

Please complete this application and return to [jobs@centercityphila.org](mailto:jobs@centercityphila.org). Center City District is an Equal Opportunity employer and complies with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this Application is intended to elicit information in violation of any such law, nor will any information obtained in response to any question be used in violation of any such law. Center City District complies with the law regarding reasonable accommodations for disabled applicants. Applicants who require reasonable accommodations to participate in the interview process should contact Human Resources to arrange for such accommodation.

**PERSONAL HISTORY** (Please Print)

Name (Last, first, middle initial)	SSN	Date	
Address	City	State	Zip
Telephone Number	Mobile Number		
Email Address			

**Are you authorized to work in the United States?**  Yes  No

**Do you have a valid driver's license?**  Yes  No

State	Number	Expiration Date
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**Are you at least 18 years of age?**  Yes  No

**In the last five years, have you been terminated from a job?**  Yes  No

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

**How long have you lived at your current address?** \_\_\_\_\_

**List your prior addresses for the last 10 years:** \_\_\_\_\_

**List all former names (including birth name):** \_\_\_\_\_

**Desired Position:** \_\_\_\_\_ **Desired Salary:** \_\_\_\_\_

**Are you available to work weekends, shift work, and holidays?**  Yes  No

**If not, please explain:** \_\_\_\_\_

**How did you hear about the position?** \_\_\_\_\_

**Are you related to any current CCD employee?**  Yes  No **If yes, name?** \_\_\_\_\_

**Date available to begin work?** \_\_\_\_\_

**WORK EXPERIENCE:** Please begin with your most recent employment and record back minimally, five years of employment. Add additional sheets as needed. Please provide complete information. You may attach a resume, but you must complete this section of the application as well. CCD may verify all information described in this section.

<b>Employer Name (1)</b>	Employed from/to		
Address	City	State	Zip
Position held	Number of hours worked		
Supervisor	Phone Number		
Duties and responsibilities			
Reason for leaving			

<b>Employer Name (2)</b>	Employed from/to		
Address	City	State	Zip
Position held	Number of hours worked		
Supervisor	Phone Number		
Duties and responsibilities			
Reason for leaving			

<b>Employer Name (3)</b>	Employed from/to		
Address	City	State	Zip
Position held	Number of hours worked		
Supervisor	Phone Number		
Duties and responsibilities			
Reason for leaving			

<b>Employer Name (4)</b>	Employed from/to		
Address	City	State	Zip
Position held	Number of hours worked		
Supervisor	Phone Number		
Duties and responsibilities			
Reason for leaving			

**EDUCATIONAL HISTORY:** CCD may verify with the sponsoring educational organization all information disclosed in this section.

<b>SCHOOLS</b>	Print name, city/state	Years attended	Major	Did you graduate?	If so, list degree
High School					
College					
Graduate					
Other					

**SKILLS & CERTIFICATIONS:** List any special trainings or certifications you may have received. Also list any skills you may have such as the ability to speak, read or write a foreign language.

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**PROFESSIONAL REFERENCES:** Please list three references. Please indicate your professional affiliation with the person, for example: former/current supervisor, coworker, etc. CCD may contact these references in connections with its consideration of your credentials.

<b>Name (1)</b>	Title
Telephone Number	Email Address
Company	
Position Affiliation	

<b>Name (2)</b>	Title
Telephone Number	Email Address
Company	
Position Affiliation	

<b>Name (3)</b>	Title
Telephone Number	Email Address
Company	
Position Affiliation	

## AUTHORIZATION AND ACKNOWLEDGEMENTS

I certify that the answers given by me to the foregoing questions and the statements made by me in this Application for Employment are correct and complete. I understand that any material misrepresentation or omission of fact in this Application or in any resume or other materials submitted in connection with this Application for Employment shall result in either my not being hired or would be grounds for my discharge from employment.

I authorize the Center City District, as part of its evaluation of my suitability for employment, to verify all education, training and professional licensure/certification/registry claimed by me and to secure from my previous employers and references information concerning my professional accomplishments, skills, work characteristics and ability. I further authorize the Center City District to secure from the appropriate sources information concerning criminal convictions and agree to execute the written authorizations necessary for the Center City District to obtain access to and copies of records pertaining to the above information. For these purposes, a photocopy of my signature which appears below shall serve in the same capacity as an original.

Any conditional offer of employment may require that I undergo and pass a physical examination and/or substance abuse evaluation provided at the Center City District's expense, by a physician or approved by the Center City District.

In compliance with the federal Immigration Reform and Control Act, I certify that, if hired, I will provide, within three (3) business days from the date my employment begins, proof of my identity and eligibility for employment in the United States.

**I understand that this Application for Employment is not a contract for employment and that, if I am employed, employment with the Center City District is "at will," subject to any applicable Collective Bargaining Agreement. At will employment means, again subject to any applicable Collective Bargaining Agreement, that both the Center City District and I each retains the right to terminate my employment for any or no reason with or without cause or notice at any time.** I also understand that no representative of the Center City District, other than its President or a duly authorized representative of the President, and then, only in writing, has the authority to enter into any agreement for employment for any specified time or to make any agreement contrary to this understanding.

I also understand that, upon the commencement of my employment or during the period of my employment, I may be required to sign as a condition of my employment certain standard agreements protecting the Center City District's confidential/proprietary information, trade secrets and customer/client relationships.

**I understand that completion of this application does not mean that I have been offered employment or an employment contract.**

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Signature

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Date