



1952 E. Allegheny Avenue
 Philadelphia, PA 19134
 (215) 739-1600
 (215) 739-3283 fax

Application for Employment

It is a policy of Impact Services Corporation to be an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other legally protected status.

General Information

NAME: (Last, First, Middle)		DATE:	
Social Security Number:			
Home Address:		Home Telephone #	
City, State, Zip		Cellular Telephone #	
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain		Email Address:	
In case of an emergency please contact _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Telephone # </div>			
Position Applying For:	Date Available to Start:		
Have you ever been employed by Impact Services in the past? <input type="checkbox"/> Yes Where: _____ When: _____ <input type="checkbox"/> No			
Have you ever applied to Impact Services in the past? <input type="checkbox"/> Yes Where: _____ When: _____ <input type="checkbox"/> No			
Are you employed now? <input type="checkbox"/> Yes May we contact your employer? ___Yes ___No <input type="checkbox"/> No		Desired Salary:	
Referral Source: How did you hear about us?			
Type of employment desired: (circle all that apply) Full-Time Part-Time Temporary Seasonal Educational Co-Op			
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certain positions require evening and weekend work.	
Please list days available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Some positions require a flexible schedule. Are you available to work nights and weekends? If not, please list any restrictions: _____ _____			

Educational Background

School Name, City & State	Years Completed	Course/Major	Diploma/Degree
High School:			
College:			
Graduate School:			
Other:			

Skills and Qualifications

Summarize any special Trainings, Skills, Licenses/Certifications or activities: (You may exclude any organizations names which indicate race, color, religion, creed, gender, nation origin, disability, age, or other protected class.)

What foreign languages do you speak fluently? _____

Have you ever served in the U. S. Armed forces? ___ Yes ___ No

What type of discharge did you receive? _____

Branch _____ Date of Active duty _____

Employment History

Start with your most recent employer, provide the following information. This must be completed regardless of submission of a resume.

Employer	Telephone Number ()	Dates of employment	Month / Year	to	Month / Year
Street Address	City	State	Zip	\$	Starting Compensation Per
Job Title			\$	Final Compensation Per	
Immediate Supervisor and Title			May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for leaving:					
Summarize job responsibilities:					

Employer	Telephone Number ()	Dates of employment	Month / Year	to	Month / Year
Street Address	City	State	Zip	\$	Starting Compensation Per
Job Title			\$	Final Compensation Per	
Immediate Supervisor and Title			May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for leaving:					
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Employer	Telephone Number ()	Dates of employment	Month / Year	to	Month / Year
Street Address	City	State	Zip	\$	Starting Compensation Per
Job Title			\$	Final Compensation Per	
Immediate Supervisor and Title			May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for leaving:					
Summarize job responsibilities:					

References

List below the names of three persons not related to you, whom you have known for at least one year.

Name	Address & Phone	Occupation	Years known

Applicant Statement

I certify that all information provided in this application is true and correct. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This may include educational institutions, former employers, representatives of organizations and/or driving records. I understand that Impact Services' reserves the right to not extend an offer of employment or retract an offer based on this investigation.

I understand that this application remains current for one year. At the conclusion of this time, if I have not heard from Impact Services and wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

If I am hired, I understand that my employment is for no definite period and I may resign at any time, with or without cause and with or without prior notice. I understand that Impact Services reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law.

I understand that any misrepresentation or omission of facts in any respect in my application or interview, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from employment, whenever it is discovered.

I certify that I have read the above statement and fully understand and accept all terms.

Signature of Applicant: _____ Date: _____

Impact is required by law to provide statistical information regarding ethnicity for EEOC regulations. We request that you voluntarily self identify your ethnicity.

American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	white	Two or More races
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DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Comments: _____

Appearance	Confidence
Punctuality	Skills
Communication	Overall Interview

Hired Yes No

Dept/Program _____ Position _____

Supervisor _____

Start Date _____ Salary/Wages _____