



## ***EMPLOYMENT APPLICATION***

We appreciate your interest in the Center for Humanistic Change. Please attach a resume and complete the application in its entirety so that we can fully evaluate your qualifications. The Center for Humanistic Change is an equal opportunity and affirmative action employer. The Center for Humanistic Change is committed to fair, nondiscriminatory employment practices. In addition, we are committed to positive efforts to recruit, employ, train, and advance men and women of all backgrounds and to full compliance with federal, state, and local regulations regarding employment.

### **Directions for Completing Application**

Please answer each question clearly and completely. Type or print in ink. If you need more space, attach additional pages. While you may attach a resume to supplement this application, incomplete or unsigned applications will not be accepted.

If you require assistance in the application process, please inform the office of the Center for Humanistic Change, 100A Cascade Drive, Allentown, PA 18109 610-443-1595. With appropriate notice, reasonable accommodations will be made in the employment process for individuals with disabilities. **For more information on accommodation, please contact the Office Manager.**

*I certify that the information on my application and accompanying documents is true and complete. I understand that any misrepresentation or omission of facts may result in rejection of my application or termination of employment. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Center for Humanistic Change and me for either employment or for the provision of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand I have the right to terminate my employment at any time and that the Center for Humanistic Change retains a similar right to terminate the employment relationship at any time with or without cause.*

*I authorize the Center for Humanistic Change to verify all information contained in this application and any supplement hereto. I hereby release the Center for Humanistic Change, including its employees, officers and agents, employers, schools, or persons from all liability as the result of inquiries based on information contained in my application or connected with the hiring process.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Personal Information (please print)**

Last name		First name	MI	Social security number	
Current mailing address			City	State	Zip Code
Telephone number		Alternate number		Email address	
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Hire is subject to verification that applicant meets legal age and US work permit requirements.)</i>					
Can you travel by auto if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position applying for		Date you can start		Minimum salary required	
If seeking less than full-time work, indicate hours you can work. <input type="checkbox"/> 20 hours/week <input type="checkbox"/> 25 hours/week <input type="checkbox"/> 30 hours/week <input type="checkbox"/> Other (please indicate)					
Have you ever been convicted of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No  Have you ever been convicted of any crime, felony, or misdemeanor, relating specifically to sex, child abuse, and/or minors? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If yes, explain, including dates. (Previous convictions will not necessarily exclude an applicant for consideration for employment.)</i>					
Have you ever been required by any licensing board or professional ethics body to surrender your license? <input type="checkbox"/> Yes <input type="checkbox"/> No  Have you ever been found guilty of violation of professional ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain, including dates:</i>					
Are you able to perform the essential duties of the job(s) for which you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No  (This inquiry is limited only to limitations which will impact the essential functions of the job. You do not need to disclose information about physical or mental limitations that you believe will not interfere with your ability to do the job. However, if you want us to consider special arrangements that you may require, you may identify you physical or mental impairment in the space below and suggest the kind of accommodation that you believe would be appropriate. Our Business Manager may discuss with you types of appropriate accommodations available to perform the essential functions of the job.)					
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**Employment History** – Starting with your present or most recent employment, list your last three employers. Include self-employment, summer, and part-time jobs. If more space is required, continue on a separate sheet. Please attach resume.

Employer Name	Telephone Number
Street Address/City/State/Zip	Dates employed (month/year) From:                      To:
Supervisor's Name and Title	Annual Salary: Start:                      End:
State Job Title and describe work	Reason for leaving
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Telephone Number
Street Address/City/State/Zip	Dates employed (month/year) From:                      To:
Supervisor's Name and Title	Annual Salary: Start:                      End:
State Job Title and describe work	Reason for leaving
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Telephone Number
Street Address/City/State/Zip	Dates employed (month/year) From:                      To:
Supervisor's Name and Title	Annual Salary: Start:                      End:
State Job Title and describe work	Reason for leaving
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Telephone Number
Street Address/City/State/Zip	Dates employed (month/year) From:                      To:
Supervisor's Name and Title	Annual Salary: Start:                      End:
State Job Title and describe work	Reason for leaving
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Phone

Phone

## General Information

Indicate any other experience or skills gained through professional organizations or volunteer work you think would be applicable. Exclude those which may disclose your race, color, religion, or national origin.

Indicate languages you speak, read and/or write.

	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

What computer software packages are you experienced in using?

Have you ever been employed at the Center for Humanistic Change?  Yes  No  
(If yes, indicate last position and dates of employment.)

Do you have any relatives employed at the Center for Humanistic Change?  Yes  No  
(If yes, indicate name and relationship.)

Complete for secretarial/clerical positions only:

- Can you type?  Yes  No Words per minute
- Can you take shorthand?  Yes  No Words per minute
- Computer experience?  Yes  No If yes, answer the following questions:
- What software?  Spreadsheet –Software Program -  
 Word Processing -Software Program -  
 Database – Software Program -  
 Other

Will you work overtime, if necessary?

Yes  No

Weekends?

Yes  No

**References** - List three professional references who are not related to you and have knowledge of your qualifications.

Name	Address	Phone Number

**Education**

Your name at graduation?

School Type	Name/Address of School	Course of Study	Did you graduate?	# Yrs. Comp.	Type of degree/ diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional College/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional College/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional College/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		

For any college/university that you graduated from, please supply the phone number(s) below in order verify your degrees.
