



Buckingham Green I, Route 202
 PO Box 470, Holicong, PA 18928

EMPLOYMENT APPLICATION

BARC Developmental Services is an equal opportunity employer. Applicants are considered without regard to race, color, religion, sex, national origin, citizenship, age, marital status, veteran status, or the presence of a non-job related medical condition or handicap.

Please complete this application in its entirety, regardless of position sought and/or other application materials submitted. Resume may be included but does not substitute for completion of all pertinent sections of application. If any of the following questions are not answered in a complete and accurate fashion, a significant delay and/or the inability to process this application may occur.

PERSONAL INFORMATION

		Date
Name (Last, First, Middle)		Home Phone
Street Address		Business Phone
City, State, Zip Code	E-mail Address	Social Security No.

AGENCY, WORK AND HOURS INFORMATION

Specify position for which you are applying:	Work availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Provisional
Hours available to work (check all that apply): <input type="checkbox"/> Weekdays ONLY <input type="checkbox"/> Weekends ONLY <input type="checkbox"/> Weekdays AND/OR Weekends <input type="checkbox"/> Day Hours (ex. 9am-5pm) <input type="checkbox"/> Afternoon/Evening Hours (ex. 3pm-11pm) <input type="checkbox"/> Night Hours (ex 11pm-9am)	
Have you ever worked for BARC Developmental Services? If yes, specify dates, title and reason for leaving:	Are there any days/hours you would be unable or willing to work?
How did you learn of our organization? <input type="checkbox"/> Careerbuilder <input type="checkbox"/> Careerlink <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Fair <input type="checkbox"/> Other <input type="checkbox"/> Walk In <input type="checkbox"/> Website <input type="checkbox"/> Referred by : _____	Date available to begin work:

EDUCATION

School	Name and Location of School	Major/Minor	Number Of Years	Did you Graduate?	Degree or Diploma
High School					
College					
Graduate School					
Other					

You will be asked to provide a copy of your degree **and/or transcript for your record if applying for position that requires it.**

EMPLOYMENT HISTORY/RELEVANT EXPERIENCE:

Start with present or most recent employer. Include contractual and consulting arrangements as well as volunteer work.

Company Name		Phone Number
Mailing or Street Address		Dates Employed (Month/Year) From: To:
City/State/Zip		Weekly Pay Start: End:
Name of Supervisor		Number of hours worked per week:
State you job title and describe work performed:		
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	

Company Name		Phone Number
Mailing or Street Address		Dates Employed (Month/Year) From: To:
City/State/Zip		Weekly Pay Start: End:
Name of Supervisor		Number of hours worked per week:
State you job title and describe work performed:		
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	

Company Name		Phone Number
Mailing or Street Address		Dates Employed (Month/Year) From: To:
City/State/Zip		Weekly Pay Start: End:
Name of Supervisor		Number of hours worked per week:
State you job title and describe work performed:		
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	

EMPLOYMENT HISTORY/RELEVANT EXPERIENCE: (cont'd)

Company Name		Phone Number
Mailing or Street Address		Dates Employed (Month/Year) From: To:
City/State/Zip		Weekly Pay Start: End:
Name of Supervisor		Number of hours worked per week:
State you job title and describe work performed:		
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	

DRIVER INFORMATION: Complete section if applying for position that requires driving.

License Number _____ State _____ Class _____ Expiration Date _____
Experience: _____ number of years. Types of vehicles: _____
In the past 3 years: _____ number of citations _____ number of moving violations _____ number of accidents
Is your driver's license currently suspended or pending suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have your driving privileges ever been suspended or your license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates:

GENERAL INFORMATION

List any special skills, qualifications, or training you have related to this position:		
Are you a veteran of the U.S. military services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of training or education did you receive in the military?		
Have you ever been convicted of any crime involving a felony and/or misdemeanor conviction including driving while intoxicated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain giving date, charge, disposition, and any other details you feel appropriate. NOTE: A conviction does not constitute an automatic bar to employment. Factors such as seriousness of the infraction, date of conviction and how the conviction relates to fitness to perform the job in question will be considered.		
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	State other names under which you have worked or attended school:	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE READ AND COMPLETE THE FOLLOWING STATEMENTS CAREFULLY

I attest that I have never been disciplined or released from employment or contractual/consulting arrangement or had law enforcement investigation or court proceedings due to abuse or neglect of persons supported (clients or residents) or other disciplinary procedures except as noted below. Use additional paper if necessary. Write "N/A" if not applicable.

EMPLOYER Or Affiliation Source	CONTACT NAME and PHONE NO.	TYPE OF DISCIPLINARY ACTION	TERMINATION DATE
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___

I further attest that I have never been sanctioned or disciplined by any employer, contractor, consulting or affiliation source, staffing agency or professional organization to which I currently or previously was affiliated with except as noted below: Use additional paper if necessary. Write "N/A" if not applicable.

EMPLOYER Or Affiliation Source	CONTACT NAME and PHONE NO.	TYPE OF DISCIPLINARY ACTION	TERMINATION DATE
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___

I affirm that the information provided on this application (and any accompanying resume or application materials) is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand and accept that employment with BARC Developmental Services is an at-will relationship, and that it may be terminated by BARC Developmental Services or by me at any time and for any reason, without cause or notice.

I understand that there is no guarantee of continued employment with BARC Developmental Services. I understand that any offer of employment is conditional upon my successful completion of a physical examination. I understand that there is no promise of any kind by BARC Developmental Services contained in any written or oral statements made by anyone interviewing me for this position.

I hereby give BARC Developmental Services the right to conduct a background investigation of myself as a condition of employment, which may include, but is not limited to, reference checks, criminal history and FBI clearances, child abuse history clearance, and motor vehicle record. I authorize persons, schools, current and previous employers and organizations name in this application (and any accompanying resume or application materials) to provide BARC Developmental Services any relevant information that may be required to arrive at an employment decision. I understand that BARC Developmental Services will consider such information personal and confidential. I release BARC Developmental Services, its officers, agents and associates, and all previous employers from any and all liability resulting from such verification and investigation.

APPLICANT SIGNATURE

DATE