



To apply for a posting, please complete the job application and mail it, along with a letter of intent and resume, to Familylinks Human Resources Department:

Sandi McMarlin, Employment Specialist, Familylinks, 2644 Banksville Road, Pittsburgh, PA 15216  
Tel 412 343-7166 Fax 412 343-3469 www.familylinks.org

### APPLICATION FOR EMPLOYMENT

Familylinks is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, gender, religion, national origin, age, marital or veteran status, sexual preference, disability or any other legally protected status. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner. However, you may choose not to provide certain information that may identify a disability or other legally protected status.

Please note: Applicants who may have special accessibility requirements for an interview should request this when contacted for an interview or in advance through the Human Resources Office.

<b>Name:</b>	<b>Date of Application:</b>
<b>Address:</b>	<b>Social Security Number:</b>
<b>Telephone Number:</b>	<b>During the hours of:</b>

According to the Department of Public Welfare regulations, persons working directly with clients must be at least 21 years of age. Are you at least 21? Yes\_\_\_ No\_\_\_

Some positions require a valid PA driver's license. Do you have a valid driver's license? Yes\_\_\_ No\_\_\_  
If yes, state issued: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

If required, would you have a car available for work? Yes\_\_\_ No\_\_\_

If hired, you will be required to submit proof of your ability to be legally employed in this country. Will you be able to submit proof of citizenship or employment eligibility? Yes\_\_\_ No\_\_\_

<b>Position Applied For:</b>	<b>Date Available For Work:</b>
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Available For: \_\_\_Full-Time \_\_\_Part-Time \_\_\_Temporary \_\_\_Shift Work (Evenings, Nights, and Weekends)

Are there limitations to your schedule? Yes\_\_\_ No\_\_\_

If yes, please state times **unavailable** for work: \_\_\_\_\_

Salary Requirement: \_\_\_\_\_ How did you find out about this position? \_\_\_\_\_

Have you ever filed an application with Familylinks, Parent & Child Guidance Center, or The Whale's Tale before? Yes\_\_\_ No\_\_\_

If yes, please give dates and positions applied for: \_\_\_\_\_

Have you ever been employed with Familylinks, Parent & Child Guidance Center, or The Whale's Tale? Yes\_\_\_ No\_\_\_

If yes, please give dates and position(s): \_\_\_\_\_

**EDUCATION RECORD**

<b>INSTITUTION/ADDRESS</b>	<b>GRADUATE? YES/NO</b>	<b>DIPLOMA/DEGREE</b>	<b>MAJOR AREA OF STUDY</b>
<b>High School</b>			
<b>Technical School</b>			
<b>College</b>			
<b>Graduate/Professional</b>			
<b>Other</b>			

Licenses, certifications and registrations: \_\_\_\_\_

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Other special talents/interests: \_\_\_\_\_

If applicable, please list office machines and equipment you operate: \_\_\_\_\_

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List computer software packages you are proficient with: \_\_\_\_\_

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**Employment Record**

List your complete employment record, starting with your **present** position and working backwards. Include military service assignments and volunteer activities. Please complete in full detail even if you are submitting a **resume**.

<b>Employer Name/Address:</b> _____ _____ _____	<b>Dates of Employment:</b> _____ to _____
<b>Telephone Number:</b> _____	<b>Job Title:</b> _____
	<b>Supervisor:</b> _____
	<b>Starting Salary:</b> _____ <b>Final:</b> _____
	<b>Reason for Leaving:</b> _____

Brief description of duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Employer Name/Address:</b> _____ _____ _____	<b>Dates of Employment:</b> _____ to _____
<b>Telephone Number:</b> _____	<b>Job Title:</b> _____
	<b>Supervisor:</b> _____
	<b>Starting Salary:</b> _____ <b>Final:</b> _____
	<b>Reason for Leaving:</b> _____

Brief description of duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Employer Name/Address:</b> _____ _____ _____	<b>Dates of Employment:</b> _____ to _____
<b>Telephone Number:</b> _____	<b>Job Title:</b> _____
	<b>Supervisor:</b> _____
	<b>Starting Salary:</b> _____ <b>Final:</b> _____
	<b>Reason for Leaving:</b> _____

Brief description of duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Employer Name/Address:</b> _____ _____ _____	<b>Dates of Employment:</b> _____ to _____
	<b>Job Title:</b> _____
	<b>Supervisor:</b> _____
<b>Telephone Number:</b> _____	<b>Starting Salary:</b> _____ <b>Final:</b> _____
	<b>Reason for Leaving:</b> _____

Brief description of duties and responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

List three references who are not **friends**. Please provide references that are work-related/professional and are not related to you.

<b>Name</b>	<b>Title/Relationship</b>	<b>Address</b>	<b>Telephone Number</b>

As I am being considered for employment, volunteer, or student placement with Familylinks, I hereby authorize any employer, school, college or institution to verify the information stated on my application and release employment and/or education history records as requested. Also, I do hereby release any employer, school, college, institution and all individuals concerned, including Familylinks, from any and all liability for any damages incurred in furnishing such information.

I hereby certify that all statements are true and complete to the best of my knowledge. I understand that all statements contained herein may be verified and I understand that false or misleading information presented in this application or an interview may result in dismissal.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAMILYLINKS**  
**APPLICATION DISCLOSURE STATEMENT**

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**I. CRIMINAL HISTORY**

Arrest and/or conviction records may not necessarily disqualify an applicant from employment. However, you will be required to submit to a State Criminal History and Child Abuse History check for Act 33 & 34 clearances pursuant to employment or student practicum.

Have you ever been convicted, imprisoned or placed on probation as an adult? Yes \_\_\_ No \_\_\_

If yes, please explain:

1.) The date(s): \_\_\_\_\_

2.) Nature of the offense(s) or violation(s): \_\_\_\_\_

3.) Name and location of court: \_\_\_\_\_

4.) Penalty imposed or disposition of case: \_\_\_\_\_

**II. CHILD ABUSE HISTORY**

I, as part of my application for employment, volunteer or student at Familylinks, indicate by my signature below that I have never been named as the perpetrator of a founded or indicated child abuse report, nor have I been convicted of any such crime as an adult. Please clarify any exceptions to this statement, indicating the date, location and offense:

\_\_\_\_\_  
\_\_\_\_\_

**III. DRIVING HISTORY**

Certain positions require transportation of clients. Please list and clarify any driving violations, arrests or convictions:

\_\_\_\_\_  
\_\_\_\_\_

**IV. ALCOHOL & OTHER DRUG DEPENDENCY HISTORY**

In commitment and pursuant to the Drug Free Workplace Act, Familylinks has an obligation to its employees, clients and the public at large to take reasonable and appropriate steps to prevent alcohol and other drug abuse by its employees in or affecting the workplace. Due to the nature of our work and consistent with this commitment, we require that any person who has self-identified or has been diagnosed as having an alcohol or other drug dependency problem be abstinent for at least two (2) years prior to employment or placement and maintain abstinence throughout employment. If you wish to be considered for employment in a direct client care capacity, are you able to comply with this requirement?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please Explain: \_\_\_\_\_

N/A \_\_\_\_\_ Do not wish to be considered for a direct client care position.

I hereby certify that all statements are true and complete to the best of my knowledge. I understand that all statements contained herein may be verified and I understand that false or misleading information presented in this application or interview(s) may result in dismissal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date