



APPLICATION FOR EMPLOYMENT

Please Print.

Last Name	First Name	Middle Initial	Social Security Number
Street Address	City	State	Zip Code
Telephone numbers and/or email address where you wish to be contacted: Home Telephone: () Cell/Business Telephone: () Email Address: _____ Other: _____			
Are you authorized to work in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been a resident of PA for the past 24 consecutive months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by New Story, LLC, Milestones Community Healthcare, Inc., Salisbury Behavioral Health, Inc., PAHrtners Deaf Services, LLC, or Growth Horizons, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which office? _____ Dates of Employment _____ Position Held _____			
How were you referred to the Company? _____ If referred by an employee, list employee name: _____			
Position(s) for which you are applying: _____			

Education

School	Name/Address of School	Course of Study/Major	# of Years Completed	Did you Graduate?	Indicate type of Degree or Diploma (AAS, BA/BS, MA/MS, etc.)
High School					
Business/Trade/Tech					
College					
Graduate					

Licenses/Certifications: *List any licenses (including driver's license), certificates, or professional associations which relate to, or is a requirement of, the position for which you are applying.*

Type of License/Certificate	License Number	State	Year Issued	Expiration Date

Employment History (Please give accurate, complete full-time and part-time employment record, beginning with your present or most recent employer. Do not indicate "See resume".)

Company Name	Telephone ()
Address	Dates of Employment From: To:
Name of Supervisor	Ending Salary: \$
Position	Reason for Leaving
Job Responsibilities	May we contact this employer for a professional reference? ___Yes ___No

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Name of Supervisor	Ending Salary: \$
Position	Reason for Leaving
Job Responsibilities	May we contact this employer for a professional reference? ___Yes ___No

Professional References (List a minimum of three (3) professional references. Do not list personal references.)

	NAME	TITLE	COMPANY NAME & ADDRESS	PHONE
1				
2				
3				
4				

Have you ever been disciplined or terminated from employment for abuse or neglect of an individual under your care? Yes No

If yes, please explain:

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Do you have criminal charges pending against you? Yes No

If yes, please explain:

The information provided on this Application for Employment is true, correct, and complete. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or termination from employment if I am subsequently employed.

I give New Story the right to investigate all references and to secure additional information about me, including criminal background clearance, child abuse clearance, FBI clearance, motor vehicle records, etc. as deemed necessary and appropriated by the Company for the position(s) for which I am applying. I hereby release from liability New Story and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

New Story is an Equal Opportunity Employer.

New Story participates in E-Verify to confirm employment eligibility.

Signature of Applicant

Date