

SFI Application

Applicant's Information

Name

E-mail Address

Local Address:

Local Address:

Address

City, State ,

Zip

Telephone

Permanent

Address:

Address

City, State ,

Zip

Telephone

Areas of Interest (check all that apply)

- | | |
|--|---|
| DP (Developmental Disability Programs) | Life Link |
| MH (Mental Health) | Part Time |
| Full Time | Early Intervention (Licensed Therapist/Certified Teachers Only) |
| No Preference | Internship |

Additional Information

Position Applied For

Date when you would be available for work:

Were you referred by anyone from the agency?

How did you learn of this position?

Do you have a valid Driver's License? Yes No

Have you been a resident of PA for at least two years? Yes No

Have you ever been convicted of a crime? Yes No

Do you have any charges pending against you?

Yes No

If you checked "Yes" to either of the last two questions, please explain below.
CRIMINAL HISTORY CLEARANCES WILL BE REVIEWED FOR ALL HIRES.

Education (select type of school from drop down list)

Not Applicable

Name

Address

Major

Years
Completed

Degree
Received

Not Applicable

Name

Address

Major

Years
Completed

Degree
Received

Not Applicable

Name

Address

Major

Years
Completed

Degree
Received

Not Applicable

Name

Address

Major

Years
Completed

Degree
Received

Not Applicable

Name

Address

Major

Years
Completed

Degree
Received

List other experience or special skills that would qualify you for the position for which you are applying.

List special current certifications and licenses; list other appropriate in-service training.

Employment Background (Start with most recent employer)

Name of
Employer

Address

Telephone
Number

Name of
Supervisor

Employed from to

Title

Salary

Duties

Reason for
Leaving

Name of
Employer

Address

Telephone
Number

Name of
Supervisor

Employed from to

Title

Salary

Duties

Reason for
Leaving

Name of
Employer

Address

Telephone
Number

Name of
Supervisor

Employed from to

Title

Salary

Duties

Reason for
Leaving

Availability

Are you available to work weekends? Yes No

Are you available to work Holidays? Yes No

Are you available to work evenings? Yes No

Are you available to work days? Yes No

Are you available to work sleepovers? Yes No

Are you available to work during semester breaks (i.e.
Winter break, Spring Break, and Summer)? Yes No

How many hours are you looking for in a part-time
position?

Please list daily hours of availability:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

How long of a time commitment are you willing to make to the agency?

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief. I have not knowingly withheld any facts or circumstances. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or removal from employment. I authorize my present and previous employers to release any information they may have regarding my character and/or my employment record to Strawberry Fields, Inc. I release said employers from any damage or claim for furnishing said information. I understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statement to the contrary are hereby expressly disavowed and should not be relied upon by prospective or existing employee.

Agree

Disagree

References

Professional

List at least three professional references from employers, not friends or relatives who have knowledge of your character, experience and ability.

Name

Email
Address

Telephone

(Please Select)

Name

Email
Address

Telephone

(Please Select)

Name

Email
Address

Telephone

(Please Select)

Personal

List at least three personal references from friends or relatives, not employers, who have knowledge of your character, experience and ability.

Name

Email
Address

Telephone

(Please Select)

Name

Email
Address

Telephone

(Please Select)

Name

Email
Address

Telephone

(Please Select)

I (insert name) expressly authorize Strawberry Fields, Inc. to make an inquiry of my former employers concerning my work record, job qualifications, performance and character. I authorize my former employer to furnish Strawberry Fields, Inc. with this information. I release said employer from any damage or claim for furnishing said information. I recognize the right of Strawberry Fields, Inc. to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent, the names of such confidential sources, and information obtained there from.

Agree

Disagree