



2014 LINCOLN WAY EAST, CHAMBERSBURG, PA 17202-3354 PH (717) 261-0123 FX (717) 261-0782

EMPLOYMENT APPLICATION

We consider applications for all positions without regard to race, color, religious creed, disability, genetic information, ancestry, national origin, age, sex or any other legally protected status.

Position Applied for: _____ Date of Application: _____

How Did You Learn About Us?
 Advertisement _____ Inquiry _____ Referral (name) _____
 Website (name) _____ Other _____

_____ (last name) _____ (first name) _____ (middle name)

_____ (address) _____ (street) _____ (city) _____ (state) _____ (zip code)

_____ (phone number) _____ (cell phone number) _____ (email address)

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

Are you prevented from becoming employed in this country because of Immigration Status? Yes _____ No _____

NAC Divisions conducts post offer criminal history reports. Conviction of one or more of the crimes listed in the Prohibited Offences, Public Law 169, as amended by Act 13, will result in a denial of employment. I certify that I have not been convicted of any of the identified offences. (Prohibited Offence Document Attached with Application)

Are you prevented from becoming employed in this country because of Immigration Status? Yes _____ No _____

Do any of your friends or relatives work here? Yes _____ No _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Have you ever filed an application with us before? When _____ Yes _____ No _____

Have you ever been employed with us before? When _____ Yes _____ No _____

Date available for work: _____ What is your desired salary range? _____

Desired Employment Status: Full-time _____ Part-time _____ Per Diem _____

EDUCATION

	NAME AND ADDRESS OF SCHOOL	NUMBER OF YEARS COMPLETED	DIPLOMA OR DEGREE	TYPE OF DIPLOMA OR DEGREE
HIGH SCHOOL			Yes__ No __	
COLLEGE			Yes__ No __	
TECHNICAL SCHOOL			Yes__ No __	
OTHER			Yes__ No __	

CERTIFICATE / LICENSE

<u>Type of Certificate / License</u>	<u>Date</u>	<u>State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRAINING

Please explain any specialized training or skills that qualify you for the work you wish to do:

REFERENCES

_____	NAME	_____	RELATIONSHIP
_____	ADDRESS	_____	PHONE NUMBER
_____	NAME	_____	RELATIONSHIP
_____	ADDRESS	_____	PHONE NUMBER
_____	NAME	_____	RELATIONSHIP
_____	ADDRESS	_____	PHONE NUMBER

EMPLOYMENT EXPERIENCE

List present or last employer first.

Employer		EMPLOYMENT DATE		JOB DUTIES
		FROM	TO	
Address				
Phone Number	Email	PAY RATE		
		FROM	TO	
Contact Name	Contact Title			
Reason For Leaving				

Employer		EMPLOYMENT DATE		JOB DUTIES
		FROM	TO	
Address				
Phone Number	Email	PAY RATE		
		FROM	TO	
Contact Name	Contact Title			
Reason For Leaving				

Employer		EMPLOYMENT DATE		JOB DUTIES
		FROM	TO	
Address				
Phone Number	Email	PAY RATE		
		FROM	TO	
Contact Name	Contact Title			
Reason For Leaving				

Have you ever been discharged or ask to resign from a job? Yes _____ No _____

If yes, please explain: _____

After having reviewed the job description for the position for which you are applying for, can you perform the essential functions, either with or without reasonable accommodation?

_____Yes _____No

APPLICANTS STATEMENT

I certify that the answers given herein are true and complete. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decisions. This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the CEO/President of this organization.

I understand that any employment offer is contingent upon passing a medical examination and drug screening of the applicant selected for possible employment. Failure to submit to the medical examination or drug screening will result in denial of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature Of Applicant: _____

Date: _____

For Personnel Department Use Only

Interview Date: _____ **Offer Employment:** Yes No **Start Date:** _____

Wage: \$ _____ **Position:** _____ **Shift:** _____ **Shift Dif:** _____

Status: FT _____ PT _____ AS NEEDED _____ **Date Of Orientation:** _____

Tetanus Shot Date: _____ **Physical / Drug Testing Date:** _____

Remarks:

Prohibitive Offenses Contained in Public Law 169 of 1996 as Amended by Act 13

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting In Death	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC2123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanor
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanor
CC3922	Theft by Deception	1 Felony or 2 Misdemeanor
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanor
CC3924	Theft by Property Loss	1 Felony or 2 Misdemeanor
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanor
CC3926	Theft of Services	1 Felony or 2 Misdemeanor
CC3927	Theft of Failure to Deposit	1 Felony or 2 Misdemeanor
CC3928	Unauthorized Use of A Motor Vehicle	1 Felony or 2 Misdemeanor
CC3929	Retail Theft	1 Felony or 2 Misdemeanor
CC3929.1	Library Theft	1 Felony or 2 Misdemeanor
CC3929.2	Unlawful Possession of Retail Theft	1 Felony or 2 Misdemeanor
CC3929.3	Organized Retail Theft	1 Felony or 2 Misdemeanor
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanor
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanor
CC3933	Unlawful Use of Computer	1 Felony or 2 Misdemeanor
CC3934	Theft from a Motor Vehicle	1 Felony or 2 Misdemeanor
CC4401	Forgery	Any
CC4114	Securing Execution of Document by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witness or Victims	Any
CC4953	Retaliation Against Witness or Victims	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene and Other Sexual Material to Minors	Any
CC5903D	Obscene and Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Minors	Any
CS13A12	Acquisition of Controlled Substance	Felony
CS13A14	Delivery of Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx	Any Other Felony Drug Conviction	

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Criminal History Back Ground Check

In connection with my employment at NAC Divisions, I understand that a criminal history background check through the Pennsylvania State Police and the FBI background check systems may be obtained.

I understand that NAC Divisions will be requesting information from various Federal, State and other agencies that maintain records concerning my past activities relating to my criminal history. I authorize, without reservation any party or agency contacted by NAC Divisions to furnish the above-mentioned information at any time prior to my employment or during my employment by NAC Divisions.

I affirm that I have not been convicted of any of the offences listed on the Prohibitive Offences form that is attached to this application.

I understand that my employment with NAC Divisions is contingent on the results of the background checks listed above.

Print Full Name _____

Maiden Name / Alias's _____

Current Address _____

City / State / Zip _____

Home Phone Number _____

Cell Phone Number _____

Email Address _____

Have you resided outside of Pennsylvania within the past 2 years? Yes _____ No _____

Signature _____

Date _____

For Personnel Department Use Only

All information will be obtained after an employment offer:

Social Security No: _____

Date Of Birth: _____

Dear Applicant,

The attached form is a standard reference check letter. Kindly fill out the top of the next form "Applicants Authorization" and return it with your application. **ONLY FILL IN NAME, SS#, SIGNATURE, DATE AND MAIDEN NAME OR ALIAS'S. DO NOT FILL IN ANYTHING ELSE!**

Thank You,

Rodney D. Crider
President



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REFERENCE CHECK FORM
APPLICANTS AUTHORIZATION

I, _____, have applied for the position as _____.

For the purposes of consideration of my employment by NAC Divisions, I hereby give authorization to my former current employer to release information regarding my employment. I release my former / current employer from any liability connected with the submission of the requested information.

 Signature of applicant Date

Maiden Name or Alias's: _____ Social Security #: _____

Name of Organization: _____ Contact Name: _____

Fax: _____

Position held in your Company? _____

Employment Dates: From: _____ To: _____

Check One: Applicant Resigned Applicant Terminated Applicant Laid Off

Would you re-hire this individual? _____

	Above Average	Average	Needs Improvement
Quality Of Work			
Quantity Of Work			
Motivation Skills			
Ability To Relate To Clients			
Ability To Relate To Staff			
Adaptability to Change			
Ability To Handle Stress			
Ability To Follow Instructions			
Attendance			
Punctuality			

 Employer Signature Title Date