

Diversified Family Services, Inc.

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, ANCESTRY, AGE, DISABILITY, SEX, RELIGION, OR ORIGIN, VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS UNDER FEDERAL, STATE, OR LOCAL LAW.

PERSONAL INFORMATION

DATE: _____ ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street, City, State, Zip)

HOME PHONE: _____ CELL PHONE: _____
(OPTIONAL)

Do you have any relatives currently employed by this agency? If Yes - Please state names below:

EMPLOYMENT INFORMATION

POSITION APPLIED FOR: _____ SALARY DESIRED: _____

PRESENTLY EMPLOYED? YES NO MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED HERE BEFORE? YES NO IF YES, WHEN? _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO IF YES, WHICH STATE? _____

HAVE YOU BEEN A LICENSED DRIVER FOR TWO (2) YEARS OR MORE? YES NO

DO YOU HAVE AN AUTOMOBILE AVAILABLE FOR YOUR USE? YES NO

EMPLOYMENT AVAILABILITY: FULL-TIME WEEKENDS
Select Availability: Can choose more than one. PART-TIME EVENINGS
TEMPORARY/SUBSTITUTE OVERNIGHTS

EDUCATIONAL INFORMATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED YES NO
YOU WILL BE REQUIRED TO SUBMIT THE ORIGINAL DOCUMENT IF OFFERED EMPLOYMENT

IF YOU ATTENDED COLLEGE, INDICATE NUMBER OF YEARS COMPLETED: 1 2 3 4

LIST ANY DEGREES AND/OR CERTIFICATIONS HERE

SPECIAL SKILLS/INTEREST INFORMATION

Subjects of Special Study/Research Work/Previous Experience with Disabled Individuals:

Software Skills:

EMPLOYMENT HISTORY

LIST YOUR LAST THREE EMPLOYERS - MOST RECENT ONE FIRST

EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ PHONE: _____
SUPERVISOR: _____ SALARY: _____
JOB TITLE: _____ STILL EMPLOYED? YES NO
RESPONSIBILITIES: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ PHONE: _____
SUPERVISOR: _____ SALARY: _____
JOB TITLE: _____ STILL EMPLOYED? YES NO
RESPONSIBILITIES: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ PHONE: _____
SUPERVISOR: _____ SALARY: _____
JOB TITLE: _____ STILL EMPLOYED? YES NO
RESPONSIBILITIES: _____
REASON FOR LEAVING: _____

HOW DID YOU HEAR ABOUT THIS VACANCY? (PLEASE CHECK ON E)

dFs website Career Link website Walk-in Sign in Front of dFs
 Newspaper, please list _____ College, please list _____
 Word of mouth, please list: _____
 Current employee _____ Other, please list _____
 Other, please specify _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND THAT PENNSYLVANIA IS AN "EMPLOYMENT-AT-WILL STATE AND AGREE THAT MY EMPLOYMENT, WAGES AND SALARY MAY BE TERMINATED AT ANYTIME WITHOUT PREVIOUS NOTICE. CONVERSELY, I MAY CEASE MY EMPLOYMENT AT ANY TIME

Signature: _____ Date: _____

This application shall be considered active for 180 days. If you wish to be considered for employment beyond this time period it will be necessary to submit another application.

WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE OR HAVE YOU EVER FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A CRIMINAL CHARGE?

(The term offense is defined as any felony or misdemeanor, including any summary offense. Omit only (1) minor traffic violations (2) any offense committed before your 18th birthday, which was finally adjudicated in juvenile court or under a youth offender law.) Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merit. If “yes”, give details on the back of this paper.

ATTENTION – If you have a criminal conviction or have plead guilty to an offense and you have been told that your record has been expunged, you must check “yes”.

YES NO

a. “Were you ever, or are you now, excluded from participating in any State or Federal programs such as Medicaid or Medicare?”

YES NO

b. “Were you ever, or are you know, listed on any exclusion list of any Federal or State agencies, including but not limited to: The Health and Human Service Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) or the PA Medichex List?”

YES NO

Diversified Family Services is bound by state law to verify this information regarding prospective and current employees and others with whom the agency conducts business. Welfare fraud convictions are a deterrent to employment.

I, _____, swear that I have not been convicted of one (1) or more of the following offenses under Title 18:

- 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)

Signature: _____ Date: _____

NOTICE TO ALL APPLICANTS REGARDING CLEARANCES

dFs has a policy that FBI fingerprint and Act 33 and 34 (child abuse and criminal history) clearances are mandatory for all staff persons. **dFs** will also screen for exclusions on any list of Federal and State agencies

- All job offers are contingent upon successful clearances.
- Forms are available from **dFs**.
- Applicants are responsible for incurring the costs of the clearances.
- **dFs** will not accept any copies of clearances made by applicants. **dFs** staff must see the original clearances and make the copies. Your originals will be returned to you.
- Employees holding any position relating to the direct care/treatment of children are not permitted to begin employment until successful clearances are received by this office.

Please verify by signature below that you have been informed that any employment offer is contingent upon successful clearances verification, and that employment with children cannot begin until the original clearances are received and copied by this office.

Signature: _____ Date: _____

Driving Record Checks

NOTICE:

A requirement of almost every position at Diversified Family Services is the capability to drive agency vehicles. **dFs** performs a driving record check of all employees, post-job offer. In general, **dFs** will rescind job offers to individuals who have had more than one driving violation in a three year period. **dFs** will follow the recommendations of the insurance carrier.

It is a condition of our insurance carrier that all agency drivers (those who use personal vehicles as part of their job duties,) maintain a minimum of \$100,000 aggregate liability coverage. Annually **dFs** will request certificates of insurance of personal automobile policies.

CERTIFICATION:

I certify that I have not had more than one driving violation during the past three years from the date of this statement. I am aware that my driving record (MVR) will be pulled prior to my first day of employment. I further understand that should **dFs** discover any information to the contrary, my employment offer could be rescinded. I understand that if offered employment with **dFs** I must provide documentation, prior to orientation, verifying that I have the appropriate automobile insurance coverage as mentioned above.

Signature: _____ Date: _____

TO: ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT

IT IS OUR POLICY TO TAKE AFFIRMATIVE ACTION TO EMPLOY, AND TO ADVANCE IN EMPLOYMENT, QUALIFIED INDIVIDUALS REGARDLESS OF RACE, COLOR, , CREED RELIGION, SEX, NATIONAL ORIGIN, VETERAN STATUS, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS UNDER FEDERAL, STATE, OR LOCAL LAW.

GOVERNMENT AGENCIES REQUIRE PERIODIC REPORTS ON APPLICANTS AND EMPLOYEES. THE DATA REQUIRED FOR THIS REPORT IS FOR ANALYSIS AND AFFIRMATIVE ACTION ONLY. THE INFORMATION IS VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO DISCHARGE OR DISCIPLINARY TREATMENT. WE DO SUGGEST THAT YOU PROVIDE THE FOLLOWING INFORMATION AND SUBMIT IT ON THE INVITATION TO IDENTIFY AFFIRMATIVE ACTION SURVEY FORM.

INFORMATION OBTAINED CONCERNING INDIVIDUALS SHALL BE KEPT CONFIDENTIAL.

THANK YOU

**INVITATION TO IDENTIFY
AFFIRMATIVE ACTION SURVEY**

COMPLETION OF THIS FORM IS OPTIONAL

NAME: _____ **Position for which applied:** _____
Date: _____

GOVERNMENT AGENCIES REQUIRE PERIODIC REPORTS ON THE SEX, ETHNIC, HANDICAP, AND VETERAN STATUS OF EMPLOYEES. THIS DATA IS FOR ANALYSIS AND AFFIRMATIVE ACTION ONLY. SUBMISSION OF THIS FORM IS **VOLUNTARY**.

DURING EMPLOYMENT, EMPLOYEES ARE TREATED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, MEDICAL CONDITION, OR HANDICAP.

AS AN EMPLOYER, **DIVERSIFIED FAMILY SERVICES, INC.** COMPLIES WITH GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES. SOLELY TO HELP US COMPLY WITH GOVERNMENT RECORD KEEPING, REPORTING, AND OTHER LEGAL REQUIREMENTS, PLEASE FILL OUT THIS AFFIRMATIVE ACTION SURVEY. WE APPRECIATE YOUR COOPERATION.

CHOOSE GENDER: Male Female

CHECK ONE: White Black Hispanic American Indian/Alaskan Native

 Asian/Pacific Islander Two or More

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VETERANS, AND INDIVIDUALS
WITH PHYSICAL OR MENTAL DISABILITIES.**

GOVERNMENT CONTRACTORS ARE SUBJECT TO THE VEVVRA AMENDMENT EFFECTIVE DECEMBER 1, 2003, WHICH REQUIRES THAT THEY TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED DISABLED VETERANS AND VETERANS, AND SECTION 503 OF THE REHABILITATION ACT OF 1973, AS AMENDED, WHICH REQUIRES GOVERNMENT CONTRACTORS TO TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED DISABLED INDIVIDUALS.

IF YOU ARE A DISABLED VETERAN, A VETERAN, OR IF YOU HAVE A PHYSICAL OR MENTAL DISABILITY, YOU ARE INVITED TO VOLUNTEER THIS INFORMATION WHICH WILL BE TREATED AS CONFIDENTIAL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT YOUR EMPLOYMENT WITH DIVERSIFIED FAMILY SERVICES.

IF YOU WISH TO VOLUNTEER THIS INFORMATION, PLEASE INDICATE STATUS BELOW.

DISABLED INDIVIDUAL DISABLED VETERAN VETERAN

I AM NOT DISABLED, A DISABLED VETERAN, OR A VETERAN