

**T. W. PONESSA & ASSOCIATES COUNSELING SERVICES, INC.**  
**APPLICATION FOR EMPLOYMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST FIRST MI

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE NO: \_\_\_\_\_  
HOME CELL PHONE

EMAIL ADDRESS: \_\_\_\_\_

PROGRAM INTEREST(S):  Mental Health Outpatient  School Based Outpatient  IBHS Billing  
 Substance Use Disorder Outpatient  Support Staff  Medical Department  Partial Hospital Program

POSITION DESIRED: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_  Full-time or  Part-time

How Did You Learn About Us?  Advertisement  Job Fair (Specify): \_\_\_\_\_  TW Ponessa Website  
 Relative/Friend  TW Ponessa Employee \_\_\_\_\_  Walk-In  Other: \_\_\_\_\_

Are there limitations to your schedule?  YES  NO

If yes, please state day/time unavailable for work: \_\_\_\_\_

Have you ever filed an application with us before?  YES  NO If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?  YES  NO If yes, give date: \_\_\_\_\_

Some positions require a valid PA driver's license. Do you have a valid PA driver's license?  YES  NO

Do you have a dependable vehicle available for work if a vehicle is required?  YES  NO

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DIPLOMA/ DEGREE	COURSE OF STUDY
HIGH SCHOOL				
UNDERGRADUATE STUDY				
GRADUATE				
TRADE, BUSINESS, MILITARY, OTHER				

List any professional license(s): \_\_\_\_\_ License number(s): \_\_\_\_\_

If you have a professional license, has your professional license ever been revoked?  YES  NO

If yes, please explain: \_\_\_\_\_



EMPLOYER NAME/ADDRESS	STARTING DATE	ENDING DATE	JOB TITLE:
	STARTING SALARY	ENDING SALARY	JOB DUTIES:
PHONE NO:	SUPERVISOR NAME:	REASON FOR LEAVING:	

**If you need additional space, please continue on a separate sheet of paper.**

**GENERAL INFORMATION:**

1. Have you ever been an adjudicated delinquent of any offense and/or convicted (or plead guilty) of a summary, misdemeanor, or felony offense in this state or any other state?     YES     NO

If yes, please explain: \_\_\_\_\_

(Information regarding convictions will not necessarily disqualify you for employment, but will be reviewed in light of duties and responsibilities of the position being sought.)

2. Have you ever received Accelerated Rehabilitated Disposition (ARD) for any offense?     YES     NO

3. Have you ever been terminated from any job for any reason?     YES     NO

4. To your knowledge, are you related to any current employee of TW Ponessa & Associates?     YES     NO

If yes, please state the name of the individual: \_\_\_\_\_

What is your relationship to him/her? \_\_\_\_\_

5. To your knowledge, do you, a family member, or anyone living in your household currently receive services at TW Ponessa & Associates?     YES     NO

6. To your knowledge, have you, a family member, or anyone living in your household previously received services at TW Ponessa & Associates?     YES     NO

If yes, who was the individual: \_\_\_\_\_ and when: \_\_\_\_\_

7. Are you a US citizen, US national, lawful permanent resident, lawful temporary resident, asylee, or refugee?     YES     NO

(The term "Lawful Temporary Resident" refers to aliens granted temporary resident status under amnesty programs, not to aliens holding short-term visas such as the H-1B, J, or F).

If "Yes", do not answer question 8.

If "No", please answer question 8.

8. a) What is your current immigration status? \_\_\_\_\_

When does this status expire? \_\_\_\_\_

Month/Day/Year

b) Do you have an Employment Authorization Document?  YES  NO

If "yes", when does it expire? \_\_\_\_\_

Month/Day/Year

I hereby give T. W. Ponessa & Associates the right to make a thorough investigation into my previous employment, education, and references. I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless T. W. Ponessa & Associates from any liability which might result from such an investigation.

I understand that any false answers, statements or representations made by me in this application shall constitute sufficient cause for dismissal. I understand that nothing contained in this application or granting of an interview is intended to create an employment contract between T. W. Ponessa & Associates and myself.

If an employment relationship is established, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.

I understand that, if accepted for employment, I must abide by the rules and policies of T. W. Ponessa & Associates and that I will be hired in a probationary status not to exceed 180 days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### APPLICANT'S STATEMENT

#### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release to T.W. Ponessa & Associates Counseling Services, Inc., of any and all information relative to my qualification for employment, including but not limited to dates of employment, attendance records, performance ratings, rates of pay and eligibility for reemployment. I authorize its release without penalty or liability. A photocopy of this authorization shall be considered as valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

T. W. PONESSA & ASSOCIATES IS AN EQUAL OPPORTUNITY EMPLOYER. THE PERSONNEL POLICIES ARE DESIGNED TO ASSURE EQUAL TREATMENT OF ALL INDIVIDUALS WITH REGARD TO EMPLOYMENT REGARDLESS OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, AGE, VETERAN'S STATUS, OR NON-JOB RELATED PHYSICAL OR MENTAL HANDICAP OR DISABILITY.

Revised 4/7/2021