

Please follow the steps listed below to complete your Application for Employment at ACI:

1. Make sure you have filled in all of the information requested on the application. If you have a resume, you may enclose it, but we still ask you to complete the entire application.

It is important that all information regarding your employment history is complete, including dates of employment and the phone numbers. This information is needed to check your employment and/or professional references, which is the second step in processing your application.

If you do not have all of this information, you may ask the receptionist for a phone book to look up local addresses and phone numbers. **Please note that if your application is lacking key information, you may be asked to reschedule the interview.**

2. After you have completed the application, please review the attached document regarding a criminal history record check. Please read and sign the bottom of the criminal history record check form. Your signature indicates that you have not been convicted of any of the offenses listed on the back of the document. **Please note that a criminal history check is done on all applicants to whom we offer employment.**
3. Please also review the enclosed document titled APPLICANT CONSENT FORM. Read this document regarding ACI's drug testing policy and complete the bottom of the form as indicated. Your signature on this form indicates your consent to comply with drug testing completed during the pre-employment physical after employment is offered.
4. The back of this form contains an outline of ACI's benefits for full time employees. We will review this information in your interview.
5. When you are done you may return all of this information to the secretary. She will assist you if you have any further questions.

Allegheny Children's Initiative, Inc. is committed to coordinating community-based, family-oriented mental health services to children and adolescents for whom interventions and supports are limited, not available, or unproductive.

*Thank you for your interest in
Allegheny Children's Initiative, Inc.*

BENEFIT	DESCRIPTION	ELIGIBILITY
HEALTH COVERAGE	Health America PPO Plan Plan #1000 Employee Contribution Range: \$85 to \$150	2 Months; 40 Hours/Week
DENTAL COVERAGE	United Concordia Dental Plan can be purchase for \$42.04 per month	2 Months; 40 Hours/Week
VISION COVERAGE	Highmark "Fashion Focus" Vision can be purchase for \$11.80 per month	2 Months; 40 Hours/Week
PAID TIME OFF	Four Weeks (20 Days) Five Weeks (25 Days)	Date of Hire; 40 Hours/Week 5+ Years, 40 Hours/Week
HOLIDAY TIME	8.5 Defined Holidays	Date of Hire
SHORT TERM DISABILITY	\$100.00 per week, 26 weeks 14 day waiting period	1 Month; 40 Hours/Week
LIFE INSURANCE	Salary, rounded to next \$1000	1 Month: 40 Hours/Week
ACCIDENTAL DEATH & DISMEMBERMENT	As per schedule of benefits	1 Month: 40 Hours/Week
SUPPLEMENTAL INSURANCE: A.F.L.A.C.	Optional supplemental insurance paid by the employee	Date of Hire; 40 Hours/Week
RETIREMENT: PENSION PLAN	Defined Contribution at 6% Vested after 3 years of service paid by ACI	1 Year of Service and 21 years old
TAX-DEFERRED ANNUITY	Optional 403.(b) retirement savings paid by the employee	Date of Hire; 40 Hours/Week
LEAVES OF ABSENCE: MEDICAL MATERNITY PATERNITY FAMILY CARE JURY DUTY COMPASSIONATE	FMLA-12 Wks, Extended - 14 Wks FMLA-12 Wks, Extended - 14 Wks FMLA-12 Wks, Extended - 14 Wks FMLA-12 Wks Pay difference 4 Days for Death in Family	As Per Policies/Proc. As Per Policies/Proc. As Per Policies/Proc. As Per Policies/Proc. Date of Hire Date of Hire
OTHER INSURANCES: WORKER'S COMP. F.I.C.A. UNEMPLOYMENT COMP.	Insurance provided by P.F.Q. 6.75% paid toward your Social Security Fund Paid	Date of Hire Date of Hire Date of Hire

Information herein is current as of 7/1/11



APPLICATION FOR EMPLOYMENT

(Please print)

DATE _____ SOCIAL SECURITY NUMBER _____

NAME _____
First Middle Last

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (_____) _____ (_____) _____
Area Code Home Area Code Work/Message

2304 Jane Street
Pittsburgh PA 15203
Phone: 412-431-8006
Fax: 412-431-8124

AVAILABILITY FOR WORK

POSITION APPLIED FOR _____ DATE YOU CAN START _____

FULL TIME _____ PART TIME _____ SALARY REQUIRED _____

REFERRAL SOURCE: NEWSPAPER AD SCHOOL EMPLOYEE FRIEND
 AGENCY WALK-IN OTHER

NAME OF REFERRAL SOURCE: _____

HAVE YOU EVER APPLIED FOR A POSITION WITHIN CITIZEN CARE, INC. OR ALLEGHENY CHILDREN'S INITIATIVE, INC.? YES NO
IF YES, WHEN? _____

HAVE YOU EVER BEEN EMPLOYED BY CITIZEN CARE, INC. OR ALLEGHENY CHILDREN'S INITIATIVE, INC.? YES NO
IF YES, WHEN? _____

EDUCATION

NAME & LOCATION YEARS ATTENDED GRADUATED YES/NO CERTIFICATE/ DEGREE/DIPLOMA COURSE/MAJOR

HIGH SCHOOL _____

COLLEGE (Undergraduate) _____

COLLEGE (Graduate) _____

BUSINESS/TRADE/ TECHNICAL _____

OTHER COURSE WORK _____

PARTNERS FOR QUALITY, INC. CORPORATE OFFICE:
250 Clever Road
McKees Rocks, PA 15136
412-446-0700 / Fax 412-446-0749

PROFESSIONAL LICENSES/ CERTIFICATION

TYPE

STATE

REGISTRATION NUMBER

ISSUE DATE

EXPIRATION DATE

U. S. MILITARY SERVICE

MILITARY SERVICE YES NO DATE ENTERED: _____
BRANCH _____ DATE DISCHARGED: _____
DUTIES/SKILLS _____

GENERAL INFORMATION

IF HIRED, DO YOU HAVE A **RELIABLE** MEANS OF TRANSPORTATION TO GET TO WORK? YES NO
ARE YOU A U. S. CITIZEN? YES NO IF NO, WHAT TYPE OF VISA DO YOU HOLD? _____
ARE YOU A CURRENT RESIDENT OF PENNSYLVANIA? YES NO
ANY RELATIVES CURRENTLY EMPLOYED BY CITIZEN CARE, INC. OR ALLEGHENY CHILDREN’S INITIATIVE? YES NO
IF YES, LIST NAME(S): _____
HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES? YES NO
IF YES, EXPLAIN _____

(As per Federal Regulations, a criminal history record check is completed on all new hires)

DO YOU HOLD A VALID PA DRIVER’S LICENSE? YES NO IF NO, STATE: _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT/EMERGENCY

NAME _____ TELEPHONE () _____
ADDRESS _____
RELATIONSHIP _____

EMPLOYMENT HISTORY

List present or most recent employer first

EMPLOYER: _____ TELEPHONE NUMBER: () _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

EMPLOYMENT DATES: BEGINNING _____ ENDING _____ POSITION HELD _____

DUTIES _____

SALARY: BEGINNING _____ PER _____ ENDING _____ PER _____

REASON/S FOR LEAVING _____ SUPERVISOR _____

EMPLOYER: _____ TELEPHONE NUMBER: () _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

EMPLOYMENT DATES: BEGINNING _____ ENDING _____ POSITION HELD _____

DUTIES _____

SALARY: BEGINNING _____ PER _____ ENDING _____ PER _____

REASON/S FOR LEAVING _____ SUPERVISOR _____

EMPLOYER: _____ TELEPHONE NUMBER: () _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

EMPLOYMENT DATES: BEGINNING _____ ENDING _____ POSITION HELD _____

DUTIES _____

SALARY: BEGINNING _____ PER _____ ENDING _____ PER _____

REASON/S FOR LEAVING _____ SUPERVISOR _____

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? YES NO

SUMMARY OF OTHER WORK/VOLUNTEER EXPERIENCES: _____

PROFESSIONAL REFERENCES

(Include former coworkers, professors, etc.)

NAME: _____ OCCUPATION: _____

FULL ADDRESS: _____ PHONE: () _____

NAME: _____ OCCUPATION: _____

FULL ADDRESS: _____ PHONE: () _____

AGREEMENT AND RELEASE

I hereby authorize Citizen Care, Inc./Allegheny Children's Initiative, Inc. to make whatever inquiries and investigations it deems necessary of any person, organization, or law enforcement agency to verify any of the information given to determine my background, qualifications, and abilities.

I also authorize any school official and any other person or organization having control of any information pertaining to me on my application for employment to furnish the information to Citizen Care, Inc./Allegheny Children's Initiative, Inc. I hereby release and exonerate any such school official or any other person or organization from any and all liability of whatsoever nature and kind in relation to compliance with a request for such information from Citizen Care, Inc./Allegheny Children's Initiative, Inc.

I hereby certify that I have read and completed the application for employment form and fully understand all the questions and answers contained therein, and that the information furnished is correct.

I fully understand and agree that any false statement, misrepresentation or significant omissions contained herein, will fully justify and, at the option of Citizen Care, Inc./Allegheny Children's Initiative, Inc., may cause my dismissal, if employed, from employment of Citizen Care, Inc./Allegheny Children's Initiative, Inc. regardless of the time when any statement may be found to be false or a misrepresentation.

I fully understand that, in compliance with Department of Public Welfare Regulations, I will be given a physical examination and that my employment is contingent upon this examination and being free from contagious disease.

I also agree, if employed, to serve to the best of my abilities, to abide by the policies, procedures, rules and Regulations of Citizen Care, Inc./Allegheny Children's Initiative, Inc., and that my employment and compensation can be terminated with or without cause, and with or without notice, by Citizen Care, Inc./Allegheny Children's Initiative, Inc. at any time.

Applicant Signature

Date

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

HIRED _____ STARTING DATE _____ SHIFT _____ POSITION _____

NOT HIRED _____ REASON _____

AN EQUAL OPPORTUNITY EMPLOYER

ALLEGHENY CHILDREN'S INITIATIVE, INC.
A subsidiary of Partners For Quality, Inc.
APPLICANT CLEARANCES FORM

I do **OR do not** possess a *current* (less than 12 months old) **Pennsylvania Child Abuse History Clearance** and can present the original form upon hire. I understand that I cannot be considered for employment until I have this clearance.

Applicant Signature

Date

I do **OR do not** possess a *current* (less than 12 months old) **Pennsylvania State Police Criminal Record Check** and can present the original form upon hire. I understand that I cannot be considered for employment until I have this clearance.

Applicant Signature

Date

I do **OR do not** possess a *current* (less than 12 months old) **Pennsylvania Act 73 of 2007 Federal (FBI) Criminal History Report** and can present the original form upon hire. I understand that I cannot be considered for employment until I have this clearance.

Applicant Signature

Date

interoffice

MEMORANDUM

to: ALLEGHENY CHILDREN'S INITIATIVE, INC. APPLICANT
from: GROVE W. DEMING, EXECUTIVE DIRECTOR/HUMAN RESOURCES
re: CRIMINAL HISTORY RECORD CHECK

Title 23 Pa.C.S. Section 6344 (under Grounds for denying employment) prohibits Allegheny Children's Initiative from employing a person who has been convicted of certain crimes. On the reverse side of this memo is a copy of the list of crimes. Please review this list and inform the interviewer if you have a conviction that is included on the list.

This Section also requires Allegheny Children's Initiative to do a Criminal History Record Check on all new employees. If we are able to offer you a position, we will do this check.

Please be advised that any false statement, misrepresentation or significant omission on your application and/or this form is grounds for ending your relationship with Allegheny Children's Initiative, regardless of when the information is found to be false or misrepresented.

I have reviewed the attached list of *Prohibitive Offenses 23 Pa.C.S. § 6344 (c) (2)*. To the best of my knowledge, I have not been convicted of any crime on the list.

Signature

Date

(Over)

PROHIBITIVE OFFENSES
23 Pa.C.S. § 6344 (c) (2)

Offense Code	Prohibitive Offense	Type of Conviction
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting In Death	Any
CC2702	Aggravated Assault	Any
CC2709.1	(relating to stalking)	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
CC4302	Incest	Any
CC4303	Concealing Death of a Childs	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC5902(b)	Promoting Prostitution	Felony
CC5903(c)	Obscene and Other Sexual Materials to Minors	Any
CC5903(d)	Obscene and Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CS13A12	Acquisition of Controlled Substance by <i>Fraud</i>	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A36	Illegal Sale of Non Controlled Substance	Felony
CS13A37	Designer Drugs	Felony

APPLICANT CONSENT FORM

I understand that, as part of the application for employment process, a test is required to detect illegal use of drugs. The cost of the test will be paid by Partners For Quality, Inc. (PFQ).

I consent to this test and agree to undergo this test.

I consent to allow the testing facility and its personnel to disclose the results of this test to PFQ.

I waive any claim that I might have against PFQ, the testing facility, and their personnel for any act or omission that occurs in connection with this test and the use of the results of this test.

I understand that the results of this test will be considered by PFQ to determine whether to offer employment, to revoke an employment offer, or to terminate employment.

I understand that, if hired, I must comply with PFQ's Alcohol and Drug-Free Workplace Policy. Copies of this Policy are available upon request.

Applicant:

Print Name: _____

Signature: _____

Date: _____