



Administrative Offices
1439 North Franklin Street
Pittsburgh, PA 15233
Telephone: (412) 322-7400
Fax: (412) 322-7075

Limbach Community Center
816 Tripoli Street
Pittsburgh, PA 15212
Telephone: (412) 322-4174
Fax: (412) 322-1173

APPLICATION FOR EMPLOYMENT

**PLEASE COMPLETE ALL ITEMS
(Please Print)**

PERSONAL

Name <i>(Include any former names you used that will be necessary to verify previous employment and education.)</i>		Social Security Number	
Street Address	City	State	Zip Code
Phone <i>(or Other Means of Contact)</i>			

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes _____ No _____	Are you either a U.S. Citizen or alien who has the legal right to remain and work in the U.S.? Yes _____ No _____ <i>(You will be required to furnish documents proving identify and eligibility to work in the U.S. if you are extended a job offer.)</i>
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GENERAL INFORMATION

Position or Type of Work Desired:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Flex	Hours Available to Work	Minimum Salary Required	When Available to Start Work
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Specific Type of Equipment you can operate (e.g. typewriter, personal computer, x-ray, etc.) relevant to the position(s) for which you are applying. Level of Proficiency?

Have you previously worked at The NorthShore Community Alliance (NCA)? If yes, Where and When? Yes _____ No _____	How were you referred to NCA? <input type="checkbox"/> Ad <i>(Name of publication)</i> _____ <input type="checkbox"/> Career Day/Job Fair <i>(Location)</i> _____ <input type="checkbox"/> Reputation _____ <input type="checkbox"/> Other <i>(Explain)</i> _____
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Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____	If yes, describe fully the criminal conviction(s), list the nature of the offense and when the offense occurred. Record of conviction does not disqualify applicant from employment consideration.
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Are you able to perform the essential functions of the position(s) for which you are applying? Yes _____ No _____

EDUCATIONAL BACKGROUND

Name & Location of High School Last Attended	Did you Graduate? Yes _____ No _____
	Course _____ Grade Avg. _____

Name & Location of College(s), University(ies) Technical, Graduate or Other Schools	Dates Attended				Grade Avg.	Major	Degree
	From	To	From	To			
	Mo.	Yr.	Mo.	Yr.			
	Mo.	Yr.	Mo.	Yr.			
	Mo.	Yr.	Mo.	Yr.			

PROFESSIONAL LICENSES AND/OR CERTIFICATES

Type	State Issued	Date Issued	Expires	No.	Verification
Type	State Issued	Date Issued	Expires	No.	Verification
Type	State Issued	Date Issued	Expires	No.	Verification

Have your professional licenses and/or certificates Ever been suspended, revoked or placed on probation? Yes _____ No _____	If yes, when and for what reason?
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MILITARY EXPERIENCE

U.S. Military Branch	Rank at Discharge	Active Duty Entry Date	Discharge Date	Training or Specialty

EMPLOYMENT HISTORY

You must complete this section of the application (*a resume may be attached in addition to providing the requested information.*) Start with your present or last job.

From: Mo. _____ Yr. _____	Firm Name & Address, City, State		
To: Mo. _____ Yr. _____	Supervisor's Name	Phone Number	
Job Title:		Starting Salary:	Final Salary:
Responsibilities:		\$ _____	\$ _____
		Reason for Leaving:	
From: Mo. _____ Yr. _____	Firm Name & Address, City, State		
To: Mo. _____ Yr. _____	Supervisor's Name	Phone Number	
Job Title:		Starting Salary:	Final Salary:
Responsibilities:		\$ _____	\$ _____
		Reason for Leaving:	
From: Mo. _____ Yr. _____	Firm Name & Address, City, State		
To: Mo. _____ Yr. _____	Supervisor's Name	Phone Number	
Job Title:		Starting Salary:	Final Salary:
Responsibilities:		\$ _____	\$ _____
		Reason for Leaving:	
From: Mo. _____ Yr. _____	Firm Name & Address, City, State		
To: Mo. _____ Yr. _____	Supervisor's Name	Phone Number	
Job Title:		Starting Salary:	Final Salary:
Responsibilities:		\$ _____	\$ _____
		Reason for Leaving:	

Have you ever been discharged from a job?

If yes, explain fully.

Yes ___

No ___

ADDITIONAL INFORMATION

Please list **additional** employment information if you do not show a minimum of six (6) years employment history in the previous Section. Also explain any gaps in employment.

Firm Name & Address, City, State	Job Title	Dates of Employment
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1.

2.

3.

4.

Please include any additional information, school activities or training received that is relevant to the position(s) for which you are applying.

REFERENCES

List three supervisors, instructors or other individuals who can evaluate your work performance.
(Do not list friends or relatives.)

May we contact your current employer at this time? Yes No

Name _____	Address _____
Telephone Number (____) _____	City _____ State _____ Zip _____

Name _____	Address _____
Telephone Number (____) _____	City _____ State _____ Zip _____

Name _____	Address _____
Telephone Number (____) _____	City _____ State _____ Zip _____

PLEASE READ CAREFULLY BEFORE SIGNING

All phases of employment at The NorthShore Community Alliance are based strictly upon the qualification of the individual as related to the work requirements of the position. This criteria is applied without regard to sex, race, color, religion, national origin, ancestry, age, physical handicap, marital status, veteran status, or any other non-job-related factors.

I certify to the best of my knowledge, that the information contained in this application form is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my refusal of employment by The NorthShore Community Alliance or immediate discharge without recourse. I acknowledge that this application whether approved or disapproved may be retained indefinitely by The NorthShore Community Alliance.

I understand that this employment application and any other documents are not contracts of employment. I also understand that any employment will be on a three month probationary period and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I understand and agree that all information furnished in this application may be verified by The NorthShore Community Alliance. I also understand that any employment is conditioned upon satisfactory check of references. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give The NorthShore Community Alliance all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and The NorthShore Community Alliance from any liability for any claim or damage which may result.

Signature of Applicant: _____

Date: _____

THE NORTHSORE COMMUNITY ALLIANCE IS AN EQUAL OPPORTUNITY EMPLOYER

AFFIRMATIVE ACTION STATISTICAL FORM

We are an equal opportunity Affirmative Action employer required by federal law to maintain certain information for affirmative action record keeping purposes. To assist us in this process, we request your cooperation in providing the following information. Your participation is voluntary. All information is treated confidentially and kept separate from your application. Neither participation in providing this information, nor the information itself will affect your possibilities for employment. All information provided is used only for purposes of fulfilling record keeping requirements of the federal government.

PLEASE COMPLETE BOTH SIDES

Date: _____ Sex: Male Female
 Name: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____
 Social Security Number: _____

Position Applying For: _____

REFERRAL SOURCE Newspaper Advertisement Journal Advertisement Employment Agency Other Source

 (Name of publication, agency or other referral source)

Career Day/ Job Fair Reputation Employee Unsolicited/ Unknown
 University Event Walk In Transfer Market National Market State Market Local Market

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Position(s) Applied for Is/Are Open: _____ YES _____ NO Position(s) Considered for: _____
 FT/PT Code: _____ Shift Code: _____ Visual Survey: _____ YES _____ NO
 EEO Category: _____ Application Status: _____ Final Disposition Date: _____
 Final Disposition: _____ Note: _____
 Date entered into applicant tracking: _____ Initials: _____

- OVER -

If you are handicapped, we would like to include you under our Affirmative Action Program. If will assist us if you tell us about (1) any special methods, skills and procedures which qualify you for positions you might not otherwise be able to do because of your handicap, so you will be considered for any position of that kind, and (2) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

ARE YOU A VIETNAM ERA VETERAN? (Person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge.)

YES NO

ARE YOU A DISABLED VETERAN? (Person entitled to disability compensation under the administration of the Veterans Administration with a disability rate of 30% or more.)

YES NO

PLEASE CHECK ONE OF THE FOLLOWING:

- WHITE – (Not of Hispanic Origin) Persons having origins in any of the original peoples of Europe, North African, or the Middle East.
- BLACK – (Not of Hispanic Origin) Persons having origins in any of the Black racial groups.
- ASIAN/PACIFIC ISLANDERS – Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or Pacific Islands. For example: China, Japan, Korea, Philippine Islands, Samoa, and India.
- AMERICAN INDIAN OR ALASKAN NATIVE – Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- HISPANIC – Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

APPLICANT'S SIGNATURE