

Divine Supports Services
3954 Stratford Rd, Drexel Hill, PA 19026
Office: 484.358.5535 Fax: 484.461.8909
info@divinesupportsservices.com

Equal Opportunity Employer

Divine Supports Services does not discriminate in hiring or employment on the basis of race, color, religion, sex, nationality, age, disability, marital status, recipients of public assistance, veteran status, sexual orientation preference or other factors identified and protected by federal, state, or local legislation. DSS will ensure that reasonable accommodation is made to meet the needs of handicapped employees and those with Limited English Proficiency (LEP).

EMPLOYMENT APPLICATION FORM

P E R S O N A L D A T A	Name			Telephone No		
	Last		First	Middle		
	Address			Social Security No		
				Date of Birth		
	No.	Street		City	State	Zip Code
	Have you lived at this address for more than one year? () Yes () No. If no, please give your previous address					
	Are you 18 years of age or older? If not, please give your age:					
	If hired, can you provide the documents required to prove that you are authorized to work in the U.S.? () Yes () No					
	Please provide any additional information about yourself to verify your employment/education records.					
	Military experience () Yes () No		Branch	Yrs. Of service	Rate or Rank	Type of discharge
Have you been convicted of a criminal misdemeanor or felony (other than minor traffic violations)? Yes () No ()						
If so, please describe fully the criminal conviction(s), listing the nature of the offense, the date of your Conviction(s) and your rehabilitation since the conviction(s).						
Position applied for:			How did you learn of this employment opportunity?			
Full Time () Part Time ()						
Date available for employment				Salary desired \$		

EDUCATION

LEVEL	School name & Location	Yrs Completed	Diploma/Degree	Course(s) of Study
HIGH SCHOOL				
COLLEGE				
GRADUATE				

Describe specialized Training, Apprenticeship, Skills and Extracurricular activities _____

Honors received _____

Are you a Veteran of the United States Military Service? Yes () No (). If yes, what branch _____

Does any medical condition prevent you from lifting? Yes () No (). If yes, list _____

"Quality - Care - Concern

Divine Supports Services
3954 Stratford Rd, Drexel Hill, PA 19026
Office: 484.358.5535 Fax: 484.461.8909
info@divinesupportsservices.com

Please state any additional information, (i.e., languages, etc.) you would like us to consider as advantage.

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service assignment and volunteer activities which relates to the job for which you are applying.

Employer _____ Date employed _____
Telephone _____ Job title _____
Supervisor _____ Can we contact? () Yes () No

Reasons for leaving _____
Hourly rate/salary: Starting _____ Final _____

Work performed _____

Employer _____ Date employed _____
Telephone _____ Job title _____
Supervisor _____ Can we contact? () Yes () No

Reasons for leaving _____
Hourly rate/salary: Starting _____ Final _____

Work performed _____

Employer _____ Date employed _____
Telephone _____ Job title _____
Supervisor _____ Can we contact? () Yes () No

Reasons for leaving _____
Hourly rate/salary: Starting _____ Final _____

Work performed _____

M	Please list:
IS	
C	
Typing Speed: _____ WPM Stenographic speed: _____	

"Quality - Care - Concern

Divine Supports Services
3954 Stratford Rd, Drexel Hill, PA 19026
Office: 484.358.5535 Fax: 484.461.8909
info@divinesupportsservices.com

M E L L A N E O U S	Word processing packages you can effectively operate: _____
	Software packages you can effectively operate: _____
	Office machines you can effectively operate: _____
	Indicate below any professional attainments (Awards, Publications, Professional Societies, etc.)

Please give name, address, and telephone numbers of 3 references not related to you and are not previous employers

NAME	ADDRESS	TELEPHONE NUMBER

A F F I R M A T I O N	I certify that the information submitted by me in this application and during any personal interview is true and complete to the best of my knowledge. I understand that any false information provided in this application or any personal interview shall be considered sufficient cause for denial of my application or, if employed, for termination of employment. I agree to comply with the regulations, policies, and philosophies of the Divine Supports Services in which I am employed as they may exist and be amended from time to time.
	<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 30%;"></div> <div style="border-top: 1px solid black; width: 30%;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Signature of applicant Date </div>

DO NOT WRITE BELOW

O F F I C E U S E O N L Y	HUMAN RESOURCES OFFICE		
	Applicant's Name	Position Applied For	Starting Date
	Salary	Remarks:	
			Recommended for Hiring () Yes () No
	<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 40%;"></div> <div style="border-top: 1px solid black; width: 20%;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Signature (HUMAN RESOURCES REPRESENTATIVE) Date </div>		

"Quality - Care - Concern