



APPLICATION FOR EMPLOYMENT
THE SALVATION ARMY
 Eastern Pennsylvania and Delaware Division

Applicants are considered for all positions for which they apply without regard to race, color, sex, national origin, age, marital status, or a medical condition/disability (that does not result in a bona fide occupational qualifier).

Before completing this application, please read below, and initial to indicate that you have read and desire to continue the application process:

The Salvation Army is exempt from the States' Unemployment Compensation Plans. As such, if hired, you will not have State Unemployment Insurance deducted from your paycheck, and you will not be eligible for unemployment benefits based your wages paid by The Salvation Army. Initial: _____

If you meet plan eligibility requirements and elect participation in The Salvation Army benefits plan you are notified that The Salvation Army is exempt from C.O.B.R.A. legislation. As such, you and any dependents will not have a right to purchase group health benefits when employment ends. Initial: _____

PLEASE PRINT PLAINLY

Date of Application: __ / __ / __

Name: _____
 (Last) (First) (Middle)

Address: _____ Telephone: (____) _____
 (Address Line 1)

_____ Cell Phone: (____) _____

(City) _____ (State) _____ (ZIP) _____ E-mail: _____

Position(s) applied for: _____

Minimum expected rate of pay per hour: \$ _____ I will be available to start work on:

Have you any commitments to another employer or a "side-line" business interest which might affect your employment with The Salvation Army? __ NO. __ YES. Please explain: _____

Are you available to work: Full Time Part Time On Call
 Referral Source: Advertisement Friend Relative Self
 Current Employee Agency Other

HOURS AVAILABLE TO WORK (please check appropriate boxes)

| | MON | TUE | WED | THU | FRI | SAT | SUN |
|---------------|-----|-----|-----|-----|-----|-----|-----|
| DAY HOURS | | | | | | | |
| EVENING HOURS | | | | | | | |
| OVERNIGHTS | | | | | | | |

Are you known by another name? (To former employers, schools or friends) Yes No

If Yes, please provide name: _____

In case of emergency, notify: _____ Phone #: ~ _____

Are you at least age 18? (Legal verification may be required) No Yes

Are you authorized to work in the United States? No Yes
(Proof of citizenship or immigration status will be required upon employment.)

Have you been employed by a Salvation Army program or service provider in the past?
No. Yes. If yes, give date(s) and the name of The Salvation Army program/service
provider location. _____

IF APPLYING FOR A POSITION WITHIN THE CITY OF PHILADELPHIA, DO NOT ANSWER THE QUESTION BELOW UNTIL THE INTERVIEW. IF APPLYING FOR A POSITION OUTSIDE PHILADELPHIA. ANSWER THE QUESTION NOW.

A criminal conviction may not necessarily prevent your employment with The Salvation Army, except as stipulated by job requirement(s) and/or contract compliance. Factors such as the nature and date of the offense will be considered during the application process. Background checks are processed for all applicants who are considered for a position.

Have you ever been convicted of a felony, misdemeanor, or summary offense? No. Yes. If Yes, please explain on separate sheet.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills, experience, and abilities, which you feel qualify you for this position:

DRIVING RECORD MOTOR VEHICLE INFORMATION

(Not applicable for general office/clerical positions.)

Do you have a valid Driver's License? No Yes State: _____

Have you ever been convicted of a moving vehicle violation? No Yes

If yes, explain: _____

If a requirement for the position requires a vehicle, do you have access to a vehicle to transport clients? No Yes
 If yes, is the vehicle currently insured? ___ No ___ Yes
 Are you insured to drive the vehicle? No Yes
 Has the vehicle met all registration, licensing, and inspection requirements? No Yes

| EDUCATION | | | |
|--|-------------|--------------------|-----------------------|
| | High School | College/University | Graduate/Professional |
| School Name & Complete Mailing Address | | | |
| Highest Grade Completed <i>*(Please circle) *</i> | 9 10 11 12 | 13 14 15 16 | 1 2 3 4 |
| Diploma/Degree/Course of Study | | | |
| Specialized Skills/Training | | | |

EMPLOYMENT EXPERIENCE

Starting with your present or most recent position list all positions held in the last ten years. If additional space is required, please attach the information to this application. You may exclude organizational names that indicate race, color, religion, sex, or national origin.

| | | |
|---------------------|--------------------|----------------|
| EMPLOYER: | DATES EMPLOYED | WORK PERFORMED |
| | FROM TO | |
| TELEPHONE #: | | |
| ADDRESS: | HOURLY RATE/SALARY | |
| JOB TITLE: | STARTING FINAL | |
| SUPERVISOR: | | |
| REASON FOR LEAVING: | | |

| | | |
|---------------------|--------------------|----------------|
| EMPLOYER: | DATES EMPLOYED | WORK PERFORMED |
| | FROM TO | |
| TELEPHONE #: | | |
| ADDRESS: | HOURLY RATE/SALARY | |
| JOB TITLE: | STARTING FINAL | |
| SUPERVISOR: | | |
| REASON FOR LEAVING: | | |

| | | |
|---------------------|--------------------|----------------|
| EMPLOYER: | DATES EMPLOYED | WORK PERFORMED |
| | FROM TO | |
| TELEPHONE #: | | |
| ADDRESS: | HOURLY RATE/SALARY | |
| JOB TITLE: | STARTING FINAL | |
| SUPERVISOR: | | |
| REASON FOR LEAVING: | | |

Are you a veteran? Yes No Branch: _____

Duties/Special Training: _____

REFERENCES

Provide the names, addresses, and telephone numbers of three personal references who are not related to you and are not current or previous employers.

| | | | |
|------|--------------|---------------|-------------|
| NAME | FULL ADDRESS | TELEPHONE NO. | YEARS KNOWN |
|------|--------------|---------------|-------------|

EMPLOYMENT OF RELATIVES

Do you have any immediate relatives currently employed at any Salvation Army facility, or do you reside with someone as a "life partner" who is currently employed at any Salvation Army facility? Please note that immediate relatives are defined as: spouse, parents, in-laws (mother, father, sister, brother, daughter, son), children, aunts, uncles, siblings, grandparents, grandchildren, step family members.

No. Yes. If yes, then please complete the request for information below. Use additional paper if necessary.

| Name | Relationship | Title | Work Location |
|------|--------------|-------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

APPLICANT STATEMENT AND AUTHORIZATION

I certify that all information I have provided in order to apply for and secure work with The Salvation Army is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misleading in any respect, will be sufficient cause to either cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, The Salvation Army, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, consumer reporting agencies, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I release all parties from liability for any damage that may result from furnishing information, and I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and approved by the Divisional Finance Council.

I also understand that if am hired, I agree to provide valid documentation establishing my identity and employment eligibility, and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement and Authorization.

Signature of Applicant

Date

Rev. 10/14
