



Northern Columbia Community and Cultural Center

N4Cs Employment Application

PO Box 305, Benton, PA 178144, (570) 925-0163, Fax (570) 925-1099

Name: _____ E-Mail: _____

Permanent Address: _____

School Address (if applicable): _____

Phone Number: _____ Cell Phone: _____

Position Applying for: Activities Leader: _____ Front Desk Staff: _____ Internship: _____ Other: _____

Work Experience: (Please list employment beginning with most recent. Account for all periods of time including self-employment and military service. List month and year for each employment period.)

1. Employer/Company: _____ Supervisor: _____
Address: _____ Telephone: _____
Position: _____ Date(s) Employed: _____
Reason for Leaving: _____

2. Employer/Company: _____ Supervisor: _____
Address: _____ Telephone: _____
Position: _____ Date(s) Employed: _____
Reason for Leaving: _____

3. Employer/Company: _____ Supervisor: _____
Address: _____ Telephone: _____
Position: _____ Date(s) Employed: _____
Reason for Leaving: _____

4. Employer/Company: _____ Supervisor: _____
Address: _____ Telephone: _____
Position: _____ Date(s) Employed: _____
Reason for Leaving: _____

Education: (List the Schools, Colleges, and/or Specialty Schools attended, degree/diploma earned, beginning with most recent.)

1. _____
 2. _____
 3. _____
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Skill Assessment: (Rate your abilities and/or demonstrate each of the following using the scale: 1-excellent, 2-good, 3-fair, 4-no experience.)

Creative Arts	Athletics	Learning Activities	General Skills
___ Arts & Crafts	___ Soccer	___ Pre-K	___ Group Games
___ Photography	___ Basketball	___ K—4	___ Storytelling
___ Dance	___ Volleyball	___ 5—8	___ Team Building
___ Music	___ Baseball	___ 9—12	___ Youth Development
___ Drama	___ Other	___ Math	___ Office/Administrative
		___ Reading/Writing	
		___ Sciences	

Qualifications/Certifications:

American Red Cross First Aid	___ Yes ___ No	Expiration Date: _____
American Red Cross CPR	___ Yes ___ No	Expiration Date: _____
American Red Cross Lifeguard	___ Yes ___ No	Expiration Date: _____
Other Certifications:		
_____		Expiration Date: _____
_____		Expiration Date: _____

References: (Please list the name, relationship, and phone number of four people who would provide a reference. We recommend former employers, teachers, ministers, counselors, scout leaders, etc. Only one of the references may be a personal friend or family member.)

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Clearances/Background Checks: *(Please provide a copy of each of the below listed documents.)*

PA. Child Abuse History Clearance (Act34) ___ Yes ___ No Verification Date: _____

PA. Criminal Background Check (Act 151) ___ Yes ___ No Verification Date: _____

FBI Fingerprint (Act 114) ___ Yes ___ No Verification Date: _____

Employment Information:

When are you available for employment:

Please list any employment scheduling constraints: *(i.e. scheduled vacations, prior engagements, regular appointments, etc.)*

How did you learn about the Northern Columbia Community and Cultural Center employment opening:

N4Cs will accept resumes and cover letters as directed in the employment posting.

I certify that all statement made in this application are true and complete. I authorize investigation of all matters herein contained. I have completed and signed a copy of the Criminal Disclosure Form. I understand that my employment may be contingent upon successfully completing Act 34, Act 151 and Act 114 clearances.

Signature: _____

Date: _____

N4Cs REQUIRES each staff applicant to complete and sign the following declaration. It is understood that this information will remain confidential and will not be released without prior signed permission.

This form must be submitted with any application for a staff position.

Have you ever...	Yes	No	Explain "Yes" responses Use additional paper if needed
1. Been convicted of a felony?			
2. Been convicted of a crime involving child abuse, child neglect, moral turpitude or physical violence?			
3. Suffered any serious mental illness which might create a risk to those served by N4Cs as determined by and documented by a licensed physician?			
4. Evidenced drug or alcohol addiction within the past year determined or documented by a licensed physician?			
5. Been named as a perpetrator in an indicted or founded report of child abuse in accordance with the Child Protective Service Law (121 P.S. 2201-225)?			
6. Currently has any pending criminal arrests and/or charges related to child abuse, neglect and/or child sexual abuse?			

Excluded from this document are:

1. Traffic fines of \$50 or less
2. Any offense, other than an offense related to child abuse and/or child sexual abuse, committed prior to your 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law.
3. Any conviction which has been expunged under the Federal Youth Correction's Act or similar state authority.

I declare that the information provided above is true and accurate and that I have read and understand the N4Cs Policies and Procedures of Institutional Abuse and Neglect.

Applicant Signature: _____ Date: _____

Applicant Name (please print): _____