



EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Blueprints' Culture Statement

"We work as a team to shape futures by equipping and educating people to improve their lives. We believe anyone can achieve a personal revolution with tools that power the mind, home, health and wallet. We act with enthusiasm and compassion, and are persistent, savvy, non-judgemental, comprehensive and honest."

Blueprints is committed to providing access, equal opportunity and reasonable accommodations in its services, programs, activities, education and employment for individuals with disabilities. Applicants and employees with disabilities must meet the qualification standards that are job-related and consistent with business necessity and must be able to perform the "essential functions" of the position, with or without reasonable accommodation. To discuss or request a disability accommodation, contact a representative of the HR Office by calling 724-225-9550 ext. 477.

Date of application ____ / ____ / ____

Position(s) applied for _____

Referral Source

Advertisement - Name of Newspaper _____

Website - Name of Website _____

Walk In Employee Relative Government Employment Agency

Other _____

Personal Information

Name _____

Last

First

Middle

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____

Email Address _____

If necessary, best time to call you at home is: _____

May we contact you at work? Yes No If yes, work number and best time to call: _____

Have you submitted an application here before? Yes No
If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No If yes, give dates _____

Are you legally eligible for employment in this country? Yes No

Date available for work: _____ What is your desired salary range \$ _____

Type of employment desired: _____

Will you work overtime if required? Yes No If no, please explain _____

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent. Attach additional documents if needed. Explain any gaps in employment in comments section below.

EMPLOYER _____
PHONE # _____ EMAIL _____
ADDRESS _____
STARTING JOB TITLE/FINAL JOB TITLE _____
IMMEDIATE SUPERVISOR AND TITLE _____
REASON FOR LEAVING _____
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
DATE EMPLOYED FROM _____ TO _____
HOURLY RATE/SALARY STARTING \$ _____ PER HOUR OR \$ _____ ANNUALLY
HOURLY RATE/SALARY FINAL \$ _____ PER HOUR OR \$ _____ ANNUALLY
SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES: _____ _____ _____

EMPLOYER _____

PHONE # _____ EMAIL _____

ADDRESS _____

STARTING JOB TITLE/FINAL JOB TITLE _____

IMMEDIATE SUPERVISOR AND TITLE _____

REASON FOR LEAVING _____

MAY WE CONTACT FOR REFERENCE? YES NO LATER

DATE EMPLOYED FROM _____ TO _____

HOURLY RATE/SALARY STARTING \$ _____ PER HOUR **OR** \$ _____ ANNUALLY

HOURLY RATE/SALARY FINAL \$ _____ PER HOUR **OR** \$ _____ ANNUALLY

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:

EMPLOYER _____

PHONE # _____ EMAIL _____

ADDRESS _____

STARTING JOB TITLE/FINAL JOB TITLE _____

IMMEDIATE SUPERVISOR AND TITLE _____

REASON FOR LEAVING _____

MAY WE CONTACT FOR REFERENCE? YES NO LATER

DATE EMPLOYED FROM _____ TO _____

HOURLY RATE/SALARY STARTING \$ _____ PER HOUR **OR** \$ _____ ANNUALLY

HOURLY RATE/SALARY FINAL \$ _____ PER HOUR **OR** \$ _____ ANNUALLY

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:

COMMENTS (including explanation of any gaps in employment).

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

**WV applicants only: Are you eligible for or do you have a WV social work license?

EDUCATIONAL BACKGROUND

List last three (3) schools attended, starting with the most recent.

<u>School</u>	<u>Number of Years Completed</u>	<u>Degree</u>	<u>GPA</u>	<u>Major</u>	<u>Minor</u>
1.					
2.					
3.					

REFERENCES

List name and telephone number of three (3) business/work references that are **not** related to you. If not applicable, list three (3) personal that are **not** related to you.

	<u>Name</u>	<u>Phone Number</u>	<u>Email Address</u>
1.			
2.			
3.			

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. 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 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.

I understand that this application remains current for only one (1) year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

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 assurances 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 signed by the employer's Chief Executive Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Do not agree until you have read the above APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

I Agree Date _____

Affirmative Action - Voluntary Information

*** completion of information below is voluntary ***

We consider all applicants for positions without regard to race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, religion, creed, physical or mental disability, marital status, veteran status, political affiliation, genetic information or any other factor protected by law. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____ / ____ / ____

Referral Source

- Advertisement – Source _____
- Employee
- Government Employment Agency
- Private Employment Agency
- Relative
- School
- Walk-in
- Other _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____
LAST FIRST MIDDLE

Address _____
STREET
CITY STATE ZIP CODE

Telephone # (_____) _____

- Male
- Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Asian
- American Indian or Alaskan Native
- Two or more races

ATTENTION APPLICANT

PLEASE READ BEFORE PROCEEDING

1. There is no guarantee of a job offer or job interview in completing an application with Blueprints. Your application form will be considered with others who have submitted applications and decisions about interviews will be based on this comparison.
2. Blueprints' application form must be completely filled out in order for it to be considered for employment.
3. If the information provided on our application cannot be satisfactorily verified, the applicant could be rejected for employment.
4. Applications are filed according to job title. Be as specific as possible in stating the job for which you're applying for. "ANY" position is not an acceptable response on our application blank.
5. Due to the large number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released. Any and all inquiries should be directed to the Human Resource Department @ 724-225-9550 ext.477.
6. Are you a current or past parent of a child in a Head Start/Early Head Start program? Yes No
7. In completing our application form, you acknowledge that employment with Blueprints may subject you to the following checks:
 - FBI Criminal History Check
 - Pennsylvania &/or West Virginia State Criminal History Check
 - Pennsylvania &/or West Virginia Child Abuse/CPS History Check
 - Pennsylvania &/or West Virginia Disclosure Statements
 - Sex Offender Registry Check
 - Physical, TB, and Drug/Alcohol Testing
 - Employment Reference Checks
 - Educational Qualifications
 - Motor Vehicle Record
 - Medicaid Screenings
 - National Sex Offender Registry Screening

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH ABOVE.

I Agree Date _____

* This form must be attached & turned in with the application.*

H.R. Initials _____

EMPLOYMENT DISCLAIMER

In accordance with **Blueprints** policies governing hiring, I do hereby certify and understand that:

- No member of my family/or household holds a job in Blueprints that would have direct or indirect supervisory/subordinate relationship over the position I am seeking;
- Employment would create neither an actual conflict of interest or the appearance of a conflict of interest;
- Any member of the Blueprints governing bodies (Board of Directors, Policy Council, and any other group with more than an advisory role) may not make application for employment to Blueprints, unless he/she has officially resigned the governing body seat in advance of submission of an employment application. (Sub/short term assignments excluded)

It is Blueprints' goal to provide employment consideration and opportunities to low-income people for vacancies for which they are qualified.

Accordingly, there are occasions in which Blueprints employees may qualify for programs operated by the Agency by way of income eligibility. In order to assure fairness, transparency and accountability in the organization, it is the policy of Blueprints that prior to providing an employee with agency services, the eligibility intake application will be reviewed, eligibility verified, and where warranted, service authorized by the Vice President of Operations or the Chief Executive Officer. Confidentiality of all employees will be maintained at all times.

There are occasions in which an income-eligible individual currently receiving agency services may be hired by Blueprints. It is the policy of Blueprints to maintain those services. However, in order to assure effective operation of agency services, no Blueprints regular full-time employee may work at the program site in which a family member or member of the household (defined as: Father, Mother, Step-Father, Step-Mother, Brother, Sister, Spouse, Child, Step-Children, Father-in-Law, Mother-in-Law, Son-in-Law, Daughter-in-Law, Grandparents and Grandchildren) is provided services (substitute/short-term assignments excluded). This situation would most likely occur in early childhood classrooms.

In no case will any Blueprints employee who does not qualify through income eligibility for any program be provided agency services.

I certify that I have read, fully understand and accept all terms of the foregoing **EMPLOYMENT DISCLAIMER.**

I Agree Date: _____