

EMPLOYMENT APPLICATION



127 South Main Street
Butler, PA 16001

Alliance for Nonprofit Resources is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, genetic information, or any other characteristic protected by law.

Name: _____ Date: _____

Address: _____
No. Street City County State Zip

Phone Numbers: _____
Home Other

Email Address: _____

Position applied for: _____ Salary desired: _____ Date Available: _____

Full Time Part Time Casual Days of week: S M T W TH F S

Are you employed? Yes No If yes, may we contact your current employer? Yes No

Do you have any relatives that work for ANR? Yes No If yes, who? _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you over 18? Yes No

How were you referred to ANR? _____

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

EDUCATION:

High School:

Name of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School:

Name of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training:

Name of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Special Training/Experience/Certifications
Licenses: _____

RECORD OF EMPLOYMENT:

List last three (3) positions starting with most recent:

Employer: _____ Telephone _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____

Reason for Leaving: _____

Check box if we are allowed to contact this employer for a reference.

Employer: _____ Telephone _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____

Reason for Leaving: _____

Check box if we are allowed to contact this employer for a reference.

Employer: _____ Telephone _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____

Reason for Leaving: _____

Check box if we are allowed to contact this employer for a reference.

WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Alliance for Nonprofit Resources, Inc. is at-will, meaning that I or ANR may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize ANR to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release ANR and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that ANR requires the successful completion of a post-offer physical and drug test as a condition of employment. I also understand that I will be required to provide Act 33, Act 34 and FBI clearances within thirty calendar days of employment.

I certify that all statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of applicant: _____ Date Signed: _____