

**DEVELOPMENTAL EDUCATION SERVICES
OF MONROE COUNTY, INC.**
400 Powerhouse Lane, Stroudsburg, PA 18360
570-424-5410 FAX 570-424-5664 DEVED@PTD.NET

APPLICATION FOR EMPLOYMENT

Developmental Education Services (Dev Ed) considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of any disability, or any other legally protected status. EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT OR TYPE LEGIBLY Date of Application: _____

Position(s) applied for: _____

Seeking: Full time _____ Part time _____ Other _____ Date Available _____

Have you ever been employed by Dev Ed? Yes _____ No _____ If yes, date _____

Applicant's Name: First _____ Last _____ MI _____

Address: _____ City: _____ State: _____

Telephone #: _____ Social Security #: _____

Are you: Under 16 years of age _____ Over 16 years of age _____

Are you a veteran of the U.S. Military Service? Branch _____ Yes _____ No _____

Are you legally employable under the U.S. Immigration Laws? Yes _____ No _____

Can you travel if job requires? Yes _____ No _____

Do you have adequate transportation to be able to report to work, as required by the job? Yes _____ No _____

Have you ever been convicted of a felony or a misdemeanor? Yes _____ No _____

- If yes, describe in full including dates; such convictions may be relevant if job-related, but may not necessarily disqualify applicant from employment.

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EDUCATION HISTORY

Name & Location	# Years Attended	Graduated Yes No	Course of Study/Degree
HIGH SCHOOL _____			
COLLEGE/ UNIVERSITY _____			
GRAD / PROF SCHOOL _____			
TRADE / BUSINESS SCHOOL _____			
OTHER _____			

List trade or professional organizations of which you are a member, including offices held (you may exclude those that would reveal sex, race, religion, national origin, age ancestry, handicap or other protected status).

List additional skills, education and/or training which pertains to the position(s) applied for.

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REFERENCES

Give the Names, Addresses and Phone Numbers of at least three (3) individuals (not related to you) that have agreed to provide information regarding your suitability for employment.

NAME	ADDRESS	PHONE NO.

CONSENT TO OBTAIN INFORMATION

I hereby authorize the release to Developmental Education Services of any or all reference information with respect to my academic and/or employment records including final evaluations and recommendations for future employment.

Signature of Applicant

Date

I have also worked under the Name: _____

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PRIOR EMPLOYMENT EXPERIENCE

Starting with your present/most recent job, list positions or assignments held for the last 10 years – if more than three previous employers, use the available space on the back of this application form.

May we contact your previous employers? Yes _____ No _____ Initial Here: _____

Employer: _____

Address _____ Phone _____

Job Title _____ Employed From _____ To _____

Duties and Responsibilities _____

Supervisor's Name _____

Reason for Leaving _____

Employer: _____

Address _____ Phone _____

Job Title _____ Employed From _____ To _____

Duties and Responsibilities _____

Supervisor's Name _____

Reason for Leaving _____

Employer: _____

Address _____ Phone _____

Job Title _____ Employed From _____ To _____

Duties and Responsibilities _____

Supervisor's Name _____

Reason for Leaving _____

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APPLICANT'S STATEMENT

I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may result in my dismissal from employment, if discovered at a later date. I agree to immediately notify Developmental Education Services if I should be convicted of a felony, or any crime involving dishonestly or a breach of trust while my job application is pending, or during my employment with Developmental Education Services, if hired.

I authorize investigation of all statements contained in this application and accompanying resume, if any. I also authorize Developmental Education Services to contact my present employer (unless otherwise noted in this application form), past employers, and any or all references listed.

I understand that neither this document nor any offer of employment from Developmental Education Services constitute an employment contract. I also understand that if I am hired either Developmental Education Services or I may terminate my employment with Developmental Education Services at will for any or no reason.

I understand that if my employment is terminated by Developmental Education Services for dishonesty, breach of trust, or any criminal act, the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with my position with Developmental Education Services.

Signature of Applicant

Date