

## 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 Salvati	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)			irst)		(Mi	- Ala)	
Address:	` '		(F1	,	Telephone	,	ddle)	
I Burne June .	(Address Line							
	(Address Line	2)			Cell Phone	<b>;:</b> () _		
				( <b>7</b> *)	E-mail: _			
	(City)	(State	e)	(Zip)				
Position(s)	applied for:							
Minimum 6	expected rate of	pay per hour: \$	j		I will be availa	ble to start work	on/	
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?NOYES. 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							
EVENIN	NG HOURS							
OVER	RNIGHTS							
		1						
Referral Source:								
Adv	vertisement	Agency	Friend	Relative _	Self	Current Empl	loyeeOth	her
Please specify:								

Are you known by another nam	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	l verification may be required)	No Y	'es				
	the United States? No immigration status will be required	Yes l 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 Titl	e:				
	SPECIAL SKILLS AN						
Summarize special skills and question for this position:  ———————————————————————————————————	ualifications acquired from education	on, employment, or other expension	rience which you feel qualify you				
	EDUCA	ATION					
	High School	College/University	Graduate/Professional				
School Name & Complete Mailing Address							
Highest Grade Completed							
Diploma/Degree Obtained							
Course of Study Specialized Skills/ Training/Certificates							
Are you a veteran? Yes  Duties/Special Training:	_ No Branch:						
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				

please attach the information to this application	EMPLOYME sition list all work ation. You may ex	positions/jobs	RIENCE held in the last ten years. If additional space is required, actional names that indicate race, color, religion, sex, or		
national origin.					
Employer:	Dates Em		Job Title:		
	FROM	ТО	Supervisor's Name:		
Address:	Work Performed:				
Telephone:	Reason for Leaving:				
Frankanan			T. L. T. Al.		
Employer:	Dates Employed		Job Title:		
	FROM	ТО	Supervisor's Name:		
Address: Telephone:	Work Performed:  Reason for Leaving:				
Employer:	Dates Employed		Job Title:		
	FROM	ТО	Supervisor's Name:		
Address:	Work Performed:				
Telephone:	Reason for Leaving:				
Employer:	Dates Em	nploved	Job Title:		
	FROM	ТО	Supervisor's Name:		
Address:	Work Performe	d:			

**Reason for Leaving:** 

Telephone:

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.	NoYes. If yes, then please complete the request for information below. Use additional paper if necessary.					
Name	Relationship	Title	Work Location			
1.						
2.						
3.						
APPLICANT STATEMEN	NT AND AUTHORIZATION	ON				
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.						

Date

Revised 3/17

Signature of Applicant