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Tutelage Residential Services, LLC

...fostering growth, independence, choice and quality of life

EMPLOYMENT APPLICATION

Tutelage Residential Services commitment to equal opportunity, nondiscrimination and will continue to recruit, hire, train, and promote in all job levels without regard to race, color, creed, ancestry, religion, sex, age, sexual orientation, national origin, disability, limited English Proficiency (LEP), status as a disabled or Vietnam-era Veteran or any other classifications protected by Federal, State, or local law, statute or ordinance.

Applications will be kept on file for 6 months. Employee Information: Position(s) applied for: ______ Date: _____ Full Name: DOB: SSN: ____ Maiden name OR Previous names used: Street Address: City: _____ State: ____ Zip Code: _____ Home Phone #: _____ Cell Phone #: ____ Other Phone #:_____ E-mail address: Please Check One: •Are you eligible to work in the US? Can you provide the required proof of your eligibility? \square **YES** \square **NO** \square **N/A** • Have you ever filed an application with us before? \Box **YES** \Box **NO** • Have you ever been employed with us before? \Box **YES** \Box **NO** If yes, give the date: • Are you currently employed? ☐ **YES** ☐ **NO** \square YES \square NO • May we contact your current employer? • Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment) \(\subseteq \text{YES} \quad \text{NO} \quad \text{N/A} \) How did you hear about Tutelage Residential Services? (Please Check One): ☐ Newspaper Advertisement ☐ Current/ former employee ☐ Website ☐ *Other:* _____ ☐ *Referred by:* ______ work: Expected salary range: \$_____ Date available to Please Check one: Type of work desired: ☐ Full-time ☐ Part-time ☐ Substitute Desired shifts:

Daylight ☐ Afternoon/ Evening ☐ Overnight

10 Duff Road, Suite 205, Pittsburgh, PA 15235 | Tel 412-267-7860 | Fax 412-532-3755 | E-mail: tutelage@tutelage-rs.com | Website: www.tutelage-rs.com

Full Name:					Date:			
Please list your availability:								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
From:								
To:								-
Please in	dicate any shif	ts/ times that	you are unable to	o work below:				
]
	License requir							
• Do you have a current and valid PA driver's license?								
•	i have a reliabl i have a prope:		other means to ge	et to work?			□ NO □ NO	
-		•	ns in the past 3 ye	ears?				
•	ase list violatio	_		Cu. 5 .			_1,0	
Please en	nter your drive	r's license nu	mber & issue stat	te:				
	·							
-	Requirements:	=	al Doguinomonto	listed below). □ V I	re 🗆 1	NO	
			al Requirements nent (e.g. wheel ch			-	NO 75 lhs of force of	ccasionally
a	ınd/or frequent	ly to lift, carry,	push, pull or othe	rwise move obje	ects. Physical d	lemands are in e	excess of sedentar	ry work; position
			iching, lifting, push		tc. Will lift no	more than 40 lb.	s independently.	Must be able to
L	iji unu/or carry	weignts of up	to 175 lbs with ass	astance.				
Clearance								
-	ons at Tutelag Clearance.	e Residential	Services require	an Act 34 Sta	te Police Crir	ninal History (Clearance or Fl	BI Act 73
	ou ever been o	convicted of a	ny crime ⁹			ES.	□NO	
	lease give date				□ 11	20		
A 11	4 TC + 1	D '1 ('1	<u> </u>	A + 99 Cl	11 41 77	, CI		
•	9		Services require aild abuse related		ud Abuse Hi YF 🗆	•	e. □ NO	
•	lease give date	•		t Chille:				
• Have ye	ou lived out of	the state with	hin the last 2 year	rs?	□ YES		NO	
Referenc	es:							
Please list three professional references that can provide an employment related reference. By providing this information you agree that we can contact. Do <i>not</i> include personal/ character references such as relative or friends (please also complete reference forms attached)								
	ntact. Do <i>not</i> m Name/	clude persona Title: Yo		ices such as rela al relationship		(please also cor <i>ime Phone #:</i>	mplete reference	forms attached)
1. 1	varie,	Tide. To	profession	ar readonship	. Dayi	mic 1 none ".		
-	.T /	mid v	c :	1 1 1	ъ	.' Di "		
2. N	Name/	Title: Yo	ur profession	al relationship	: Da <i>yt</i>	time Phone #:		
_								
3. N	Name/	Title: Yo	ur profession	al relationship	: Da <i>yı</i>	ime Phone #:		

Full Na	me:			Date:					
Educat	ion:	Name/ Address	Course of Study	# of Yrs completed	Type of Diploma/ Degree				
High Sch	nool	Name/ Address	Course of Study	π of 11s completed	Туре от Біріоніа/ Бедгее				
Undergr	aduate College								
Graduate	e/ Professional								
Military S	Service								
Other (S	pecify)								
Summa pusines State au Emplo	ny additional yment Histor	ob-related skills, lice tivities: information you feel	l may be helpful to u	s in considering your a	pplication. ervice. Include any job-rons which include race, co	_ _ _ _ elated m			
		gin, disabilities or oth			State Zip cod				
	Job title	Job Do	uties			_			
	Dates employed (MM/YY) Supervisor Phone #								
-	Reason for	leaving				_			
2.	Employer	Street	Address	City	State Zip cod	e			
	Job title	Job Do	uties			_			
_	Dates empl	oyed (MM/YY)	Supervisor Ph	none #					

l Na	ame:				_ Date:		
	Reason for leaving	.					
3.	Employer	Street	Address	City	State	Zip cod	
٠	Job title	Job Duties					
	Dates employed (I	MM/YY) Sup	pervisor Pho	ne#			
•	Reason for leaving	5					
4.	Employer	Street	Address	City	State	Zip cod	
•	Job title	Job Duties					
•	Dates employed (I	MM/YY) Sup	pervisor Pho	ne#			
•	Reason for leaving	5					
5.	Employer	Street	Address	City	State	Zip cod	
-	Job title	Job Duties					
	Dates employed (MM/YY) Supervisor Phone #						
	Reason for leaving						

Full Name:		Date:		
A resume is required, do you have a copy?		YES	\square NO	
If you are selected for an interview do you need an interpreter?	\square YES	\square NO		
If you are offered a position will you require an interpreter?	\square YES	\square NO		
DO NOT ANSWER THIS QUESTION UNLESS YOU HAY REQUIREMENTS OF THE JOB FOR WHICH YOU ARE		FORMED ABC	UT THE	
Are you capable of performing in a reasonable manner, with or involved in the job for which you have applied? \Box YES		nable accommod NO	ation, the essential functions	
Tutalama Pasida	ential Commissa			
Tutelage R eside Voluntary Invitation for Ap _l		lentification		
complies with government regulations where they apply. Attache Self Identification". Please complete the survey. The purpose fo record keeping, reporting, and other legal requirements. Periodi following information. The completion of the Data Record is opplease note that all Data Records are kept Confidential File sepa YOUR COOPERATION IS VOLUNTARY INCLUSION OF YOU TO ADVERSE TREATMENT. Applicant's statement:	or this Data Resic reports may otional. If you wrate from you	ecord is to comply be made to gove chose to volunted ar Application for	with Federal government arment agencies on the er requested information Employment. Please note:	
 I certify that answers given herein are true and complete. I certify that I have read and understand the "Tutelage Reside Identification" (above). I authorize investigation of all statements contained in this appendiction in the employment decision, including contacting previous employers a consumer reporting agency a report on my driving record, Are This application for employment shall be considered active for I will be considered for positions for which I may qualify, but I hereby understand and acknowledge that, unless otherwise organization is of an "at will" nature, which means that the Employee at any time with or without cause. It is further under changed by any written document or by conduct unless such of executive of this organization. In the event of employment, I understand that false or mislead in immediate termination. I understand, also, that I am required. 	plication for en rs. I further aut Act 33/34 clears or a period of ti my application defined by appl ployee may reserstood that this change is specif ding informationed to abide by	aployment as may be horize Tutelage Resucces, and/or FBI of me not to exceed so does not guarante icable law, any emign at any time and so "at will" employmentally acknowledge on given in my applementally.	be necessary in arriving at an esidential Services to obtain from Act 73) check. ix (6) months. I understand that e an interview will result. ployment relationship with this the Employer may discharge ent relationship may not be d in writing by an authorized ication or interview(s) may result	
Applicant Name (Signature):		Date:		
By choosing to submit the form, I hereby guarantee the correct I understand that the making of false statements will be sufficient termination from	ent cause for de			

Reviewed by

Official Use

Date received:

Full Name:	Date:
Applicant Self-Identification form (Voluntary)	
Tutelage Residential Services commitment to equal opport its Affirmative Action Plan. This plan and legal responsibili of job applicants by race/ethnic categories and gender. This information: • is voluntary • is gathered for statistical purposes only • is kept confidential, separate from application materials	unity, nondiscrimination in employment is realized through ties to ensure equal employment opportunity require reports
• will <i>not</i> be used in any way to evaluate your qualifications	s for employment
Last Name:	First: MI:
Job Title Applying For:	
Company:	
Gender: Male Female C	
Ethnicity:	
C Hispanic or Latino	
Non- Hispanic or Latino	
Race: Are you multiracial?	
C Yes	
C No	
What race(s) are you? Please mark one or more:	
White	
Black or African American	
Asian	
Native Hawaiian or Other Pacific Islander	
American Indian or Alaskan Native Where did you learn about this position?	
Newspaper Advertisement	
C Current/former employee Referral	
C Website	
Official Use Date received:	Reviewed by