



Cambria County Child Development Corporation

300 Prave Street, Suite 101, Ebensburg, PA 15931

Phone: 814-472-6341 Fax: 814-472-6460

www.cccdc.us

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School: _____ Address: _____

Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

References

Name	Business	Address	Phone

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Years Worked: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Years Worked: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Years Worked: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

All quality applicants will receive consideration for employment: without regard to race, color, religious creed, disability, ancestry, national origin, age, or sex. As an employer we comply with government regulations and affirmative action responsibilities. Any individual, who believes they have been discriminate against, may file a complaint with the Department of Human Services, Bureau of Equal Opportunity, Health & Welfare Building, Room 225, PO Box 2675, Harrisburg, PA 17105.