

RONALD McDONALD HOUSE CHARITIES OF CENTRAL PA
Application for Employment

Name _____ Date _____
Address _____
Eve. Phone _____ Cell Phone _____ Day Phone _____
e-mail _____

Position desired: _____ Date available _____
Salary Requirements: _____

Education

Name of High School _____ Diploma Yes ___ No ___
City _____ State _____

College/Other
Name of School _____ Major _____ Degree _____
_____ Major _____ Degree _____

Have you ever been employed by this or any other Ronald McDonald House Charities? Yes/No
If yes, dates _____ place _____

Work History (most current first)

Employer _____ City/State _____
Supervisor _____ Their title _____ Phone _____
Your Position _____ Dates of Employment _____
Start Salary _____ End Salary _____
Reason for leaving _____

Employer _____ City/State _____
Supervisor _____ Their title _____ Phone _____
Your Position _____ Dates of Employment _____
Start Salary _____ End Salary _____
Reason for leaving _____

(OVER PLEASE)

Employer _____ City/State _____
Supervisor _____ Their title _____ Phone _____
Your Position _____ Dates of Employment _____
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Your Position _____ Dates of Employment _____
Start Salary _____ End Salary _____
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Have you ever been arrested? Yes/No

If yes, please explain

Do you have any physical limitations or special needs?

Lifting _____ Bending _____ Climbing Stairs _____ Other _____

Do you have any special skills you can share with RMHC?

Computer _____ Home Repairs _____ Cooking _____ Decorating _____

Newsletters _____ Fundraising _____ Foreign Language _____

Others _____

References

Please list three names with phone numbers:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

By applying for employment at RMCH of Central PA, I authorize RMHC to contact my references or otherwise validate the information I have shared. I authorize RMHC to conduct a child abuse and criminal background clearance check. I agree to maintain privacy of all guest and/or patient information. I certify that all statements on this application are true and complete to the best of my knowledge.

Applicant signature _____ Date _____

RMHC, 745 West Governor Road, Hershey PA 17033 (717) 533-4001 Fax: (717) 533-1299

