

SUPPORTIVE LIVING SERVICES, INC.
210 EAST 2ND STREET, ERIE, PENNSYLVANIA 16507 TELEPHONE: 814-454-1252
APPLICATION FOR EMPLOYMENT

<i>Office Use Only:</i>	<i>DOE:</i>	<i>TOE:</i>
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(Please Print)

Date:	
Name (<i>Last, First, Middle</i>)	Social Security Number:
Address:	Phone Number:
City:	State: Zip Code:
Are you 18 years of age or older?	

Position Desired:	Shift Desired:	Wages Expected:
Check Days / Hours Available: <i>Must be available weekends and holidays.</i>		
<input type="checkbox"/> Mon. _____ to _____	<input type="checkbox"/> Tues. _____ to _____	<input type="checkbox"/> Wed. _____ to _____
<input type="checkbox"/> Thurs. _____ to _____	<input type="checkbox"/> Fri. _____ to _____	<input type="checkbox"/> Sat. _____ to _____
<input type="checkbox"/> Sun. _____ to _____		
Referred By:		Relationship:

In Case of Emergency Contact:	Phone:
Address:	City: State: Zip Code:

EDUCATION	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS ATTENDED	GRADUATED YES/NO	TYPE OF DEGREE OR CERTIFICATE	DATE OF LEAVING
High School						
College / University						
College / University						
Technical / Other School						

EMPLOYER REFERENCES (2)			
<i>Name:</i>	<i>Address:</i>	<i>Zip:</i>	<i>Phone:</i>
<i>Name:</i>	<i>Address:</i>	<i>Zip:</i>	<i>Phone:</i>
PERSONAL REFERENCES (1) (<i>other than relatives</i>)			
<i>Name:</i>	<i>Address:</i>	<i>Zip:</i>	<i>Phone:</i>
<i>Name:</i>	<i>Address:</i>	<i>Zip:</i>	<i>Phone:</i>

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EMPLOYMENT HISTORY: Beginning with your most recent or current employment, list all previous employees, including civil service.

SUPERVISOR'S NAME EMPLOYER'S NAME ADDRESS / PHONE #	TYPE OF WORK	WAGES	DATE STARTED	DATE LEFT	REASON FOR LEAVING
_____ _____ _____					
_____ _____ _____					
_____ _____ _____					
_____ _____ _____					
_____ _____ _____					

Military Service:	Date Discharged:	Type of Discharge:
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Do you have a current driver's license?	Expiration Date:
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Have you ever been convicted of, or pled guilty to a crime, felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state nature:

ADDITIONAL REMARKS:

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I certify that the statements contained in this application are true and correct to the best of my knowledge and belief and grant Supportive Living Services, Inc. permission to verify my responses and investigate work and personal references. I authorize the employers, schools or persons named above to give any information regarding my previous employment, character, general reputation and personal characteristics, together with any information they have regarding me whether or not it is in their records. I understand that any false statements on this application or in any interview may be sufficient cause for rejection of this application or for dismissal if such false information is discovered subsequent to my employment.

I understand that Supportive Living Services, Inc. requires Act 33 clearances and reserves the right at its discretion to reject this application or dismissal should the clearances reveal any conviction which could cause concern for client safety. I understand that no representation by Supportive Living Services, Inc. or its supervisors, whether in writing or made orally, constitutes a contract of employment or implies any promise regarding specific policies or benefits. Nor is Supportive Living Services, Inc. limited in its right to terminate me without notice, with or without cause, at no liability to the organization or management/supervisory staff. I also understand that if hired my wages, benefits, and other terms or conditions of employment are subject to change by Supportive Living Services, Inc. at its discretion. I agree to take physical and other examinations whenever required by Supportive Living Services, Inc. If accepted for employment, I hereby agree to abide by the rules and regulations of Supportive Living Services, Inc.

(Signed)

(Date)

Applications will be kept in active file for six months. Applicants may update their applications.

OFFICE USE ONLY:

Interview Date:	By:	Recommended: Yes: ___ No: ___
Employable: Yes: ___ No: ___	Employed By:	

Starting Position:	Date:	Rate:
Position Change:	Date:	Rate:
Position Change:	Date:	Rate:
Position Change:	Date:	Rate:
