

# The Arc of Butler County

Pullman Commerce Center  
112 Hollywood Drive, Suite 202  
Butler PA 16001

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_  
Street
City
State
Zip

Permanent Address \_\_\_\_\_  
Street
City
State
Zip

Phone No. \_\_\_\_\_ Are you 18 years or older?  Yes  No

Do you have a current, valid Driver's License?\*  Yes  No  
 Are you prevented from lawfully becoming employed in the U.S.?  Yes  No  
 Have you been convicted of a felony or misdemeanor?\*\*  Yes  No Describe \_\_\_\_\_

\*Condition of employment - must be insurable for driving purposes  
 \*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

**EMPLOYMENT DESIRED**

Position	Date you can start	Salary desired
Are you employed now?	If so, may we inquire of your present employer?	
Ever applied to this company before?	Where?	When?

**EDUCATIONAL BACKGROUND**

Circle last grade completed    1   2   3   4   5   6   7   8   9   10   11   12    College hours completed

Type of School	Name and Location	Graduated		Field of Study	Grade Point or Top, Mid, Bot 1/3
		yes	no		
High					
Business or Trade					
College or University					
Post Graduate					

NOTE: I understand that it is my responsibility to provide documentation to verify any of the educational background stated above.

List other formal educational experience (i.e.: night school; home study courses; GED; etc): \_\_\_\_\_

If presently enrolled, indicate where and field of study: \_\_\_\_\_

Describe any definite plans for further study: \_\_\_\_\_

List significant activities, honors, awards or elective offices which have contributed to your career goals and interest: \_\_\_\_\_

**MILITARY SERVICE**

Are you a Veteran of the U.S. Military Service?  yes  no

Branch of Service	Highest Rank or Rate	Present membership in National Guard or Reserves

Please indicate any military experience or training you feel might be of interest and value to your employment:

\_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS** List below last four employers, starting with last one first.

Date Month/Year	Name and/or Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

**REFERENCES** Give the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone	Business	Years Acquainted

**PHYSICAL RECORD**

Do you have any present or recurring physical limitations that preclude you from performing any work for which you are being considered?  yes  no If yes, what can be done to accommodate your limitations? \_\_\_\_\_

Please describe: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name	Address	Phone #

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above, to give you any and all information concerning my previous employment, and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I also authorize the Association and its insurance carrier to review my driving record. I understand that my insurability (at reasonable cost) to drive Association vehicles is a condition of employment.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date \_\_\_\_\_ Signature \_\_\_\_\_