



The Arc of Franklin & Fulton Counties
2314 Philadelphia Avenue – Chambersburg, Pa. 17201
Phone/Fax: (717) 264-4390
Website: www.thearcoffranklinfultoncounties.com

The Arc of Franklin & Fulton Counties Employment Application

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition and/or handicap.

Name: _____ Date Completed: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you 18 years of age or older? ___ Yes ___ No Are you a citizen of the United States of America? ___ Yes ___ No
Are you a veteran of the U.S. Military? ___ Yes ___ No; if so, which branch: _____ Date of Service: _____
Applying for: ___ Full Time ___ Part Time ___ Temporary/Seasonal Available Start Date: _____
Have you ever applied here before? ___ Yes ___ No; if so when: _____
Do you know anyone employed by The Arc? ___ Yes ___ No, if so whom and how: _____
Were you referred to our agency? ___ Yes ___ No, of so whom: _____

Employment Experience

Please begin with your most recent employment and be sure to include any military assignments and/or volunteering

Employer Name: _____
Address: _____
Supervisor: _____ Phone Number: _____
Position Held: _____ Employment Dates: _____ to _____
Reason for leaving: _____ Are you eligible for rehire? ___ Yes ___ NO
May we contact: ___ Yes ___ NO, if not, why: _____

Employer Name: _____
Address: _____
Supervisor: _____ Phone Number: _____
Position Held: _____ Employment Dates: _____ to _____
Reason for leaving: _____ Are you eligible for rehire? ___ Yes ___ NO
May we contact: ___ Yes ___ No, if not, why: _____

Employer Name: _____
Address: _____
Supervisor: _____ Phone Number: _____
Position Held: _____ Employment Dates: _____ to _____
Reason for leaving: _____ Are you eligible fr rehire? ___ Yes ___ NO
May we contact: ___ Yes ___ No, if not , why: _____

Employer Name: _____
Address: _____
Supervisor: _____ Phone Number: _____
Position Held: _____ Employment Dates: _____ to _____
Reason for leaving: _____ Are you eligible for rehire? ___ Yes ___ NO
May we contact: ___ Yes ___ No, if not, why: _____

Application continued on back

Education

High School: _____
Diploma/GED: Yes No

Attended: _____

High School: _____
Diploma/GED: Yes No

Attended: _____

College: _____
Major: _____ Degree: still attending

Attended: _____
 Associates Bachelor Master Doctorate

College: _____
Major: _____ Degree: still attending

Attended: _____
 Associates Bachelor Master Doctorate

College: _____
Major: _____ Degree: still attending

Attended: _____
 Associates Bachelor Master Doctorate

Skills / Qualifications

Please describe any special qualifications, certifications, and or previous experiences including volunteering that would further demonstrate your ability to be successful in the position for which you are applying.

References

Name: _____ Phone Number: _____
Length Known: _____ How Known: _____

Name: _____ Phone Number: _____
Length Known: _____ How Known: _____

Name: _____ Phone Number: _____
Length Known: _____ How Known: _____

Acknowledgement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information on my application or interview may result in termination.

Applicant's Signature: _____ Date: _____

Personnel Department Use Only

Judicial Checks:
 Adams County _____
 Cumberland County _____
 Franklin County _____
 Fulton County _____

HIPPA Confidentiality Agreement

This HIPAA Confidentiality agreement is between The Arc of Franklin & Fulton Counties and

_____. The agreement is effective as of _____.
Name Date

An employee, volunteer or candidate for employment with The Arc of Franklin & Fulton Counties will have access to confidential information, both written and oral, in the course of their employment, volunteer opportunities or job responsibilities. It is imperative that this information is not disclosed to any unauthorized individuals in order to maintain the integrity of the consumer's information and agrees to the following:

- A) The employee, volunteer or candidate for employment shall use the appropriate safeguards to prevent the use and/or disclosure of all Personal Health Information (PHI) related to consumers, consumers family members, The Arc's employees, or other healthcare providers.
- B) The employee, volunteer or candidate for employment disclosure of the PHI shall be limited only for those purposes that are necessary to perform the employee's job responsibilities.
- C) The employee, volunteer or candidate for employment shall not: use or further disclose any PHI except as provided with the prior written approval by The Arc of Franklin-Fulton Counties, use of the further disclosure of any PHI in a manner that would violate the provision of HIPPA or its regulations; the employee, volunteer or candidate for employment shall immediately report to their supervisor any unauthorized use or disclosure of PHI of which they become aware.
- D) The employee, volunteer, candidate for employment shall not, at any time, remove any PHI from the office premises. Exception: special accommodations are approved for Arc Administrative staff when working from home and must properly sign out the consumer's file for approval.

I have read and understand The Arc of Franklin & Fulton Counties policies above with regards to privacy and security of all Personal Health Information (PHI). I agree to maintain the confidentiality of all information obtained in the course of my employment, volunteer position or candidate for employment including, but not limited to, financial, technical, and or proprietary information of The Arc of Franklin & Fulton Counties and all personal and sensitive information regarding consumers, consumer's family members, and consumer in home interviews or employees. I understand that inappropriate disclosure or release of consumer information is not-eligible for hire and/or grounds for termination and that any HIPPA violation is punishable by law.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Human Resource Clerk/Arc Admin Staff: _____ Date: _____