

APPLICATION FOR EMPLOYMENT

P.I.L.O.T. Services

An Equal Opportunity Employer

Personalized Independent Living Opportunities & Training Services, Inc.
P.I.L.O.T. Services is a subsidiary of Volunteers of America Delaware Valley

289 Jackson Road
Berlin, New Jersey 08009
(856) 809-0600 Fax: (856) 809-0500

TO QUALIFY: You must be at least 21+ yrs. old; have a high school diploma or GED; and have a valid auto driver's license with three (3) years driving history.

(PROBATIONARY/PROVISIONAL LICENSES WILL NOT BE ACCEPTED)

PERSONAL INFORMATION

Name:

(Last)

(First)

(M.I.)

Address:

Apt.#:

(Street Address)

(City)

(State)

(Zip)

Telephone: Home#:

Cell#:

Work#:

Email Address:

Referred by:

POSITION DESIRED

Residential/Day Program Applicants Must Have At Least One (1) Year Experience In Direct Care

Residential Manager
Residential Technician

Crew Labor Supervisor
Community Support Technician

Other:

Type of Employment Desired:

FULL-TIME

PER-DIEM

EDUCATION

TYPE	NAME/LOCATION	# YRS. COMPLETED	DEGREE OR DIPLOMA (Y/N)
High School			
College			
Technical/Business School			
Licenses/Certificates			

VERIFICATION OF ALL LISTED CREDENTIALS IS REQUIRED

GENERAL INFORMATION

Do you have family members currently working for P.I.L.O.T Services? YES NO

Are you legally authorized to work in the United States? YES NO

Do you currently hold a valid AUTO or COMMERCIAL Driver's License? YES NO

Do you have a working knowledge of computer-based applications and programs, and are you comfortable using a computer? YES NO

CHARACTER REFERENCES

Please give the names of three (3) persons **NOT RELATED TO YOU** whom you have known at least three (3) years:

Name	Street/City/State/Zip	Phone #	Years Known

EMPLOYMENT HISTORY AND REFERENCES

(Must be Completed in Full)

List below your past employers, starting with the current or most recent employer first.

If currently employed, may we inquire of your present employer? **YES** **NO**

	MONTH/DAY/YEAR	EMPLOYER'S NAME, ADDRESS & PHONE #	POSITION HELD	REASON FOR LEAVING
FROM:				
TO:				

SUPERVISOR'S FULL NAME:

	MONTH/DAY/YEAR	EMPLOYER'S NAME ADDRESS & PHONE #	POSITION HELD	REASON FOR LEAVING
FROM:				
TO:				

SUPERVISOR'S FULL NAME:

	MONTH/DAY/YEAR	EMPLOYER'S NAME ADDRESS & PHONE #	POSITION HELD	REASON FOR LEAVING
FROM:				
TO:				

SUPERVISOR'S FULL NAME:

PLEASE READ AND ANSWER THE FOLLOWING:

Briefly describe your career goals and why you chose to apply to P.I.L.O.T. Services:

WHEN ARE YOU AVAILABLE TO WORK?

Residential Technician Positions:

Full-time: Check Shift Desired: 2nd 3rd
Per-Diem: Check Shift Desired: 1st 2nd 3rd

SUBSTITUTES: At Least 24 hours Per Month: **Please chart your hours of availability below:**

<u>SHIFT</u>	<u>Sat.</u>	<u>Sun.</u>	<u>Mon.</u>	<u>Tues.</u>	<u>Weds.</u>	<u>Thurs.</u>	<u>Fri.</u>
First							
Second							
Third							

Day Program Positions:

Full-time: Monday to Friday: 8:30 a.m. to 4:30 p.m. ONLY

Per-Diem: Monday to Friday: (These shifts can be half or full days; list your availability/preference)

RELEASE OF INFORMATION

I UNDERSTAND THE INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION BY P.I.L.O.T. SERVICES.

I HEREBY GRANT PERMISSION FOR P.I.L.O.T. SERVICES TO CONTACT PRESENT AND PREVIOUS EMPLOYERS, UNLESS OTHERWISE INDICATED, AND I HEREBY AUTHORIZE MY FORMER EMPLOYERS TO DISCLOSE MY PRIOR WORK HISTORY, INCLUDING THE REASONS FOR MY SEPARATION OF EMPLOYMENT. ADDITIONALLY, I HEREBY RELEASE ALL OF MY FORMER EMPLOYERS FROM ANY AND ALL CLAIMS, LIABILITIES, OR CAUSES OF ACTION FOR VERIFYING THE INFORMATION THAT I HAVE PROVIDED IN MY EMPLOYMENT APPLICATION, AS WELL AS ANY OTHER INFORMATION THEY MAY PROVIDE ABOUT ME.

PRINTED NAME:

SIGNATURE:

DATE:

APPLICANT'S STATEMENT

I UNDERSTAND THAT P.I.L.O.T. SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER AND THAT ALL EMPLOYEES SHALL BE SELECTED ON THE BASIS OF THEIR QUALIFICATIONS WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, AGE, ANCESTRY, NATIONALITY, MARITAL/DOMESTIC PARTNERSHIP OR CIVIL UNION STATUS, SEX, GENDER IDENTITY OR EXPRESSION, DISABILITY, MILITARY SERVICE, AFFECTIONAL OR SEXUAL ORIENTATION, ATYPICAL CELLULAR/BLOOD TRAIT, OR GENETIC INFORMATION.

I CERTIFY THAT EVERYTHING STATED BY ME HEREIN IS TRUE AND WILL BE RELIED UPON BY P.I.L.O.T. SERVICES. I REALIZE THAT OMISSIONS, FALSE STATEMENTS, OR MISLEADING INFORMATION MAY RESULT IN AUTOMATIC TERMINATION. P.I.L.O.T. SERVICES IS AN AT-WILL EMPLOYER.

PRINTED NAME:

SIGNATURE:

DATE: