



UNION-SNYDER AGENCY ON AGING, INC.

116 N. 2nd Street, Lewisburg, PA 17837

An Equal Opportunity Employer

Employment Application

Please Print

Today's Date: _____

Name: _____
Last First Middle

Business Telephone: _____ Home Telephone: _____

Cell Phone: _____

Social Security Number: _____ Email address: _____

Present Address: _____
No. Street City State Zip

Permanent address if different from present address:

_____ No. Street City State Zip

Employment Desired

Position applying for: _____ What date are you available to start?: _____

Will you accept: Full Time Part Time Temporary On-call

How did you find out about this position? Indeed CareerLink Facebook Employee Friend Other

(Please specify): _____

Personal Information

Have you ever applied to/worked for Union-Snyder Agency on Aging, Inc. before? Yes No

If yes, when?: _____

Do you have any friends or relatives working for U/S Agency on Aging, Inc.? Yes No

If yes, state name(s) and relationship: _____

Why are you applying for work at U/S Agency on Aging, Inc.? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No
(If under 18, hire is subject to verification that you are of minimum legal age.)

Do you have a valid Pennsylvania driver's license? Yes No
(A current motor vehicle report may be required if driving is necessary for the position for which you are applying.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the U.S.? Yes No

If no, please explain why: _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

Education, Training, and Experience

1) High School

Name + Address: _____

Number of years completed: _____

Did you graduate?: Yes No

Degree or Diploma: _____

2) College/University

Name + Address: _____

Number of years completed: _____

Did you graduate?: Yes No

Degree or Diploma: _____

3) Vocational/Business

Name + Address: _____

Number of years completed: _____

Did you graduate?: Yes No

Degree or Diploma: _____

List any licenses or certificates you have which may help to qualify you for the position for which you are applying. (Include software certificates, professional registration, etc. if applicable)

	Title	State	Number	Date Issued	Date Expires
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

Are you a veteran? Yes No

Some of our clients do not speak English. Are you fluent in any other language? Yes No

Speak: _____ Read: _____ Write: _____

Employment History

List all employment for the past 10 years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

1) **Name of Employer:** _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone Number: _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From _____ to _____

Starting Pay: _____ Ending Pay: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No
If not, please explain: _____

2) Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone Number: _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From _____ to _____

Starting Pay: _____ Ending Pay: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No
If not, please explain: _____

3) Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone Number: _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From _____ to _____

Starting Pay: _____ Ending Pay: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

If not, please explain: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

1) Name: _____ Email: _____

Occupation: _____ Telephone: _____ Number of Yrs. Acquainted: _____

2) Name: _____ Email: _____

Occupation: _____ Telephone: _____ Number of Yrs. Acquainted: _____

3) Name: _____ Email: _____

Occupation: _____ Telephone: _____ Number of Yrs. Acquainted: _____

CLEARANCES

To ensure that individuals who apply to USAA, Inc. are well qualified and have a strong potential to be productive and successful, it is the policy of the Agency to investigate the employment references and information contained in the application of all applicants.

USAA, Inc. seeks to ensure the safety and well-being of the individuals it serves. To ensure a safe environment, the Agency requires that employees inform Human Resources of any charges that are pending or criminal convictions (excluding minor traffic violations) against them throughout their time of employment with USAA, Inc. (Please see the Background & Reference Checks section and Substance Abuse Policy/Drug & Alcohol Testing Policy section in the Agency handbook for additional information.) The Agency reserves the right to conduct additional criminal and child abuse clearances, and/or drug testing on staff either at random or given cause, in order to maintain safe and efficient operation of the agency. An employee who refuses may be placed on investigatory suspension and may be subject to discipline, up to and including termination. A criminal charge or conviction will not automatically constitute a change of employment status (including temporary or permanent transfer to a different position, a change in duties, or termination of employment). Factors that will be considered include, but are not necessarily limited to the following: the nature of the offense; the frequency of violations; the employee's work history including employment references and recommendations; and the relevance of the offense to the employee's position.

As a condition of this Application, Applicant must disclose criminal background information as outlined below. However, a criminal charge or conviction will not automatically result in rejection of Applicant's Application. Factors that will be considered include, but are not necessarily limited to, the following: the nature of the offense; the frequency of violations; the Applicant's work history including employment references and recommendations; and the relevance of the offense to the position and duties for which the Applicant has made Application.

In addition, depending on the job duties and regulatory requirements for the position for which Applicant is making Application, USAA, Inc. may conduct other background checks including any or all of the following:

1. Professional license verification
2. Sexual offender registry
3. Motor vehicle record
4. Pre-employment drug screen (urinalysis)
5. Pennsylvania Child Abuse History Clearance
6. Pennsylvania State Police Criminal Record Check (PATCH)
7. FBI criminal check, including a fingerprint check
8. Education verification
9. Other checks as determined by Human Resources

Have you continuously lived in Pennsylvania for 2 years or more as of this date? Yes No

Comments: _____

Have you ever been convicted of a felony or misdemeanor which has not been expunged or sealed under the Clean Slate Law? Yes No

Comments: _____

Please read carefully, initial each paragraph, and sign below:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release from any and all liability, claims and demands USAA, my former employers and all other persons, corporations, partnerships and associations who supplies information about me to USAA relative to this Application and arising out of or in any way related to such investigation or disclosure.

_____ This Application shall be considered active for a period of time not to exceed 30 days. Applicant understands and acknowledges USAA does not keep Applications on file and Applicant will be required to submit a separate and updated Application if Applicant wishes to be considered for alternate or additional job positions/postings.

Applicant Signature: _____ **Date:** _____

Voluntary Survey

The purpose of this survey is to comply with government reporting and other legal requirements. Government agencies at time require periodic reports on the following information. Although the following information is not mandatory, it is requested to assist us in our commitment to Equal Employment Opportunity and Affirmative Action. If you choose to volunteer the requested information, be assured that all surveys are kept in a confidential file and are not part of your application for employment or personnel file. *Please note your cooperation is voluntary.* Inclusion or exclusion of any voluntary data will have no effect on your application for employment.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Current Job Title: _____

Gender: _____

Please check one of the following ethnic origins:

_____ White _____ Hispanic _____ American Indian/Alaskan Native

_____ African American _____ Asian/Pacific Islander _____ Other

Are you a Veteran: _____ Yes _____ No