

Christian Support Services

801 Vinial Street Suite 200

Pittsburgh, PA 15212

AN EQUAL OPPORTUNITY COMPANY

It is the policy of Christian Support Services to provide registration opportunities without regard to race, color, religion, sex, national origin, age, handicap or veteran status.

Please fill in your response above each line unless otherwise indicated. All answers must be printed unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

Date: _____

Date of Birth: _____

PERSONAL DATA

FIRST NAME MIDDLE LAST SOCIAL SECURITY NUMBER

PRESENT ADDRESS IN FULL CITY STATE/ZIP TELEPHONE

PERMANENT ADDRESS IN FULL (IF DIFFERENT) CITY STATE/ZIP TELEPHONE

YES/NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YOUR VISA TYPE IF AVAILABLE VISA # AND EXPIRATION DATE

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

LICENSE NUMBER: _____ STATE: _____ EXPIRATATION DATE: _____

WHAT IS YOUR MEANS OR TRANSPORATION? BUS CAR

HAVE YOU EVER BEEN CONVICTED OR SENTENCED FOR ANY VIOLATION OF THE LAW? YES NO

IF YES, GIVE FULL PARTICULARS. (THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO REGISTRATION):

POSITION INFORMATION

POSITION APPLIED FOR: _____

EDUCATION

PLEASE NOTE, DATES MUST BE IDENTIFIED:

LAST HIGH SCHOOL ATTENDED/ COMPLETE ADDRESS

ATTENDED FROM _____ / _____ TO _____ / _____ GRADUATED? YES NO

COLLEGE OR UNIVERSITY/ COMPLETE ADDRESS

ATTENDED FROM _____ / _____ TO _____ / _____ GRADUATED? YES NO

MAJOR: _____ DEGREE RECEIVED? YES NO

OTHER (TECHNICAL, VOCATIONAL, GRADUATE, ETC. / COMPLETE ADDRESS)

ATTENDED FROM _____ / _____ TO _____ / _____ GRADUATED? YES NO

MAJOR: _____ DEGREE RECEIVED? YES NO

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE?

_____ FLUENT? YES NO

EMPLOYMENT/CONTRACT HISTORY

IMPORTANT: STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL REGISTRATION MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY- BEGIN/END	EMPLOYED FROM/ TO
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STREET ADDRESS	CITY	STATE	ZIP
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NAME & TITLE OF SUPERVISOR

TITLE OF YOUR POSITION	DEPARTMENT
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DUTIES

REASON FOR LEAVING

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY- BEGIN/END	EMPLOYED FROM/ TO
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STREET ADDRESS	CITY	STATE	ZIP
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NAME & TITLE OF SUPERVISOR

TITLE OF YOUR POSITION	DEPARTMENT
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DUTIES

REASON FOR LEAVING

PREVIOUS EMPLOYER

application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company and all findings and conclusions arrived at in any examination performed either prior to registration or during registration.

I UNDERSTAND that should I be given registration, such registration shall be for an indefinite period of time and may be terminated, at will, at any time, for any reason, by me or by the Company without notice or without liability whatsoever. **I further understand that only authorized representatives of the Company have the authority to enter into any agreement for registration for a specific period of time or to make any agreement contrary to this and that any contrary to such agreement must be in writing.**

I UNDERSTAND that should I offered an assignment, I am prohibited by State and County policies to provide services to family members unless for services provided via PAS program:

I UNDERSTAND that should I be offered an assignment, I am prohibited from signing for the consumer and or pre-filling or fudging time sheets in any fashion.

Signature: _____

Date: _____

Print Name: _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period. Your interests in Christian Support Services are appreciated.

REFERENCES

(LIST NAMES AND PHONE NUMBERS)

1. _____

2. _____

3. _____

COMMENTS

(Do not write in this space, Phone reference check)

1. _____

2. _____

3. _____

