



PERSONNEL DATA SUMMARY

PLEASE COMPLETE BOTH SIDES

(TYPE OR PRINT IN INK (if additional space needed, use 8 1/2 X 11 sheet))

			POSITION APPLIED FOR		INSTITUTION SBA OR OFFICE		
LAST NAME			FIRST NAME	M.I.	ARE YOU 18 OR OLDER?	SOCIAL SECURITY #	TELEPHONE #
LEGAL ADDRESS - STREET, R.R.						CITY	COUNTY
STATE						ZIPCODE	ARE YOU A US CITIZEN?
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS - STREET, R.R.						CITY	COUNTY
STATE						ZIPCODE	HOW LONG A RESIDENT OF PA?
EMAIL ADDRESS					May we contact you by e-mail? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE A CURRENT PA DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					VETERANS CREDIT CLAIMED? <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE		
EDUCATIONAL RECORD: (CIRCLE HIGHEST GRADE OF SCHOOLING)							
1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12		COLLEGE: 1 - 2 - 3 - 4 - 5		P.G.			
NAME AND LOCATION OF EDUCATIONAL INSTITUTION			SEM. CREDITS	DIPLOMA OR DEGREE	MAJOR, SUBJECTS OR COURSES		
HIGH SCHOOL:							
COLLEGE/UNIVERSITY:							
GRADUATE OR PROFESSIONAL:							
OTHER SCHOOLING (SPECIFY):							
LIST, BY NUMBER AND YEAR ISSUED, ANY LICENSE, CERTIFICATE OR REGISTRATION ISSUED BY THE COMMONWEALTH OR PROFESSIONAL ASSOCIATION WHICH RELATES TO, OR IS A REQUIREMENT FOR THE POSITION FOR WHICH YOU ARE APPLYING.							
LIST ANY PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG (DO NOT LIST ANY ORGANIZATION THAT WOULD REVEAL YOUR RACE, COLOR, RELIGIOUS CREED OR NATIONAL ORIGIN.)							
LIST ANY OTHER TRAINING AND EXPERIENCE YOU HAVE THAT YOU BELIEVE PARTICULARLY APPLICABLE TO THE TYPE OF WORK FOR WHICH YOU ARE APPLYING.							
LIST OFFICE MACHINES YOU OPERATE:					TYPING WPM	DICTATION WPM	FOREIGN LANGUAGES SPOKEN:
ARE YOU CURRENTLY RECEIVING UNEMPLOYMENT AND/OR TANF?					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EMPLOYMENT RECORD: LIST YOUR COMPLETE EMPLOYMENT RECORD INCLUDING PERIODS OF UNEMPLOYMENT STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARDS							
NAME AND ADDRESS OF EMPLOYER:			POSITION TITLE:		NAME AND TITLE OF IMMEDIATE SUPERVISOR:		
			DATES OF EMPLOYMENT:		ANNUAL SALARY:	NO. HOURS WORKED EACH WEEK:	
			FROM:	TO:	START: \$	FINISH: \$	
DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES:							
NO. EMPLOYEES SUPERVISED (BY POSITION TITLE):					REASON FOR LEAVING:		

NAME AND ADDRESS OF EMPLOYER:	POSITION TITLE:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
	DATES OF EMPLOYMENT:	ANNUAL SALARY: START: \$	NO. HOURS WORKED EACH WEEK:
	FROM: TO:	FINISH: \$	

DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES:

NO. EMPLOYEES SUPERVISED (BY POSITION TITLE):	REASON FOR LEAVING:
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NAME AND ADDRESS OF EMPLOYER:	POSITION TITLE:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
	DATES OF EMPLOYMENT:	ANNUAL SALARY: START: \$	NO. HOURS WORKED EACH WEEK:
	FROM: TO:	FINISH: \$	

DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES:

NO. EMPLOYEES SUPERVISED (BY POSITION TITLE):	REASON FOR LEAVING:
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NAME AND ADDRESS OF EMPLOYER:	POSITION TITLE:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:	
	DATES OF EMPLOYMENT:	ANNUAL SALARY: START: \$	NO. HOURS WORKED EACH WEEK:
	FROM: TO:	FINISH: \$	

DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES:

NO. EMPLOYEES SUPERVISED (BY POSITION TITLE):	REASON FOR LEAVING:
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HAVE YOU EVER BEEN REFUSED A BOND? YES NO IF YES, EXPLAIN:

WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE, OR HAVE YOU EVER FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A CRIMINAL CHARGE? IS ANY CRIMINAL CHARGE AGAINST YOU NOW PENDING? (OMIT (1) MINOR TRAFFICE VIOLATIONS, AND (2) ANY OFFENSE COMMITTED BEFORE YOUR 18TH BIRTHDAY WHICH WAS FINALLY ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW.) IF "YES," GIVE DETAILS ON A SEPARATE SHEET OF PAPER. YES NO

CONVICTION OF A CRIMINAL OFFENSE IS NOT A BAR TO EMPLOYMENT IN ALL CASES. EACH CASE IS CONSIDERED ON ITS MERITS.

HAVE YOU EVER BEEN ACCUSED OR CONVICTED OF ANY SEX RELATED OR CHILD ABUSE OFFENSE? YES NO
IF YES, IN A SEPARATE ATTACHMENT PLEASE DESCRIBE IN DETAIL EACH INCIDENT AND INCLUDE DATE OF ALLEGATION

- I HEREBY CERTIFY THAT ALL STATEMENTS ARE FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ALL STATEMENTS CONTAINED HEREIN WILL BE VERIFIED AND THAT WILL FUL MISREPRESENTATION WILL RESULT IN DISMISSAL.
- I GIVE MY PERMISSION FOR THE AGENCY TO CONTACT MY PREVIOUS EMPLOYERS TO OBTAIN EMPLOYMENT REFERENCES YES NO
- I UNDERSTAND THAT EMPLOYMENT WITH CHILDREN'S AID SOCIETY IS ON AN "AT-WILL" BASIS.

DATE _____ SIGNATURE _____

NOTE: STATE LAW PROVIDES THAT NO PERSON UNDER 18 YEARS MAY BE EMPLOYED UNLESS HE HAS AN EMPLOYMENT CERTIFICATE OBTAINED FROM AN AUTHORIZED SCHOOL DISTRICT OFFICIAL.