

# Elizabeth Seton Center

Child Care \* Senior Services \* Suzuki School of Music

1900 Pioneer Avenue, Pittsburgh, PA 15226 (412) 561-8400

## APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, sex, gender, or veteran status.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last Name First Name Middle Name

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone Number \_\_\_\_\_ Last 4 SSN Digits \_\_\_\_\_

Email Address \_\_\_\_\_

Have you applied to Seton Center in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, \_\_\_\_\_  
Date

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present supervisor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by Seton Center before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, Date \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

When will you be available to work? \_\_\_\_\_  
Date

What days are you available to work? 

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

  
What times are you available From (am): \_\_\_\_\_  
To (pm): \_\_\_\_\_

Are you available to work: Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_

Do you have an Act 33 Clearance (Child Abuse History Clearance)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have an Act 34 Clearance (Criminal Record Check)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have F.B.I. Clearance to work in child care? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have NSOR (National Sex Offender Registry) Clearance? \_\_\_\_\_ Yes \_\_\_\_\_ No

EDUCATION

School	Name and Location	Course of Study	Did you Graduate?	Degree
High School				
Business/Trade/ Technical School				
College				
Graduate School				

Membership in Professional or Civic Organization(s)

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List any job-related skills, qualifications, or information that support your application.

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PAST EMPLOYMENT

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

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Start Date	End Date	Hourly Rate/Salary
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Company Name: \_\_\_\_\_  
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Job Title: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

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Start Date	End Date	Hourly Rate/Salary
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Two letters of reference are required, one of which must be from a past employer.

REFERENCE CHECK

Name of Person	Phone Number	Results

Please provide the names and telephone numbers of at least two references in the boxes above.

Interview Results

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements in this application that may be necessary in arriving at an employment decision.

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination of employment. I understand also that I am required to abide by all rules and regulations of the organization.

I understand that a copy of the Elizabeth Seton Center Employee Handbook is available to me, upon my request, in aiding me in the employment process.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date