

AUBERLE EMPLOYMENT INSTITUTE APPLICATION:

Please take the time to fill out this form accurately and return to your Employment Institute Case Manager.

GENERAL INFORMATION:

TODAY'S DATE (MM/DD/YYYY): _____

NAME OF APPLICANT: _____
(First Name) (Middle Initial) (Last Name)

DATE OF BIRTH: ____/____/____ CURRENT AGE: _____

GENDER: Male Female Prefer Not to Say

ETHNICITY: Hispanic/Latino Non-Hispanic/Latino RACE: _____

CURRENT ADDRESS: _____
(Street Address) (City) (State) (Zip Code)

PERSONAL CONTACT INFORMATION:

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

PREFERRED E-MAIL ADDRESS: _____

PREFERRED CONTACT METHOD: Phone E-mail

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO APPLICANT: _____

EMERGENCY CONTACT PHONE NUMBER: _____ E-MAIL: _____

EMPLOYMENT INSTITUTE SERVICES:

(Please check all that you are interested in)

- Career Assessments
- Career Exposure Assistance with Job Searches
- Interviewing Techniques
- Work Experience
- Outpatient Therapy
- Job Referrals
- Resume Writing
- Drug & Alcohol Counseling

AUBERLE EMPLOYMENT INSTITUTE: CERTIFICATION PROGRAMS

(Please check all that you are interested in. All certifications can be found on our website at www.auberle.org/employment-institute.)

- Asbestos Awareness
- Advanced Customer Service
- Certified Nursing Assistant (CNA)
- Confined Space Entry
- Customer Service
- Digital Work Ethic Badge
- Flagger
- HAZWOPER OSHA 40
- Lead Awareness
- OSHA 10
- RAMP (Serving Food & Beverage)
- ServSafe Manager
- Smarter Robotics

EMPLOYMENT HISTORY (LAST SIX MONTHS):

Please start with your most recent employer

EMPLOYER #1:

EMPLOYER NAME: _____

JOB TITLE: _____

DATES EMPLOYED: _____ **HOURLY WAGE:** _____

NUMBER OF HOURS AT POSITION PER WEEK: _____

JOB RESPOSIBILITIES INCLUDED: _____



EMPLOYER #2:

EMPLOYER NAME: _____

JOB TITLE: _____

DATES EMPLOYED: _____ **HOURLY WAGE:** _____

NUMBER OF HOURS AT POSITION PER WEEK: _____

JOB RESPONSIBILITIES INCLUDED: _____

EMPLOYER #3:

EMPLOYER NAME: _____

JOB TITLE: _____

DATES EMPLOYED: _____ **HOURLY WAGE:** _____

NUMBER OF HOURS AT POSITION PER WEEK: _____

JOB RESPONSIBILITIES INCLUDED: _____

CRIMINAL HISTORY (IF APPLICABLE):

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMES: YES NO

IF YES, PLEASE DESCRIBE AND INCLUDE DATES AND STATUS OF CASE(S):

ARE YOU PRESENTLY ON PROBATION/PAROLE: YES NO

IF YES, PLEASE PROVIDE THE FIRST AND LAST NAME AND PHONE NUMBER OF YOUR PROBATION OFFICER:

FULL NAME: _____ **PHONE NUMBER:** _____



DRUG AND ALCOHOL HISTORY

IF GIVEN A DRUG TEST TODAY, WOULD YOU TEST POSITIVE? YES NO

BARRIERS TO EMPLOYMENT:

ARE YOU CURRENTLY A FOSTER CHILD?: YES NO

HAVE YOU AGED OUT OF FOSTER CARE?: YES NO

ARE YOU HOMELESS?: YES NO

ARE YOU PREGNANT OR PARENTING?: YES NO

DO YOU HAVE A VALID PENNSYLVANIA DRIVER'S LICENSE?: YES NO

IF NO, PLEASE LIST THE FORMS OF TRANSPORTATION YOU ARE CURRENTLY USING:

DO YOU HAVE A DRIVER'S PERMIT?: YES NO

DO YOU HAVE A WORK PERMIT? (*If you are under 18*): YES NO

DO YOU HAVE A BIRTH CERTIFICATE?: YES NO

DO YOU HAVE A SOCIAL SECURITY CARD?: YES NO

DO YOU HAVE A PENNSYLVANIA ID THAT IS NOT A DRIVER'S LICENSE?: YES NO

OTHER PROGRAMS OR AGENCIES CURRENTLY INVOLVED WITH:

PROGRAM/AGENCY: _____

SERVICE(S) THEY PROVIDE TO YOU: _____

FIRST AND LAST NAME OF CONTACT PERSON: _____

CONTACT PERSON PHONE: _____

CONTACT PERSON E-MAIL: _____

PROGRAM/AGENCY: _____

SERVICE(S) THEY PROVIDE TO YOU: _____

FIRST AND LAST NAME OF CONTACT PERSON: _____

CONTACT PERSON PHONE: _____

CONTACT PERSON E-MAIL: _____

PROGRAM/AGENCY: _____

SERVICE(S) THEY PROVIDE TO YOU: _____

FIRST AND LAST NAME OF CONTACT PERSON: _____

CONTACT PERSON PHONE: _____

CONTACT PERSON E-MAIL: _____

**WHAT DO YOU WANT TO ACCOMPLISH IF ACCEPTED INTO THE AUBERLE
EMPLOYMENT INSTITUTE?**

The information I have provided above is true and complete to the best of my knowledge and belief. I consent to the disclosure of information regarding employment, education, other program participation, health, and other necessary information related to my application for program participation.

PRINT NAME OF APPLICANT

DATE

APPLICANT SIGNATURE

DATE

(FOR INTERNAL USE ONLY):

ACCEPTED THE AUBERLE EMPLOYMENT INSTITUTE? YES OR NO

DATE ACCEPTED: _____

APPROVED BY:

AUBERLE REPRESENTATIVE

DATE