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. If hired, no State Unemployment Insurance will be deducted from your paycheck, and therefore you will not be eligible for unemployment benefits based upon your wages. Initial: _____

Because The Salvation Army is exempt from C.O.B.R.A. legislation, those who qualify for and enroll in The Salvation Army benefits plan 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:** (_____) _____
(Address Line 2)

_____ **E-mail:** _____
(City) **(State)** **(Zip)**

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

SCHEDULE: (Please indicate hours you are able to work below)

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

Referral Source:

☐ Advertisement ☐ Agency ☐ Friend ☐ Relative ☐ Self ☐ Current Employee ☐ Other

Please specify: _____

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.

The Salvation Army Location: **Dates:** **Job Title:**

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from education, employment, or other experience which you feel qualify you for this position:

EDUCATION

	High School	College/University	Graduate/Professional
School Name & Complete Mailing Address			
Highest Grade Completed	Select One	Select One	Select One
Diploma/Degree Obtained			
Course of Study			
Specialized Skills/ Training/Certificates			

Are you a veteran? ☐ **Yes** ☐ **No** **Branch:** _____

Duties/Special Training: _____

PERSONAL REFERENCES

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

NAME	FULL ADDRESS	TELEPHONE NO.	YEARS KNOWN

EMPLOYMENT EXPERIENCE

Starting with your present or most recent position list all work positions/jobs 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**		**Job Title:**
	FROM	TO	**Supervisor's Name:**
Address:	**Work Performed:**		
Telephone:	**Reason for Leaving:**		

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	FROM	TO	**Supervisor's Name:**
Address:	**Work Performed:**		
Telephone:	**Reason for Leaving:**		

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 I 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 I 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