	<b>Phone</b>

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:**

**hr@berkscc.org**