



**CCRES**

Educational and Behavioral Health Services

**CCRES**  
**Mill Town Square, Suite 450**  
**150 East Pennsylvania Avenue**  
**Downingtown, PA 19335**  
**610-269-6240 (Fax)**  
**www.c cres.org**

## APPLICATION FOR EMPLOYMENT

Position of Interest

### 1. PERSONAL DATA *(Type or print in ink)*

Name: \_\_\_\_\_  
Last First Middle Social Security Number

Present Address: \_\_\_\_\_  
Street Address

City State Zip Code

Telephone Number (Home) Telephone Number (Cell) Email Address

### 2. EDUCATIONAL BACKGROUND

Circle Highest Level Completed: GED High School Diploma 60 Credits/Associate's Bachelor's Master's Doctoral

#### High School:

Name and Address Major/Minor Diplomas/Degrees or Credits Earned GPA  
**College/University:**

Name and Address Major/Minor Diplomas/Degrees or Credits Earned GPA  
**College/University:**

Name and Address Major/Minor Diplomas/Degrees or Credits Earned GPA  
**Graduate Study:**

Name and Address Major/Minor Diplomas/Degrees or Credits Earned GPA  
**Other:**

Name and Address Major/Minor Diplomas/Degrees or Credits Earned GPA

**3. WORK EXPERIENCE** *(Please list present/most recent experience first - Add additional pages if necessary)*

**Dates of Employment:** \_\_\_\_\_  
From To Position/Title

Name of Employer: \_\_\_\_\_

Address (street/city/state/zip): \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Final Yearly Salary/Hourly Rate: \_\_\_\_\_

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

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**Dates of Employment:** \_\_\_\_\_  
From To Position/Title

Name of Employer: \_\_\_\_\_

Address (street/city/state/zip): \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Final Yearly Salary/Hourly Rate: \_\_\_\_\_

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

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**Date of Employment:** \_\_\_\_\_  
From To Position/Title

Name of Employer: \_\_\_\_\_

Address (street/city/state/zip): \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Final Yearly Salary/Hourly Rate: \_\_\_\_\_

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

**4. REFERENCES** (Please include previous supervisors who have firsthand knowledge of your professional competence and your personal qualifications. If any person(s) listed should not be contacted for reference, indicate in the left-hand margin the date contact(s) may be made.

Name: \_\_\_\_\_

Position/Relationship to You: \_\_\_\_\_

Address (street/city/state/zip): \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Position/Relationship to You: \_\_\_\_\_

Address (street/city/state/zip): \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Position/Relationship to You: \_\_\_\_\_

Address (street/city/state/zip): \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Position/Relationship to You: \_\_\_\_\_

Address (street/city/state/zip): \_\_\_\_\_

Telephone: \_\_\_\_\_

**5. GENERAL INFORMATION** (Please circle your answers)

- A. Have you ever been convicted of a misdemeanor or felony offense? Yes No
- B. Have you ever been fired from any job for any reason? Yes No
- C. Have you ever quit a job after being notified that you would be fired? Yes No
- D. Have you applied to or worked for CCRES before? Yes No If "YES," please explain (include dates): \_\_\_\_\_
- E. To your knowledge are you related to any current employee or contractor of CCRES? Yes No  
If yes, please state the name of the individual: \_\_\_\_\_ What is your relationship to him/her? \_\_\_\_\_
- F. You were referred to CCRES for employment by: \_\_\_\_\_
- G. Are you a U.S. citizen, U.S. national, lawful permanent resident, lawful temporary resident, asylee, or refugee? Yes No  
(The term "Lawful Temporary Resident" refers to aliens granted temporary resident status under amnesty programs, not to aliens holding short-term visas such as the H-1B, J, or F.) **If "YES", do not answer question H. If "NO", please answer question H.**
- H. 1.) What is your current immigration status? \_\_\_\_\_  
2.) When does this status expire (Month / Day / Year)? \_\_\_\_\_  
3.) Do you have an Employment Authorization Document? Yes No If "YES", when does it expire (Month / Day / Year)? \_\_\_\_\_

## PA ACT 34 COMPLIANCE

(Criminal Background Check)

Each candidate must submit with his/her employment application a copy of a Response for Criminal Record Check from the Pennsylvania State Police PATCH containing no record relating to that person. As of April 2007, each applicant must also submit with his/her application for employment a copy of a federal criminal record history from the Federal Bureau of Investigation. Any criminal record history report must be no more than one (1) year old. The applicant MUST submit ORIGINAL report(s) prior to employment.

## PA ACT 151 COMPLIANCE

(Child Abuse History Clearance)

Each candidate must submit with his/her employment application a copy of an official Pennsylvania Child Abuse History Clearance obtained from the Pennsylvania Department of Public Welfare indicating that no record exists. The clearance statement must be no more than one (1) year old. The applicant MUST submit the ORIGINAL document prior to employment.

## AGREEMENT

I certify that the facts set forth in my application are true and complete to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: 1) Rejecting my candidacy, 2) Withdrawing of any offer of employment, 3) Terminating my employment.

In addition, I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of CCRES, Inc. may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to CCRES. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by CCRES or by entities or persons providing such information to CCRES, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (in ink - must be original)

## APPLICATION PROCEDURE

To be considered for an interview, candidates must submit a complete application packet, including Cover Letter, Application for Employment, Resume, Evidence of Degree (Transcript or Copy of Diploma), and Criminal (Act 34), Child Abuse (Act 151), and FBI Background Checks. If you have any questions, please email CCRES at [hr@ccres.org](mailto:hr@ccres.org).

Forward your complete application packet to:

CCRES  
Mill Town Square, Suite 450  
150 East Pennsylvania Avenue  
Downingtown, PA 19335  
FAX: 610-269-6240.

*CCRES, Inc. will not discriminate in employment, educational programs or activities based on race, color, national origin, age, sex, disability, handicap, marital status or because a person is a disabled veteran or a veteran of the Vietnam era. Reasonable accommodations will be provided for employees and program participants who are disabled.*