

JJC Family Services
100 W. Coulter Street, Philadelphia, Pa. 19144-3402

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, sex, religion, national origin, age, marital status or veteran status, the presence of a non-job related medical condition or handicap, or any other protected status.

PLEASE PRINT

Position(s) Applied For	Date of Application				
How Did You Learn About JJC? (If referred by an JJC employee, please list the employee's name)					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Contact information:					
Home:					
Work:					
Cell:					
Email address:					

Proof of citizenship or immigration status will be required upon employment.

Have you ever filed an application with us before? Yes No
If "Yes", give date _____

Have you ever been employed with us before? Yes No
If "Yes", give date _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

On what date would you be available for work? _____

Are you able to work: Full Time? Part Time? Temporary?

Do you have a valid driver's license? Yes No

Do you have access to an insured, registered, and inspected automobile? Yes No

Do you have "Act 33" clearances not older than one (1) year?* Criminal History
 Child Abuse
 FBI

Do you have a current physical/PPD within the last 30 days Yes No

Are you related to anyone at JJC? Yes No
 If yes, please provide name _____

*Please note that all clearances must be dated one (1) year or newer prior to start date and must be submitted to Human Resources Department prior to start date.

EMPLOYMENT EXPERIENCE

Please start with your present or most recent position. All information must be completed.

Name of EMPLOYER (1)	DATES EMPLOYED		Briefly describe work performed
ADDRESS	FROM	TO	
	Employer's email/website:		
TELEPHONE			
JOB TITLE			
SUPERVISOR'S NAME	Supervisor's email/website:		
Name of EMPLOYER (2)	DATES EMPLOYED		Briefly describe work performed
ADDRESS	FROM	TO	
	Employer's email:		
TELEPHONE			
JOB TITLE			
SUPERVISOR'S NAME	Supervisor's email/website:		
Name of EMPLOYER (3)	DATES EMPLOYED		Briefly describe work performed
ADDRESS	FROM	TO	
	Employer's email/website:		
TELEPHONE			
JOB TITLE			
SUPERVISOR'S NAME	Supervisor's email:		
Name of EMPLOYER (4)	DATES EMPLOYED		Briefly describe work performed
ADDRESS	FROM	TO	
	Employer's email/website:		
TELEPHONE			
JOB TITLE			
SUPERVISOR'S NAME	Supervisor's email:		

EDUCATION

	School Name/Location	Years Completed	Degree Awarded
High School			
Undergraduate/College			
Graduate/Professional			
Describe any specialized training skills and abilities you have acquired from employment, education or other experience (include any foreign language you can speak, read and/or write).			
Describe any honors you have received.			
Do you think you might need any physical assistance, or any physical modifications to building and/or equipment, in order for you to do your job? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If yes, please describe:			

REFERENCES

Give name, address, and telephone number of three references who are not related to you. Two must be employment related (must be supervisors, not co-workers) and one must be able to verify employment, work experience and/or education (if applicable).

Name	Company	Telephone	Email (if applicable)
1.			
2.			
3.			

PREVIOUS HOME ADDRESSES

If at any point during the five years immediately preceding this application, you have lived at an address (addresses) other than that listed on page 1 of this application, please show below:

Address (show house/apt #, street, city, state and zip)	From (date)	To (date)

You are required to submit child abuse clearances in respect of all states in which you have lived during these five years.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge and that I am physically able to perform the duties for the job for which I am applying. I understand that, if applicable, employment may be contingent upon successful completion of a physical examination.

I authorize investigation of all statements contained in this application for employment, as well as documentation submitted, as may be necessary in arriving at an employment decision including the following:

- Previous employment
- Previous addresses
- Educational credentials (verification of degree, official transcripts, dates of enrollment) and certificates
- Licenses
- Criminal and FBI background check from Pennsylvania
- Child Abuse clearance
- Child abuse checks from other states in which you have lived during the previous 5 years
- References
- Driving history

This application for employment shall be considered active for a period not to exceed 60 days. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies, rules and regulations of the Juvenile Justice Center of Philadelphia.

Signature of Applicant
Empapp.doc

Date

11/18