

ALTERNATIVE REHABILITATION COMMUNITIES, INC.
 2743 North Front Street, Harrisburg, PA 17110



APPLICANT INFORMATION

| | | | | |
|--|--|---------------------|------------------|--|
| Last Name | | First | M.I. | Date |
| Street Address | | | Apartment/Unit # | |
| City | | State | ZIP | |
| Phone | | E-mail Address | | |
| Date Available | | Social Security No. | | |
| Position Applied for | | | Circle: PT or FT | |
| How did you hear about ARC ? | | | | |
| Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when? | | | | |
| Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain | | | | |
| Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or any other institution or like facility? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you been civilly or administratively adjudicated to have engaged in the activities listed in above? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

EDUCATION

| | | | | |
|---------------------|----|-------------------|--|---------|
| High School | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Diploma |
| College/ University | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

REFERENCES

Please list three professional references.

| | | |
|-----------|--|--------------|
| Full Name | | Relationship |
| Company | | Phone () |
| Address | | |
| Full Name | | Relationship |
| Company | | Phone () |
| Address | | |
| Full Name | | Relationship |
| Company | | Phone () |
| Address | | |

PREVIOUS EMPLOYMENT

| | | | |
|--|-----------------|------------------------------|-----------------------------|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

MEDICAL REQUIREMENTS FOR CHILD CARE POSITION

Are you willing, if employed, to undergo a physical examination by a medical doctor at your expense? (Required) __YES__NO.

Do you have any physical limitation that would prevent you from providing security for youth in programs? If yes, explain. __YES__NO

Explanation_____

Signature _____ Date _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____