

HAVE YOU EVER BEEN CONVICTED OF, OR PLEADED GUILTY OR NO CONTEST TO: A CRIME? Yes No

HAVE YOU EVER BEEN CONVICTED OF, OR PLEADED GUILTY OR NO CONTEST TO: A FELONY? Yes No

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR NO CONTEST TO: A MISDEMEANOR? Yes No

If you answered Yes to any question, please provide: Date(s); Name of each Crime; Place where you were convicted or pleaded guilty, including State, City, and County; the Sentence; an explanation of any circumstances you think would be important to consideration of your Application. Please be advised that NET does independent criminal clearance checks on all individuals who work at NET in any capacity. Please use an additional piece of paper if you need more space.

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO CHILD ABUSE OR SEXUAL ABUSE? Yes No If Yes, please provide: Date(s); Name of each Crime; Place where you were convicted or pleaded guilty, including State, City, and County; the Sentence; an explanation of any circumstances you think would be important to consideration of your Application. Please use an additional piece of paper if you need more space.

A conviction may not necessarily disqualify an applicant from working at NorthEast Treatment Centers

What position or positions are you applying for?

1. _____

2. _____

3. _____

How did you learn about this job opportunity? (Please check all that apply)

- Employee / Former Employee – Name _____
- NET Website (www.net-centers.org)
- Career Builder
- Craig's List
- Other Website (Specify) _____
- Job Fair at NET
- NET Internal Job Board Posting
- Newspaper Advertisement (specify newspaper) _____
- Walk-in
- Other (Specify) _____

LAST NAME: _____ SSN LAST 4 DIGITS: ____ ____ ____ ____
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WORK HISTORY LIST CURRENT & RECENT WORK HISTORY:

ARE YOU WORKING NOW: Yes No

IF YOU ARE WORKING, WHAT IS YOUR WORK STATUS?

EMPLOYEE INDEPENDENT CONTRACTOR STUDENT INTERN VOLUNTEER

IF ANY OF YOUR WORK WAS UNDER A DIFFERENT NAME, PLEASE PROVIDE THE NAME(S) AND RELEVANT YEARS SO THAT WE MAY VERIFY YOUR WORK HISTORY:

1. NAME OF CURRENT OR MOST RECENT PLACE YOU WORKED: _____

YOUR WORK STATUS? EMPLOYEE INDEPENDENT CONTRACTOR STUDENT INTERN VOLUNTEER

START DATE: _____ END DATE: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

POSITION TITLE: _____

Salary or Hourly Rate: _____

Supervisor's Name: _____ Title: _____ Phone No. _____

Describe your Job Duties:

Did you leave voluntarily? Yes No Explain or give reason(s) for leaving:

MAY WE CONTACT THIS WORK PLACE? Yes No

2. NAME OF PLACE YOU WORKED: _____

YOUR WORK STATUS? EMPLOYEE INDEPENDENT CONTRACTOR STUDENT INTERN VOLUNTEER

START DATE: _____ END DATE: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

POSITION TITLE: _____

Salary or Hourly Rate: _____

Supervisor's Name: _____ Title: _____ Phone No. _____

Describe your Job Duties:

Did you leave voluntarily? Yes No Explain or give reason(s) for leaving:

MAY WE CONTACT THIS WORK PLACE? Yes No

LAST NAME: _____ SSN LAST 4 DIGITS: | _ | _ | _ | _ |

3. **NAME OF PLACE YOU WORKED:** _____

YOUR WORK STATUS? EMPLOYEE INDEPENDENT CONTRACTOR STUDENT INTERN VOLUNTEER

START DATE: _____ **END DATE:** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____ **TELEPHONE** _____

POSITION TITLE: _____

Salary or Hourly Rate: _____

Supervisor's Name: _____ Title: _____ Phone No. _____

Describe your Job Duties:

Did you leave voluntarily? Yes No Explain or give reason(s) for leaving:

MAY WE CONTACT THIS WORK PLACE? Yes No

LAST NAME: _____ SSN LAST 4 DIGITS: | _ | _ | _ |

4. **NAME OF PLACE YOU WORKED:** _____

YOUR WORK STATUS? EMPLOYEE INDEPENDENT CONTRACTOR STUDENT INTERN VOLUNTEER

START DATE: _____

END DATE: _____

ADDRESS _____

CITY _____

STATE _____ **ZIP CODE** _____

TELEPHONE _____

POSITION TITLE: _____

Salary or Hourly Rate: _____

Supervisor's Name: _____

Title: _____

Phone No. _____

Describe your Job Duties:

Did you leave voluntarily? Yes No Explain or give reason(s) for leaving:

MAY WE CONTACT THIS WORK PLACE? Yes No

Please attach additional pages if you need more space

EDUCATION

IF ANY OF YOUR EDUCATION WAS UNDER A DIFFERENT NAME, PLEASE PROVIDE THE NAME(S) AND THE YEARS YOU USED THE NAME(S) SO THAT WE MAY VERIFY YOUR EDUCATION:

DID YOU GRADUATE FROM HIGH SCHOOL? Yes No

NAME OF HIGH SCHOOL FROM WHICH YOU GRADUATED, OR NAME OF LAST HIGH SCHOOL YOU ATTENDED IF YOU DID NOT GRADUATE:

High School Address _____

City _____

State _____

Zip Code _____

Telephone _____

May we contact this school to verify your education? Yes No

LAST NAME: _____ SSN LAST 4 DIGITS: | _ | _ | _ | _ |

PLEASE LIST OTHER EDUCATION INFORMATION BELOW – LIST HIGHEST DEGREE OR CERTIFICATE FIRST:

1. SCHOOL NAME _____ City _____ State _____ Telephone _____

NUMBER OF YEARS ATTENDED: _____ DID YOU GRADUATE? Yes No

DEGREE RECEIVED: _____ MAJOR / COURSE OF STUDY: _____

May we contact this school to verify your education? Yes No

2. SCHOOL NAME _____ City _____ State _____ Telephone _____

NUMBER OF YEARS ATTENDED: _____ DID YOU GRADUATE? Yes No

DEGREE RECEIVED: _____ MAJOR / COURSE OF STUDY: _____

May we contact this school to verify your education? Yes No

3. SCHOOL NAME _____ City _____ State _____ Telephone _____

NUMBER OF YEARS ATTENDED: _____ DID YOU GRADUATE? Yes No

DEGREE RECEIVED: _____ MAJOR / COURSE OF STUDY: _____

May we contact this school to verify your education? Yes No

4. SCHOOL NAME _____ City _____ State _____ Telephone _____

NUMBER OF YEARS ATTENDED: _____ DID YOU GRADUATE? Yes No

DEGREE RECEIVED: _____ MAJOR / COURSE OF STUDY: _____

May we contact this school to verify your education? Yes No

Please attach additional pages if you need more space

LAST NAME: _____ SSN LAST 4 DIGITS: | _____ | _____ | _____ | _____ |

PROFESSIONAL LICENSES AND CERTIFICATES

Please list all Licenses & Certificates that you hold, or held at any time, that are required or that may be relevant to the position for which you are applying:

1. Type of LICENSE / CERTIFICATE: _____ LICENSE # / CERTIFICATE # : _____
STATE ISSUED: _____ DATE ISSUED: _____ EXPIRATION DATE: _____
Is this License or Certificate currently in good standing? Yes No

2. Type of LICENSE / CERTIFICATE: _____ LICENSE # / CERTIFICATE # : _____
STATE ISSUED: _____ DATE ISSUED: _____ EXPIRATION DATE: _____
Is this License or Certificate currently in good standing? Yes No

3. Type of LICENSE / CERTIFICATE: _____ LICENSE # / CERTIFICATE # : _____
STATE ISSUED: _____ DATE ISSUED: _____ EXPIRATION DATE: _____
Is this License or Certificate currently in good standing? Yes No

HAS ANY LICENSE OR CERTIFICATE (including licenses or certificates not listed above) EVER RECEIVED ANY DISCIPLINARY ACTION OR SANCTION? Yes No IF YES, PLEASE EXPLAIN IN DETAIL:

Please attach additional pages if you need more space

MILITARY HISTORY

HAVE YOU EVER SERVED IN THE U.S. MILITARY? Yes No

Please describe any Training, Skills, or Duties, that may be relevant to the position for which you are applying:

OTHER SKILLS AND QUALIFICATIONS

Please list other SKILLS and QUALIFICATIONS you possess, including other INFORMATION that may be useful to NET in considering your Application. (Please omit all information indicative of age, sex, race, ethnic or national origin, religion, ancestry, sexual orientation, handicap, or disability) **EXAMPLES OF INFORMATION YOU MAY WANT TO PROVIDE INCLUDE —**

- Office Equipment and/or Computer Programs that you can operate with proficiency
 - Languages in which you are proficient and that you would be willing to use as part of your job
 - Volunteer, Community, Civic Activities
 - Awards / Recognitions received
 - Publications
-
-

LAST NAME: _____ SSN LAST 4 DIGITS: | _ | _ | _ | _ |

PROFESSIONAL REFERENCES

Please list **THREE PROFESSIONAL REFERENCES**. Each Reference should be a person who is not related to you and does not live with you. Each Reference also should be someone who has known you for at least two years. Each Reference also should be someone who can speak to your past work history. If you are applying to work at one of NET's Delaware programs, please add an additional sheet and provide three (3) personal references as well.

NAME	TELEPHONE	ADDRESS	HOW THIS PERSON KNOWS YOU
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

In applying to work for NorthEast Treatment Centers, I certify that the above information is true and correct to the best of my knowledge, information and belief, and I understand that any misrepresentation or omission of facts is cause for rejection of my application or dismissal from work. I authorize NET to investigate my record. By my signature below, I authorize NET to contact the following to verify the information I have provided in this Application: (1) All employers and work places, unless I have specifically indicated otherwise; (2) Schools and Certificate programs, to verify my education; and (3) References I have provided. If I am offered and accept a position, I consent to a post-offer Health Screen and TB test, to be completed prior to my first day of work. I understand that, as a condition of my work, NET's Human Resources Department conducts criminal history checks on all new workers, and child clearance reviews on all new workers who provide services to children and youth. If I am offered and accept a position, and as a condition of working for NET, I agree to comply with all NET policies. I understand that if I am hired, program-related auditors may review the credentialing data contained in my personnel file, and I consent to this review. I understand that I am not applying for employment with NET; I am applying for a non-employee position. I further understand that nothing in this application is intended to imply or create an employment relationship or a contract of employment.

Applicant Signature: _____ **Date:** _____

LAST NAME: _____ SSN LAST 4 DIGITS:

E.E.O. Request Form:

Dear NET Applicant:

To comply with federal and state law and regulations, NET is required to provide cumulative data about its applicant pool. To help NET collect this data, we request that you fill out the form below. Completion of this form is strictly voluntary, however, and will in no way affect your application to work for NET. If you complete the form, please tear it off the back of your application and place this form in the attached envelope; seal the envelope for confidentiality. Upon receipt by NET, this form will be separated from the rest of your application; it will **not** be forwarded to the program reviewing your application, but will be maintained separately by Human Resources only to assist NET in its efforts to promote equal work opportunities. Thank you.

Date of Application: _____

Position Applied for: _____

Type of Position Applied for: Independent Contractor Student Intern Volunteer Foster Parent

Gender: Male

Female

Current Age: _____

Race & Ethnicity:

White

Black or African American

Asian

American Indian or Alaska Native

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

Other _____

Do you wish to declare a handicap or disability?

Yes

No

If yes, please check description(s):

Ambulatory

Hearing or Sight

Speech

Other _____

Coordination

Learning

Mental

Are you a U.S. Veteran?

Yes

No

Date of Discharge _____

State from which you would commute to work: PA NJ DE Other _____

County from which you would commute to work: Philadelphia Delaware Camden Burlington Bucks

Montgomery Gloucester New Castle Chester

Other _____