

Thank you for your interest in employment with

Community Links

Community Links is an agency that employees direct support staff to provide living supports such as daily living skills and social skills to people in our community with disabilities. Services will be provided in the consumer's home or in the community.

Applicants must be 18 years of age, have a High School diploma or GED, reliable transportation and pass Childline clearances.

Vacation and mileage reimbursement are provided.

For further information contact us at 814-362-1089

Please submit your completed application to:

Community Links

20 Russell Blvd Bradford, PA 16701

PERSONNEL DATA SUMMARY

TYPE OR PRINT IN INK - PLEASE COMPLETE BOTH SIDES

NAME (Last, First, MI)				TELEPHONE NUMBER	
ADDRESS: STREET	CITY COUNTY	STA	TE ZIP C	ODE	
ARE YOU A US CITIZEN ARE YOUR SCHOOL/EMPLOYMENT RECORDS LISTED UNDER A DIFFERENT NAME					
Yes No Yes Mo IF YES, LIST NAME HERE:					
		Graduated?	DIPLOMA		
NAME AND LOCATION OF EDUCATIONAL INSTITUTION		Yes or No	OR DEGREE	MAJOR SUBJECTS OR COURSES	
HIGH SCHOOL		Yes			
	∏ No				
COLLEGE OR UNIVERSITY					
	Yes No				
GRADUATE OR PROFESSIONAL					
GRADUATE OR PROFESSIONAL	Yes				
		∐ No			
OTHER SCHOOLING (SPECIFY)					
If you did not receive a	a high school diploma, did you complet	e your GED?	∐ Yes ☐	No	
LICT ANY DEOFFICIONAL LICEN	SE DV NUMBER VEAR ISSUED AND DATE OF EVRIDAT	ON			
LIST ANY PROFESSIONAL LICEN	SE BY NUMBER, YEAR ISSUED AND DATE OF EXPIRATI	ON			
	COMPLETE EMPLOYMENT RECORD ONLY	IF CURRENT RE	SUME IS NOT A	TTACHED	
LIST YOUR COMPLETE EMPLOYMENT RECORD, INCLUDING ANY PERIOD OF UNEMPLOYMENT, STARTING WITH YOUR PRESENT					
	POSITION AND WORKING BACKWARDS. (INCLUDE PAID EMPLOYMENT, VOLUNTEER OR UNPAID WORK, AND MILITARY SERVICE				
RECORD	WHICH YOU FEEL	HELPS TO QUALIF	Y YOU FOR THE PO	SITION.)	
NAME AND ADDRESS OF EMPL	OYER POSITION TITLE	NAME AND T	TITLE OF IMMEDIAT	E SUPERVISOR	
DATES OF EMPLOYMENT	DATES OF EMPLOYMENT NO. HOURS WORKED EACH WEEK:				
From TO					
DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES					

NAME AND ADDRESS OF EMPLOYER	POSITION TITLE	NAME AND TITLE OF IMMEDIATE SUPERVISOR
DATES OF EMPLOYMENT	NO. HOURS WORKED EACH WEEK:	
From TO	<u> </u>	
DESCRIBE FULLY YOUR MAJOR DUTIES AND R	ESDONSIBILITIES	
DESCRIBE FOLET FOOR WAJOR DOTTES AND R	ESF ONSIBILITIES	
NAME AND ADDRESS OF EMPLOYER	POSITION TITLE	NAME AND TITLE OF IMMEDIATE SUPERVISOR
DATES OF EMPLOYMENT	NO. HOURS WORKED EACH WEEK:	
FromTO	_	
DESCRIBE FULLY YOUR MAJOR DUTIES AND R	ESDONSIBILITIES	
DESCRIBE FOLET FOOR WAJOR DOTTES AND R	ESF ONSIBILITIES	
WERE YOU EVER CONVICTED OF A C	RIMINAL OFFENSE OR HAVE VO	U FORFEITED BOND OR COLLATERAL IN CONNECTION WITH A
		misdemeanor, including any summary offense. Omit only (1) minor traffic
		adjudicated in juvenile court or under a youth offender law). Conviction of a
criminal offense is not a bar to employment in		
If "Yes", give details on a separate sh	neet of paper. Be sure to include	your social security number.
-	Yes	No
ARE THERE ANY CRIMINAL CHARGES	PENDING AGAINST YOU? IF "YE	S" PLEASE GIVE DETAILS.
	Yes	No
I HEREBY CERTIFY THAT ALL STATEMENTS ARE	COMPLETE AND CORRECT TO THE BEST	OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ALL STATEMENTS
CONTAINED HEREIN WILL BE VERIFIED AND TH	HAT WILLFUL MISREPRESENTATION WILL	RESULT IN DISMISSAL.
SIGNATURE		DATE