



# Application Packet

**Updated: May 30, 2018**

**Dear Applicant: Thank you for your interest in Project Transition!**

**Please note: This entire packet must be completed to be considered for employment.**

**The reference form portion will be required should an offer be extended.**



**Pennsylvania  
 APPLICATION FOR EMPLOYMENT**

**Date** [Click here to enter a date.](#)

<b>Last Name</b>	<b>First</b>	<b>Middle</b>
<b>Position or type of work applied for:</b>		
<b>Address (Street)</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone</b>		
<b>Email Address:</b>		
Can you present evidence of US Citizenship or your legal right to live and work in the United States?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever worked for Project Transition?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and in what position? _____		
Have you ever been convicted of a felony?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
Have you ever held a security clearance?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what level and when?		
Through what means were you referred to Project Transition? Choose an item. Name of Agency: _____      Other: _____		

**LOCATION PREFERENCE**

<b>Which Project Transitions Location(s) are you available to work at?</b>		
<input type="checkbox"/> Philadelphia, PA	<input type="checkbox"/> Warminster, PA (Bucks County)	<input type="checkbox"/> Reading, PA (Berks County)

**AVAILABILITY**

	High School	College	Other	Vocational/Military Schools
Name of School				
Location (City, State)				
Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree/Major (# of Credits)				
Name of School				
Location (City, State)				
Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree/Major (# of Credits)				
College Grade Point Average				
Percent College expenses earned: Work %    Scholarship %				
List any other information of a scholastic nature (honor societies, published papers, office held, etc.)				

Are you available for on-call duty rotation <input type="checkbox"/> Yes <input type="checkbox"/> No                          Overnights? <input type="checkbox"/> Yes <input type="checkbox"/> No                          Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No How many hours can you work weekly? _____ Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME
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**EDUCATION**

*It is the policy of Project Transition. to provide equal opportunity in employment to all employees and applicants for employment. No person will be discriminated against in employment because of race, religion, color, sex, age, national origin, disability, or military status.*

List any activities (hobbies, civic, athletic, etc.) you wish to provide

**EMPLOYMENT RECORD** (Start with your present or last position **over the past 5 years**. Include military record if applicable.)

May we contact your current employer?     Yes     No

Current or Last Employer	Phone Number	Type of Business	<b>Office Use Only</b>	Verified by	Date Verified
Address		Position			
Dates Employed (mo/yr) From To	Salary or Wages per Year Starting \$ Ending \$	Name of Immediate Supervisor			
Major Responsibilities, Achievements					
Reason for Leaving					

Current or Last Employer	Phone Number	Type of Business	<b>Office Use Only</b>	Verified by	Date Verified
Address		Position			
Dates Employed (mo/yr) From To	Salary or Wages per Year Starting \$ Ending \$	Name of Immediate Supervisor			
Major Responsibilities, Achievements					
Reason for Leaving					

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Address		Position			
Dates Employed (mo/yr) From	Salary or Wages per Year Starting \$	Name of Immediate Supervisor			
To	Ending \$				
Major Responsibilities, Achievements					
Reason for Leaving					

## EEO/AA/VET Voluntary Information

List any other skills relating to the job applied for:

### PROFESSIONAL SKILLS

**PROFESSIONAL REFERENCES** Provide three references, **with at least one reference who have known you for 5 years or more and are not a relative or former supervisor.**

Name	Occupation	Email	Telephone	Office Use Only	Verified by	Date Verified

### EMPLOYMENT DATA

Gross Salary Expected	Date Available
/Year	

### APPLICANT STATEMENT

- The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement on this application may result in my dismissal.
- I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

**Date:** [Click here to enter a date.](#)

**Signature:** \_\_\_\_\_

**Project Transition. is an EEO/Affirmative Action Employer**

In an effort to comply with requirements set forth by the Equal Employment Opportunity Council and the Department of Labor, Office of the Federal Contract Compliance Programs regarding government record keeping, reporting, and other legal obligations, employees are requested to complete the Equal Employment Opportunity / Affirmative Action (EEO/AA) Voluntary Information survey. Participation in this survey is strictly voluntary. The information obtained will be kept in strict confidence with the exception of Government officials investigating Affirmative Action program compliance.

**PLEASE CHECK ALL APPROPRIATE BOXES BELOW FOR EACH OF THE FOLLOWING CATEGORIES: RACE/ETHNICITY AND VETERAN. DEFINITIONS FOR EACH CATEGORY ARE PROVIDED ON THE**

**EMPLOYEE INFORMATION**

Name		
Last	First	Middle
Today's Date:		
Male	Female	

**VETERAN CATEGORIES**

<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Veteran with Disabilities	<input type="checkbox"/> Other Eligible Veteran
<input type="checkbox"/> Recently Separated Veteran	<input type="checkbox"/> Recipient of the Armed Forces Services Medal	

**RACE/ETHNICITY CATEGORIES-- Please check races that apply**

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Black or African American (not Hispanic or Latino)
<input type="checkbox"/> Native Hawaii or Other Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> Asian (not Hispanic or Latino)	<input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)
<input type="checkbox"/> Two or more races (not Hispanic or Latino)		

**AFFIRMATIVE ACTION VOLUNTARY INFORMATION**  
(Completion of the Information Below is Voluntary)

*We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard or any other similarly protected status.*

# DEFINITIONS

## VETERAN CATEGORIES:

A "veteran of the Vietnam era" is defined as a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

A "Veteran with Disabilities" includes all veterans with service-connected disabilities.

"Other Eligible Veterans" includes (1) veterans who served in a 'war' – veterans with active duty between December 7, 1941 and April 28, 1952 and (2) veterans who served in campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

Recently Separated Veterans" includes any veteran during a three-year period on the date of such veteran's discharge or release of active duty.

"Recipient of Armed Forces Services Medal" those "veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. Veteran may be asked to provide a copy of DD Form 214, Certificate of Release or Discharge from Active Duty.

## RACE/ETHNICITY CATEGORIES:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) – a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) – a person have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) – a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) – all persons who identify with more than one of the above five races.

**PLEASE READ CAREFULLY AND SIGN THAT  
YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information contained in this application and its supporting documents is accurate and complete.

I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Project Transition to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.

I agree to submit to the following upon conditional offer of employment:

- Physical Exam
- Tuberculosis Skin Test
- Criminal background investigation
- FBI Finger Printing
- PA Abuse Registry
- PA Felony Offender Registry
- PA Sexual Offender Registry
- Motor vehicle history search
- Screening for illegal substances
- Lists of Excluded Individuals//Entities
- System for Award Management

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Project Transition serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States without sponsorship.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.



**Print Full Name:** \_\_\_\_\_

**Have you ever used an alias ?** \_\_\_ Yes \_\_\_ No

**If yes, please list your known Alias (Include Maiden Name):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth (For Background Purposes Only):** \_\_\_\_\_

**Place of Birth (City & State):** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Eye Color:** \_\_\_\_\_

**Hair Color:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_ **State of Birth:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Is your mailing address the same as your Residential address?**  Yes  No

**If no, please list your mailing address below.**

**Mailing Address:** \_\_\_\_\_

**PLEASE ATTACH COPIES OF DEGREES, TRANSCRIPTS, LICENCES AND/OR CERTIFICATIONS TO THIS APPLICATION. BRING WITH YOU TO YOUR INTERVIEW A COPY OF YOUR DRIVER'S LICENSE AND EITHER SOCIAL SECURITY CARD OR PASSPORT.**

\_\_\_\_\_  
(Applicant's Signature) (Date)

**PLEASE PROVIDE 3 REFERENCES**  
**PERSONAL REFERENCE QUESTIONS**

Name of applicant \_\_\_\_\_ Phone # \_\_\_\_\_

3. How long have you known this person? \_\_\_\_\_

4. What is your relationship with this applicant? \_\_\_\_\_

5. Do you know of any reason we might not want this person to work with people with mental or physical disabilities? \_\_\_\_\_  
If yes, what is that reason? \_\_\_\_\_

6. Have you ever worked on a project with this individual? \_\_\_\_\_ If yes, did the applicant follow through with his/her portion of the duties or responsibilities? \_\_\_\_\_

7. How would you rate the quality of this applicant's contribution to the project?  
\_\_\_\_\_  
\_\_\_\_\_

8. In your experience with this individual, have you found him/her to be:  
Reliable? \_\_\_\_\_ Patient? \_\_\_\_\_ Compassionate? \_\_\_\_\_

9. Please complete the following sentences with regard to this applicant:
- I would best describe this individual as  
\_\_\_\_\_  
\_\_\_\_\_
  - This person's strengths include  
\_\_\_\_\_  
\_\_\_\_\_
  - This person could be more effective if he/she worked to improve  
\_\_\_\_\_  
\_\_\_\_\_

10. Is there anything else you might be able to tell us about his individual that would help us to make an employment decision?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Person giving reference \_\_\_\_\_ Date \_\_\_\_\_

# Request for Reference

Date: \_\_\_\_\_

Dear Reference Contact:

\_\_\_\_\_ has applied for a position with our organization. Due to the nature of our business, we are required to obtain references that not only verify information given to us by the applicant, but also address the applicant's performance and character. Please take a few moments to answer the all questions and return it back to:

**mail:** Project Transition: Human Resources, One Highland Drive, Chalfont, PA 18914

**fax:** 215-997-1550

**email:** [hr@projecttransition.com](mailto:hr@projecttransition.com)

The information you provide will be held in strict confidence.

Thank you for providing information. If I may be of assistance to you, please contact our office at 615-526-1916

Human Resources Department

**I certify that the information contained in this application and its supporting documents is accurate and complete.**

**I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Project Transition to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.**

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_