

KELSCH ASSOCIATES, Inc
319 N Pottstown Pike, Suite 305
Exton, PA 19341
www.kelschassociates.org

Providing Residential and Day Program Services in Chester County since 1977

PHONE # 610-363-0920

FAX # 610-363-7865

EMPLOYMENT QUESTIONNAIRE FOR EXTON, PA location ONLY

If interested in being considered for employment, please complete all sections and fax to the main office 610-363-7865.

This is a shortened version of our employment application. If you are selected for an interview you will have to complete the additional sections at the time of interview.

Name: _____ **Email Address:** _____

A. DRIVER'S LICENSE: To be considered for a position, all applicants need a valid driver's license.

_____ Do you have a valid driver's license? Write YES or NO on the line provided.

D.L # _____ State: _____

PLEASE NOTE: An acceptable driving history record is a requirement for maintaining employment.

SIGNATURE: _____

B. ALL ACQUIRED EDUCATION: Answer YES or NO on the line provided:

_____ HS Diploma – **if yes**, from what education institution? _____

_____ GED – **if yes**, from what educational institution? _____

_____ 2 year or 4 year degree (**Circle 2 or 4 year**), if yes, in what field? _____

_____ What educational institution? _____

_____ Some college, **if yes**, how many credits? _____ What educational institution? _____

C. AGE: To be considered for a position, you must be 18 years of age or older. Write YES or NO on the line provided.

_____ Are you 18 years of age or older?

D. TRAVEL TIME: Our residential programs are located throughout Chester County, PA. To be considered for a position, all applicants must be willing to work at ANY of our locations.

Are you willing to work in Phoenixville, Malvern, Downingtown, Honey Brook, Coatesville, Parkesburg and Exton? YES _____ NO _____

E. AVAILABILITY (if hired):

_____ 1. When could you start

_____ 2. Write YES or NO. Are you planning to work a short period of time, if yes explain why:

_____ 3. Write **YES** or **NO**. Attendance at staff meetings is Mandatory. Meetings are held for 1 hour every other week, between 9:00am & 6:30pm. (During hours you may not be scheduled to work or have other obligations.) **Will you attend?** If you can not, you will not be considered for hire.

_____ 4. Write **YES** or **NO**. In your first six months of employment you will be scheduled to attend five training sessions. After this period, you will be scheduled for 24 hours of training annually. These trainings are held typically Mondays thru Fridays between the hours of 9:00am & 7:00pm & occasionally on Saturdays. **Will you attend?**

F. FLEXIBILITY: We provide training in the following areas. To be considered for a position, all applicants must be willing to complete the tasks below. Answer YES or NO in the space provided:

_____ 1. Will you change attends on adults?

_____ 2. Will you assist in transferring individuals?

_____ 3. Will you work with individuals with challenging behaviors?

G. CURRENT SCHOOL OBLIGATIONS:

1. Name of School: _____ Location: _____

2. Term begins: _____ Term ends: _____

3. Will you be receiving college credits? _____

4. List school hours (time of each class taking) under the appropriate day(s):
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

H. WORK OBLIGATIONS: If you are hired here and plan to work at another job, please list the hours you plan to work your other job under the appropriate day. **If the hours you note below conflict with a position you are interested in, you won't be considered for that position:**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I. TRAINING (not requirement for hire): Write **YES** or **NO** on the line provided:

_____ CPR, if yes, expiration date _____

_____ First Aid, if yes, expiration date _____

J. RESIDENTAL SHIFTS: Residential programs operate 24 hours a day, 365 days of the year. You will be required to work holidays, unless you receive approved personal time. Your hours will vary day to day and week to week and will require you to work weekends (except PT Monday thru Friday shifts). All shifts involve teaching individuals how to become more independent in their daily living skills. Please check the shifts(s) you can work.

***If more than one, rank order only those shifts you're interested in working.**

_____ 1. **PROGRAM SUPPORT MANAGER (Bachelors Degree required):** Hours and days scheduled vary day to day and week to week. Scheduled 5 days, 40 hours per week. Any amount of hours will be scheduled Mon. thru Fri. between 2:30 pm and midnight. Sat. and Sun. up to 10 hours between 8:00 am and midnight. Every Other Weekend Off.

_____ 2. **FULL TIME 2nd SHIFT:** Hours and days scheduled vary day to day and week to week. Any amount of hours will be scheduled Mon. thru Fri. between 2:30 pm and midnight. Sat. and Sun. up to 10 hours between 8:00 am and midnight. Weekend work is required; scheduled off days will be weekdays (may be occasional weekends off).

_____ 3. **FULL TIME DAY/WEEKEND SHIFT:** Hours and days scheduled vary day to day and week to week. Any amount of hours will be schedule Mon thru Fri between 7am-4:30pm. Sat and Sun up to 10 hours between 8:00am and midnight. Weekend work is required; scheduled off days will be weekdays.

_____ 4. **FULL TIME 3RD SHIFT:** Hours and days scheduled vary day to day and week to week. Most of the 3rd shift, from start time until individuals awake, is spent cleaning. Weekend work is required; Hours scheduled between 11:00 pm and 9:30 am any night of the week. Four or five. shifts per week up to 10 hours per shift

_____ 5. **FULL TIME DAY:** 5 Day week. Mon. thru Fri., any amount of hours between 7:30 am & 5:00 pm. 37.5 hours a week.

_____ 6. **PART TIME DAY:** 5 Day week. Mon. thru Fri., any amount of hours between 8:30 am & 4:30 pm. 27.5 hours a week

K. DAY PROGRAM SHIFT: Involves teaching individuals how to become more independent in their daily living skills and teaching job skills e.g., lawn care, clerical, and housekeeping. Also includes riding on the bus to act as a monitor.

_____ 9. **FULL TIME:** Monday thru Friday starting as early as 7:30 am & ending as late as 5:00 pm, 37.5 hours per week.

L. PT & FT WEEKEND RESIDENTAL SHIFTS: Residential programs operate 24 hours a day, 365 days of the year. You will be required to work holidays, unless you receive approved personal time. All shifts involve

teaching individuals how to become more independent in their daily living skills. Please check the shifts(s) you can work.

***If interested in more than one shift, rank in order of level of interest.**

- _____ 1. **PT** 10 hrs Saturday and Sunday for 20 hrs per/wk.
- _____ 2. **PT** 10 hrs just Saturday for 10 hrs per/wk.
- _____ 3. **PT** 10 hrs just Sunday for 10 hrs per/wk.
- _____ 4. **PT Weekend Day Shift** 8 hrs between 8am-5pm both Saturday and Sunday for 16 hrs per/wk.
- _____ 5. **PT Weekend 2nd Shift** 8 hrs between 2:30-Midnight both Saturday and Sunday for 16 hrs per/wk.
- _____ 6. **FT Weekend Double Shift** 16 hrs both Saturday and Sunday from 8am-midnight for 32 hrs per/wk. This position is full time and qualifies for benefits.

VI. EMPLOYMENT APPLICATION

A. POSITION APPLIED FOR		B. DATE	C. HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, NOTE MONTH AND YEAR:		
D. LAST NAME	FIRST NAME	MIDDLE INITIAL	E. SOCIAL SECURITY #	F. TELEPHONE #
		BEST TIME TO CALL		
G. ADDRESS		CITY	COUNTY	STATE
		ZIP CODE		
H. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
I. ARE YOUR SCHOOL/EMPLOYMENT RECORDS LISTED UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO			J. IF ITEM I IS YES, LIST NAME HERE	
K. HAVE YOU BEEN INVOLVED IN AN AUTO ACCIDENT IN THE PAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE THE ACCIDENT?				
L. EMPLOYMENT RECORD: LIST YOUR COMPLETE EMPLOYMENT RECORD, INCLUDING PERIODS OF UNEMPLOYMENT, STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARDS, (INCLUDING PAID EMPLOYMENT, VOLUNTEER OR UNPAID WORK AND MILITARY SERVICES WHICH IN YOUR OPINION HELPS TO QUALIFY YOU FOR THE JOB YOU WANT. BE SURE TO LIST ALL PAST EMPLOYERS AND PHONE NUMBERS.				
1. NAME/ADDRESS/PHONE # OF EMPLOYER		POSITION TITLE:		NAME & TITLE OF IMMEDIATE SUPERVISOR:
		# EMPLOYEES SUPERVISED		
		DATES OF EMPLOYMENT (M/Y) FROM: TO:		
		# OF HOURS WORKED EACH WEEK		
DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES:				
HAVE YOU EVER BEEN DISCIPLINE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN HAVE YOU EVER BEEN TERMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN			REASON FOR LEAVING?	
			HOW MUCH NOTICE DID YOU GIVE YOUR EMPLOYER?	
2. NAME/ADDRESS/PHONE # OF EMPLOYER		POSITION TITLE:		NAME & TITLE OF IMMEDIATE SUPERVISOR:
		# EMPLOYEES SUPERVISED		
		DATES OF EMPLOYMENT (M/Y) FROM: TO:		
		# OF HOURS WORKED EACH WEEK		
DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES:				
HAVE YOU EVER BEEN DISCIPLINE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN HAVE YOU EVER BEEN TERMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN			REASON FOR LEAVING?	
			HOW MUCH NOTICE DID YOU GIVE YOUR EMPLOYER?	

3. NAME/ADDRESS/PHONE # OF EMPLOYER	POSITION TITLE:	NAME & TITLE OF IMMEDIATE SUPERVISOR:
	# EMPLOYEES SUPERVISED	
	DATES OF EMPLOYMENT (M/Y) FROM: TO:	
		# OF HOURS WORKED EACH WEEK

DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES:

HAVE YOU EVER BEEN DISCIPLINED? YES NO
IF YES, EXPLAIN
HAVE YOU EVER BEEN TERMINATED? YES NO
IF YES, EXPLAIN

REASON FOR LEAVING?

HOW MUCH NOTICE DID YOU GIVE YOUR EMPLOYER?

4. NAME/ADDRESS/PHONE # OF EMPLOYER	POSITION TITLE:	NAME & TITLE OF IMMEDIATE SUPERVISOR:
	# EMPLOYEES SUPERVISED	
	DATES OF EMPLOYMENT (M/Y) FROM: TO:	
		# OF HOURS WORKED EACH WEEK

DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES:

HAVE YOU EVER BEEN DISCIPLINED? YES NO
IF YES, EXPLAIN
HAVE YOU EVER BEEN TERMINATED? YES NO
IF YES, EXPLAIN

REASON FOR LEAVING?

HOW MUCH NOTICE DID YOU GIVE YOUR EMPLOYER?

5. NAME/ADDRESS/PHONE # OF EMPLOYER	POSITION TITLE:	NAME & TITLE OF IMMEDIATE SUPERVISOR:
	# EMPLOYEES SUPERVISED	
	DATES OF EMPLOYMENT (M/Y) FROM: TO:	
		# OF HOURS WORKED EACH WEEK

DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES:

HAVE YOU EVER BEEN DISCIPLINED? YES NO
IF YES, EXPLAIN
HAVE YOU EVER BEEN TERMINATED? YES NO
IF YES, EXPLAIN

REASON FOR LEAVING?

HOW MUCH NOTICE DID YOU GIVE YOUR EMPLOYER?

I HEREBY CERTIFY THAT ALL STATEMENTS ARE FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ALL STATEMENTS CONTAINED HEREIN WILL BE VERIFIED AND THAT WILLFUL MISREPRESENTATION WILL RESULT IN DISMISSAL.

DATE: _____ SIGNATURE: _____

I HEREBY AUTHORIZE KELSCH ASSOCIATES, INC. TO CONTACT PRIOR EMPLOYERS LISTED ABOVE TO OBTAIN ANY AND ALL INFORMATION RELATED TO PAST WORK PERFORMANCE.

DATE: _____ SIGNATURE: _____