# **Family Service Association of Bucks County**

### An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

Please print or type and complete all sections. Do not leave any section blank. If a section is not applicable, please write N/A.

#### IDENTIFYING INFORMATION

|  |  |  |
| --- | --- | --- |
| **FULL LEGAL NAME:** First Name, Middle Initial, Last Name | | **POSITION DESIRED:** |
| **COMPLETE ADDRESS:** Street and Apt. Number, if applicable; City; State; Zip Code | | |
| **TELEPHONE NUMBER:**  (     )     - | **EMAIL ADDRESS:** | |
| **How soon would you be available to begin employment?** | **How did you learn about our organization?**  Choose an item.  **If Other; please specify below.** | |

**PRIOR AFFILIATION**

#### Have you previously applied to Family Service for employment? Yes. No. If yes, when?

Have you ever been employed by Family Service? Yes.  No. If yes, when?

In what position?

Have you ever applied to Family Service for **volunteer** service?  Yes.  No. If yes, when?

Have you ever served as a volunteer for Family Service?  Yes.  No.

If yes, when?       In what position?

Have you been a **client** of Family Service within the last 2 years?  Yes.  No.

#### BACKGROUND INFORMATION & ACKNOWLEDGEMENTS

#### 

**Pre-employment Testing** – As a condition of employment and prior to first performing any duties with us, the candidate shall provide a negative controlled substance test. Means of testing is by a urine test. Please check to acknowledge that you understand the Pre-Employment Drug/Alcohol Testing policy.  I so acknowledge.  I would like to withdraw my application.

Family Service Association is a Tobacco-Free Campus. **Smoking and other forms of tobacco use by employees/independent contractors and vendors will not be permitted in any building or on agency campuses – including parking lots**. Please check to acknowledge that you understand the Tobacco-Free Campus policy.  I so acknowledge.  I would like to withdraw my application.

Have you ever been convicted of a felony or misdemeanor  Yes  No

If yes, please be advised that conviction of a felony or misdemeanor by itself is not necessarily a bar to employment. Family Service takes into account other factors, e.g. age and time of offense, seriousness and nature of the violation, and subsequent rehabilitation.

**Please continue the Application on the next page.☞**

Please check to acknowledge that you understand Family Service requires a Child Abuse Clearance, a Pennsylvania Criminal Record Check and an FBI Clearance in conjunction with this Employment Application in order to be eligible for hire:  I so acknowledge.  I would like to withdraw my application.

Please check to acknowledge that you understand that Family Service requires a check of the applicant’s operator’s license, insurance coverage, and driving record if the position desired requires that the employee operate any vehicle and/or transport any other person in the course of employment:

I so acknowledge.  I would like to withdraw my application.

###### EDUCATION/TRAINING INFORMATION

**Name & Location of School Diploma/Degree and Major**

|  |  |  |
| --- | --- | --- |
| HIGH SCHOOL |  |  |
| COLLEGE/UNIV. |  |  |
| GRADUATE **SCHOOL** |  |  |
| POST GRADUATE **SCHOOL** |  |  |
| OTHER |  |  |

###### EMPLOYMENT HISTORY

***Please provide complete information for all sections unless not applicable (N/A). PLEASE do NOT write “See Resume or Resume Attached”.***

Begin with your current or most recent position held. If you require additional space to provide information about the responsibilities of this position section, you may cross reference and attach a copy of your Resume OR you may attach additional paper to this application. If you do cross reference your Resume, please be sure that it actually provides complete information. Answers to all other section questions must be provided on this form, whether or not your Resume contains the same or similar information.

|  |
| --- |
| Name of Current or Most Recent Employer with Employer’s Mailing Address, City, State, and Zip Code        Address: |
| May we contact this employer?  Yes  No  If Yes, Employer’s Telephone Number: (     )      -  Supervisor’s Name: |
| Date Employment Began:       Date Employment Ended:  Title of Position Held:  Reason(s) for Leaving: |
| Responsibilities of this Position? |

**Please continue the Application on the next page.☞**

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| --- |
| Name of Employer with Employer’s Mailing Address, City, State, and Zip Code   Address: |
| May we contact this employer?  Yes  No  If Yes, Employer’s Telephone Number: (      )       -  Supervisor’s Name: |
| Date Employment Began:       Date Employment Ended:  Title of Position Held:  Reason(s) for Leaving: |
| Responsibilities of this Position? |

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| Name of Employer with Employer’s Mailing Address, City, State, and Zip Code   Address: |
| May we contact this employer? Yes  No  If Yes, Employer’s Telephone Number: (      )      -  Supervisor’s Name: |
| Date Employment Began:       Date Employment Ended:  Title of Position Held:  Reason(s) for Leaving: |
| Responsibilities of this Position? |

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| --- |
| Name of Employer with Employer’s Mailing Address, City, State, and Zip Code   Address: |
| May we contact this employer? Yes  No  If Yes, Employer’s Telephone Number: (      )      -  Supervisor’s Name: |
| Date Employment Began:       Date Employment Ended:  Title of Position Held:  Reason(s) for Leaving: |
| Responsibilities of this Position? |

**Please continue the Application on the next page.☞**

**MEMBERSHIP(s) IN PROFESSIONAL OR CIVIC ORGANIZATION(s)**

**Please list any memberships in professional or civic organizations that relate to the position desired.** Please omit any references that may disclose regard to race, color, ethnicity, religion, sex, national origin, age, disability, sexual orientation, gender identity, or protected Veteran status which are protected classes under Family Service’s “Fair Employment & Non-Discrimination Policy”. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OTHER CREDENTIALS**

**Please list licenses, certifications, honors, etc. that relate to the position desired.** Omit any references that may disclose regard to race, color, ethnicity, religion, sex, national origin, age, disability, sexual orientation, gender identity, or protected Veteran status which are protected classes under Family Service’s “Fair Employment & Non-Discrimination Policy”. Please be advised that Family Service may require additional information about, and verification of, any credentials needed for employment in the position desired.

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**EMPLOYMENT REFERENCES**

List **three (3) professional references – to include previous supervisors, co-workers or members of management** - who may serve as references and whom we have your permission to contact. Please include their full name, address, city, state, zip code and telephone number.

1. Name:

Relationship to Applicant:

Full Address:

Phone:

1. Name:

Relationship to Applicant:

Full Address:

Phone:

3. Name:

Relationship to Applicant:

Full Address:

Phone:

**Please continue the Application on the next page.☞**

**PLEASE READ BEFORE SIGNING:**

Family Service is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, age, disability, sexual orientation, gender identity, or protected Veteran status.

The Immigration Reform and Control Act requires employers to view original documents confirming the identity and right to work of all applicants about to be hired.

In consideration of my employment with Family Service, I agree to the rules and regulations of Family Service. I further agree and acknowledge that my employment and compensation can be terminated with or without notice and with or without cause at any time at the option of either Family Service or myself.

My statements and answers in the foregoing Application for Employment, and any attachments or addenda thereto, are true and complete to the best of my knowledge. I understand that false or misleading statements may result in my being disqualified for, or terminated from, employment by Family Service Association of Bucks County.

Family Service is hereby authorized to investigate any information contained in this Application for Employment or any information related to my business background.

     

**Applicant’s Signature Date**

**VOLUNTARY EEO IDENTIFICATION FORM**

**Family Service Association of Bucks County is an Equal Employment Opportunity Employer**

It is the policy of Family Service to provide equal employment opportunity to all employees and candidates for employment without regard to race, color, religion, sex, national origin, age, handicap or veteran status or status within any other protected group. Various agencies of the government subject our agency to certain non-discrimination and affirmative action recordkeeping and reporting requirements which require our agency to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require information to be summarized and reported to the federal government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires us to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below in each category.

**Name:**

**DECLINE SELF IDENTIFICATION:**

If you do not wish to self- identify your **gender, ethnicity, AND race,** please check the following box.

**I do not wish to self-identify.**

**SELF IDENTIFICATION:**

**GENDER**: Male:  Female:  Transgender:  Non-Binary:  Other:  Choose Not to Disclose:

**ETHNIC GROUP:** Please check one:

Hispanic or Latino – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture

or origin, regardless of race.

Non-Hispanic/Latino **(if this category is checked please select from the options found below)**

American Indian or Alaskan Native (not Hispanic or Latino) – all persons having origins in any of the original

people of North or South America, and who maintain cultural identification through tribal affiliation or

community recognition.

Asian (not Hispanic or Latino) – all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American (not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – any persons having origins in any of the

People of Hawaii, Guam, Samoa, or other Pacific Islands.

White (not Hispanic or Latino) - all persons having origins in any of the original people of Europe, North Africa, or Middle East.

Two or more Races (not Hispanic or Latino) – l persons who identify with more than one of the above races.

**Voluntary Self-Identification of Protected Veteran Status**

**Why are you being asked to complete this form?**

As a Government subcontractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974 (VEVRAA), Family Service Association of Bucks County is required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. The protected veteran categories are defined as follows:

1. A “disabled veteran” is one of the following:
   1. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
   2. A person who was discharged or released from active duty because of a service-connected disability.
2. A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.
3. An “active duty wartime campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
4. An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.**

If you are disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way of job is customarily performed, provision of personal assistance services of other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

**I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS**

*(CHOOSE ALL THAT APPLY):*

**DISABLED VETERAN**

**RECENTLY SEPARATED VETERAN**

**ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN**

**ARMED FORCES SERVICE MEDAL VETERAN**

**I am a protected veteran, but I choose not to self-identify the classifications to which I belong.**

**I am NOT a protected veteran.**

**SIGNATURE:** Click here to enter text. **Date:**  Click here to enter text.

**Voluntary Self-Identification of Disability**

Form CC-305

OMB Control Number 1250-0005  
Expires 1/31/2020

|  |
| --- |
| **Why are you being asked to complete this form?** |

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

|  |
| --- |
| **How do I know if I have a disability?** |

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

|  |  |  |  |
| --- | --- | --- | --- |
| * Blindness | * Autism | * Bipolar disorder | * Post-traumatic stress disorder (PTSD) |
| * Deafness | * Cerebral palsy | * Major depression | * Obsessive compulsive disorder |
| * Cancer | * HIV/AIDS | * Multiple sclerosis (MS) | * Impairments requiring the use of a wheelchair |
| * Diabetes * Epilepsy | * Schizophrenia * Muscular dystrophy | * Missing limbs or partially missing limbs | * Intellectual disability (previously called mental retardation) |
|  |  |  |  |

**Please check one of the boxes below:**

|  |  |
| --- | --- |
| **☐** | **YES, I HAVE A DISABILITY (or previously had a disability)** |
| **☐** | **NO, I DON’T HAVE A DISABILITY** |
| **☐** | **I DON’T WISH TO ANSWER** |

**SIGNATURE:**  Click here to enter text. **DATE:**  Click here to enter text.

**PRINTED NAME:** Click here to enter text.

**Voluntary Self-Identification of Disability**

Form CC-305

OMB Control Number 1250-0005  
Expires 1/31/2020

|  |
| --- |
| **Reasonable Accommodation Notice** |

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

**Child Abuse Clearance and Criminal Record Check**

**AFFIRMATION STATEMENT**

*(Child Protective Services Law, 23 Pa. CS 6301, et. seq. and Pennsylvania’s Megan Law, PA. Cons. State. Ann. § 9795.2(a); § 9795.3(2)) Applicants must affirm in writing that they are not disqualified from employment pursuant to the state’s Child Protective Services Law, sections 6344 (c) and 6355 (b).*

I affirm that I have no felony or misdemeanor convictions which I have not fully disclosed on my application for employment or volunteer service at Family Service.

I affirm that I am not disqualified from employment by being named in the Department of Welfare’s central register as the perpetrator of a founded report of child abuse committed within the five year period preceding my request for certification by the Department of Welfare.

I affirm that I have no criminal history record of one or more convictions as outlined in the Child Protective Services Law, section 6344 (c) and relating to criminal homicide, aggravated assault, harassment and stalking, kidnapping, unlawful restraint, rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault, indecent assault, indecent exposure, incest, concealing the death of a child, endangering the welfare of children, dealing in infant children, prostitution and related offenses, offenses relating to obscene and other sexual materials and performances, corruption of minors, and sexual abuse of children.

I affirm that I have not been named as the perpetrator of a founded report or named as the individual responsible for injury or abuse in a founded report for a school employee as described in the Child Protective Services Law, section 6355 (b).

I understand that if information obtained from my Child Abuse Clearance certification and/or Criminal Record Check reveals that I am disqualified I will no longer be eligible for employment or volunteer service at Family Service.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Child Protective Services Law within the preceding five years.

I swear affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statues of equivalent crime in another state within the preceding five years.

|  |  |  |  |
| --- | --- | --- | --- |
| Chapter 25 | (relating to criminal homicide) |  |  |
| Section 2702 | (relating to aggravated assault) | Section 4302 | (relating to incest) |
| Section 2709.1 | (relating to stalking) | Section 4303 | (relating to concealing death of child) |
| Section 2901 | (relating to kidnapping) | Section 4304 | (relating to endangering welfare of children) |
| Section 2902 | (relating to unlawful restraint) | Section 4305 | (relating to dealing in infant children) |
| Section 3121 | (relating to rape) | Section 5902(b) | (a felony offense relating to prostitution and related offenses) |
| Section 3122.1 | (relating to statutory sexual assault | Section 5903(c) | (relating to obscene and other sexual materials and performances) |
| Section 3123 | (relating to involuntary deviate sexual intercourse) | Section 5903(d) | (relating to obscene and other sexual materials and performances) |
| Section 3124.1 | (relating to sexual assault) | Section 6301 | (relating to corruption of minors) |
| Section 3125 | (relating to aggravated indecent assault) | Section 6312 | (relating to sexual abuse of children) |
| Section 3126 | (relating to indecent assault) |  |  |
| Section 3127 | (relating to indecent exposure) |  |  |

**I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903 (b) of the Crimes Code.**

**SIGNATURE:**  Click here to enter text. **DATE:**  Click here to enter text.

**PRINTED NAME:** Click here to enter text.

###### Employee Disclosure Statement

(Required by Act 169 of 1996)

I swear/affirm that I have mailed and/or authorized Family Service Association of Bucks County to request clearances to the Department of Aging, the Pennsylvania State Police, and the Federal Bureau of Investigation (where applicable.)

I swear/affirm that I have not been convicted of any of the prohibitive offenses contained in Act 169 of 1996 as amended by Act 13 of 1997.

I swear/affirm that I have not been convicted of one or more of the following crimes or equivalent crime in another state.

**OFFENSE CODE PROHIBITIVE OFFENSE TYPE OF CONVICTION**

### **CC2500 Criminal Homicide** **Any**

**CC2502A/B/C Murder I, II, III Any**

**CC2503/4 Voluntary/Involuntary Manslaughter Any**

**CC2505 Causing or Aiding Suicide Any**

**CC2506 Drug delivery resulting in Death Any**

**CC2702 Aggravated Assault Any**

**CC2901 Kidnapping Any**

**CC2902 Unlawful Restraint Any**

**CC3121 Rape Any**

**CC3122.1 Statutory Sexual Assault Any**

**CC3123 Involuntary Deviate Sexual Intercourse Any**

**CC3124.1 Sexual Assault Any**

**CC3125 Aggravated Indecent Assault Any**

**CC3126 Indecent Assault Any**

**CC3127 Indecent Exposure Any**

**CC3301 Arson and Related Offenses Any**

**CC3502 Burglary Any**

**CC3701 Robbery Any**

**CC3901 Theft 1 Felony or 2 Misdemeanors  
CC3921 Theft by Unlawful taking 1 Felony or 2 Misdemeanors**

### **CC3922 Theft by Deception 1 Felony or 2 Misdemeanors**

**CC3923 Theft by Extortion 1 Felony or 2 Misdemeanors**

**CC3924 Theft by Property Lost 1 Felony or 2 Misdemeanors**

**CC3925 Receiving Stolen Property 1 Felony or 2 Misdemeanors**

**CC3926 Theft of Services 1 Felony or 2 Misdemeanors**

**CC3927 Theft by Failure to Deposit 1 Felony or 2 Misdemeanors**

**CC3928 Unauthorized Use of a Motor Vehicle 1 Felony or 2 Misdemeanors**

**CC3929 Retail Theft 1 Felony or 2 Misdemeanors**

**CC3929.1 Library Theft 1 Felony or 2 Misdemeanors**

**CC3929.2 Unlawful Possession of Retail 1 Felony or 2 Misdemeanors or Library Theft Instruments**

**CC3930 Theft of Trade Secrets 1 Felony or 2 Misdemeanors**

**CC3931 Theft of Unpublished Dramas or Musicals 1 Felony or 2 Misdemeanors**

**OFFENSE CODE PROHIBITIVE OFFENSE TYPE OF CONVICTION**

**CC3932 Theft of Leased Properties 1 Felony or 2 Misdemeanors**

**CC3933 Unlawful Use of a Computer 1 Felony or 2 Misdemeanors**

**CC3934 Theft from a Motor Vehicle 1 Felony or 2 Misdemeanors**

**CC4101 Forgery Any**

**CC4114 Securing Execution of Documents by Deception Any**

**CC4302 Incest Any**

**CC4303 Concealing Death of a Child Any**

**CC4304 Endangering Welfare of a Child Any**

**CC4305 Dealing in Infant Children Any**

**CC4952 Intimidation of Witnesses or Victims Any**

**CC4953 Retaliation against Witness or Victim Any**

**CC5902B Promoting Prostitution Felony**

**CC5903C Obscene or Other Sexual Materials to Minors Any**

**CC5903D Obscene or Other Sexual Materials Any**

**CC6301 Corruption of Minors Any**

**CC6312 Sexual Abuse of Children Any**

**CS13A12 Acquisition of Controlled Substance by Fraud Felony**

**CS13A14 Delivery by Practitioner Felony**

**CS13A30 Possession with Intent to Deliver Felony**

**CS13A35 (i,ii,iii) Illegal Sale of Non-Controlled Substance Felony**

**CS13A36 Designer Drugs Felony**

**CS13A\*\*\* \*\*\* any other Felony Drug Conviction Appearing**

**on a Rap Sheet**

I understand that I must be terminated if I have been convicted of any of the crimes listed above.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903 (b) of the Crimes Code.

**SIGNATURE:**  Click here to enter text. **DATE:**  Click here to enter text.

**PRINTED NAME:** Click here to enter text.