



Westmoreland Community Action
226 South Maple Avenue
Greensburg, PA 15601
Phone 724-834-1260
Fax 724-834-0669
Visit us online at: www.westmorelandca.org

Application for Employment

"Building better futures with individuals, families and communities."

Date of Application _____

PLEASE PRINT

Position applied for _____

ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY
 WALK-IN PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

As an equal opportunity employer, the agency does not discriminate in hiring or in terms and conditions of employment because of an individual's race, creed, color, sex, age, religion, disability or natural origin. The firm only hires individuals authorized for employment in the United States.

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER (_____) _____ - _____ SOCIAL SECURITY NUMBER _____ - _____
AREA CODE

If necessary, best time to call you at home is AM
PM

May we contact you at work? ! YES ! NO

If yes, work number and best time to call (_____) _____ - _____ AM
PM

If you are under 18, can you furnish a work permit? ! YES ! NO

Have you filed an application or worked here before? ! YES ! NO

If yes, give dates..... / /

Are you legally eligible for employment in this country? ! YES ! NO
(Proof of US citizenship or immigration status will be required upon employment)

Date available for work / /

Type of employment desired: Full time Part time Temporary Seasonal Trainee

Are you on a lay-off and subject to recall? ! YES ! NO

Will you relocate if the job requires it?..... ! YES ! NO.....Will you travel if job requires it ... ! YES ! NO

Will you work overtime if required?..... ! YES ! NO

AN EQUAL OPPORTUNITY EMPLOYER

Work History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent including military experience. Explain any gaps in employment in the comments section below.

EMPLOYER	TELEPHONE () -	DATES EMPLOYED		SUMMARIZE NATURE OF WORK AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE? ! YES ! NO ! LATER		\$	PER	

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MAY WE CONTACT FOR REFERENCE? ! YES ! NO ! LATER		\$	PER	

Comments (including explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with WHO, Inc.

Educational Background

A. List last three schools attended, *starting with the last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. and E. major and/or minor field of study (if applicable)

A. SCHOOL	B. NO. YEARS	C. DEGREE	D. GPA	E1. MAJOR	E2. MINOR
	COMPLETED	DIPLOMA	CLASS RANK		

References

List name and telephone number of three business/work references that are *not* related to you and are not previous supervisors. If not applicable, list three school or personal references that are *not* related to you.

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

List professional, trade, business or civic associations and any offices held. (Exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications and/or awards. (Exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

List any additional information you would like us to consider.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time WHO, Inc. reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of WHO, Inc. has the authority to make any assurance to the contrary.

I give WHO, Inc. the right to investigate all references and to secure additional information about me if job related. I hereby release from liability WHO, Inc. and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

WHO, Inc. is an equal opportunity employer. WHO, Inc. does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only one (1) year. At the conclusion of this time if I have not heard from WHO, Inc. and still wish to be considered for employment it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date _____/_____/_____

_____ **WESTMORELAND HUMAN OPPORTUNITIES, INC. APPLICANT'S DECLARATION**

Please note that in answering the following questions, you may exclude any conviction the record of which has been expunged under Federal or State law; and any conviction set aside under the Federal Youth Correction Act or similar State Law. We do not arbitrarily deny employment solely on the basis of an applicant's previous criminal convictions. Rather we review each case to assess the relevancy of the convictions to the hiring decision.

I, _____, hereby declare that:
(Applicant's name – please print)

1. _____ I have been or 2. _____ have not been convicted of a felony or a misdemeanor related to child abuse and/or child sexual abuse. If box #1 is checked; please list the date, nature and details of the offense(s) here

3. _____ I have been or 4. _____ have not been convicted of a violent felony. If box #3 is checked; please list the date, nature and details of the offense(s) here

Date

Applicant's Signature

Westmoreland Human Opportunities, Inc.

Mental Health Programs Applicant's Self Declaration

(*to be signed when applying for a position w/ the Pathways Program)

I, _____, hereby declare that as of _____ I have not been convicted of a felony or a misdemeanor related to child abuse and/or sexual abuse OR a violent offense.

I understand that should the Criminal Record Check (ACT 34) and/or Child Abuse Clearance (ACT 33) conducted by Westmoreland Human Opportunities, Inc. indicates information differing from the above, it could be grounds for dismissal from employment in any of the Mental Health Programs (CRRU, ECRR, MHCIT and RAMP).

Applicant's Signature

Date



HEAD START PROGRAM APPLICANT'S DECLARATION
(*the be signed if applying for a position in the Head Start Program)

The following declaration is required of all HEAD START PROGRAM Applicants by Federal Regulation 45 C.F.R. 1301.31. Please note that, in answering the following questions, you may exclude any conviction the record of which has been expunged under Federal or State law; and any conviction set aside under the Federal Youth Corrections Act or similar State law. We do not arbitrarily deny employment solely on the basis of an applicant's previous criminal convictions. Rather we review each case to access the relevancy of the convictions to the hiring decision.

I, _____, hereby declare that:
(Applicant's Name – please print)

1. ____ I have been or 2. ____ I have not been convicted of a felony or a misdemeanor related to child abuse and/or child sexual abuse. If box #1 is checked, please list the date, nature and details of the offense(s) here.

3. ____ I have been or 4. ____ I have not been convicted of a violent felony. If box #3 is checked, please list the date, nature and details of the offense(s) here.

Date

Applicant's Signature

Applicant Data Survey

(Completion of Information below is voluntary)

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 other legally protected status.

Date _____ / _____ / _____

POSITION(S) APPLIED FOR

REFERRAL SOURCE

! ADVERTISEMENT ! EMPLOYEE ! RELATIVE ! WALK-IN ! SCHOOL ! GOVT EMPLOYMENT
AGENCY ! PRIVATE EMPLOYMENT AGENCY !
OTHER _____

NAME OF SOURCE (IF APPLICABLE)

APPLICANT'S NAME _____ PHONE _____

LAST FIRST MIDDLE

ADDRESS

ZIP STREET CITY STATE

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment, it is considered confidential information that will not be used in any hiring decision.

PLEASE CHECK ONE ! MALE !
FEMALE

CHECK THE APPROPRIATE AGE GROUP

! BELOW 18 ! 18-29 YEARS ! 30-39 YEARS ! 40-65 YEARS ! 65 AND ABOVE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP

! HISPANIC ! BLACK ! WHITE ! AMERICAN INDIAN/ALASKAN NATIVE ! ASIAN/PACIFIC ISLANDER

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

! VIETNAM ERA VETERAN ! DISABLED VETERAN ! HANDICAPPED INDIVIDUAL

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE REMOVED BY EMPLOYER AND FILED SEPARATELY