



Applicant Hiring Information

Please take note of the following:

- *All employees/applicants must be at least 18 years old.*
- *Suncom is proud to be a drug free workplace. All employees will be subject to random drug testing during their employment.*
- *Applicants will be asked, if considered for a position, to obtain the required document(s) for employment:*
 - *Pennsylvania State Police Criminal History Record Check (\$22.00)*
 - *Federal Bureau Investigation (FBI) Criminal History Record Check*
This is required also, if you have not been a resident of the Commonwealth of Pennsylvania for two years (without interruption) immediately preceding the date of application for employment or currently live out of state. (\$25.75)
 - *The costs of these clearances are paid by the applicant.*
- *Suncom will screen applicants to ensure they are not excluded from participation in Federal Health Care Programs.*
- *If the position you are applying for requires driving, a valid PA Driver's license and clean driving record for the past 3 years is required as well as a driving record check.*
- *Conviction of certain offenses will affect your ability to be hired and/or remain employed due to regulations.*
- *Please provide the names of at least 3 employment references and 1 personal reference that are not related to you.*
- *Some positions require a pre-employment physical.*
- *Suncom is an Equal Opportunity Employer.*

All information on the application must be complete, accurate and will be verified.

Thank you for your interest in becoming an employee of Suncom.

SUNCOM INDUSTRIES, INC.

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Position Applied for			
Do you have legal right to work in the US?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been or are you currently excluded from participation in Federal Health Care programs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

REFERENCES	
<i>Please list three professional and one personal references.</i>	
Full Name	Relationship
Email Address	
Company	Phone ()
Address	
Full Name	Relationship
Email Address	
Company	Phone ()
Address	
Full Name	Relationship
Email Address	
Company	Phone ()
Address	
Full Name	Relationship
Email Address	
Company	Phone ()
Address	

EDUCATION				
High School		Address		
	Years Completed	9, 10, 11, 12	Diploma or GED	
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

PREVIOUS EMPLOYMENT (MOST RECENT LISTED FIRST)				
Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE	
<p>Suncom Industries is an Equal Employment Opportunity (EEO) Employer. Suncom does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, or status in any other group protected by federal, state, or local law in any of its activities or operations. I certify that the information I provided in this Application for Employment is true. False, incomplete, or misrepresented information will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment. I authorize Suncom Industries to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary nor or at any time in the future in arriving at an employment decision. I further authorize and request that my current and all former employers, educational institutions and those people I have listed as references furnish Suncom Industries with information about my employment record, including a statement of the reason for termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment; hereby releasing them and Suncom Industries from all liability and responsibility arising from any information provided.</p>	
Signature	Date

OLDER ADULTS PROTECTIVE SERVICES ACT

**Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13
May 2011 – Department of Aging**

Following Offenses as Contained in PA Crime Code (18 Pa. C.S.)

Offense Code	Prohibitive Offense Description	Type/Grading 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
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
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
<hr/>		
CC3901	Theft	\
CC3921	Theft By Unlawful Taking	\
CC3922	Theft By Deception	\
CC3923	Theft By Extortion	\
CC3924	Theft By Property Lost	\
CC3925	Receiving Stolen Property	Any
CC3926	Theft of Services	One (1) Felony
CC3927	Theft By Failure to Deposit	or
CC3928	Unauthorized Use of a Motor Vehicle	Two (2)
CC3929	Retail Theft	Misdemeanors
CC3929.1	Library Theft	within the 3900 Series
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	(CC3901-CC3934)

CC3929.3	Organized Retail Theft	/
CC3930	Theft of Trade Secrets	/
CC3931	Theft of Unpublished Dramas or Musicals	/
CC3932	Theft of Leased Properties	/
CC3933	Unlawful Use of a Computer	/
CC3934	Theft from a Motor Vehicle	/

CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Offenses as Contained in PA Controlled Substance, Drug, Device & Cosmetic Act (P.L. 233, No 64)-Partial Listing

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (i),(ii), (iii)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
	<i>Any Other Felony Drug Conviction</i>	
<i>CS13Axx*</i>	<i>Appearing on a PA Rap Sheet</i>	<i>Felony</i>

Have you ever been convicted on any of the above offenses? _____ No _____ Yes

Signature _____ Date _____



Professional

EMPLOYMENT VERIFICATION FORM

128 Water Street, P.O. Box 46
Northumberland, PA 17857
Tel 570-473-8352
Fax 570-473-0159
www.suncom.org

**Bloomsburg Facility
Community Unity
Adult Training Facility**
164 W. Ninth Street
Bloomsburg, PA 17815
570-387-0830 570-275-3330
Fax 570-387-1860

Alternatives to Work Program
P.O. Box 349
Northumberland, PA 17857
570-473-1770 570-473-1798
Fax 570-473-5404

**Coal Township
Adult Training Facility**
1401 W. Montgomery St.
Coal Township, PA 17866
Tel & Fax 570-648-5027

**Community Integrated
Employment Services**
P.O. Box 349
Northumberland, PA 17857
570-473-8304 1-800-899-8250
Fax 570-473-8325

Community Unity Sunbury
153 South Second Street
Sunbury, PA 17801
Tel & Fax: 570-286-4132

Community Unity Lewisburg
815 Market Street
Suite 7
Lewisburg, PA 17837
Tel & Fax: 570-523-6262

The mission of SUNCOM Industries is to promote socialization and provide vocational assessment, training and employment opportunities to enable persons with disabilities to fulfill their greatest potential within the community.

Providing vocational training and employment services for individuals in Snyder, Union, Northumberland, Columbia & Montour counties.

A copy of the official registration and financial information of SUNCOM Industries, Inc. may be obtained from the PA Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.

Please complete the following employment information.

I, _____
(Please print)

am giving Suncom my permission to secure my employment information:

(Company Name and Person to be Contacted)

(Email)

(Phone with Area Code)

Signature: _____

Date: _____





Professional

EMPLOYMENT VERIFICATION FORM

128 Water Street, P.O. Box 46
Northumberland, PA 17857
Tel 570-473-8352
Fax 570-473-0159
www.suncom.org

**Bloomsburg Facility
Community Unity
Adult Training Facility**
164 W. Ninth Street
Bloomsburg, PA 17815
570-387-0830 570-275-3330
Fax 570-387-1860

Alternatives to Work Program
P.O. Box 349
Northumberland, PA 17857
570-473-1770 570-473-1798
Fax 570-473-5404

**Coal Township
Adult Training Facility**
1401 W. Montgomery St.
Coal Township, PA 17866
Tel & Fax 570-648-5027

**Community Integrated
Employment Services**
P.O. Box 349
Northumberland, PA 17857
570-473-8304 1-800-899-8250
Fax 570-473-8325

Community Unity Sunbury
153 South Second Street
Sunbury, PA 17801
Tel & Fax: 570-286-4132

Community Unity Lewisburg
815 Market Street
Suite 7
Lewisburg, PA 17837
Tel & Fax: 570-523-6262

The mission of SUNCOM Industries is to promote socialization and provide vocational assessment, training and employment opportunities to enable persons with disabilities to fulfill their greatest potential within the community.

Providing vocational training and employment services for individuals in Snyder, Union, Northumberland, Columbia & Montour counties.

A copy of the official registration and financial information of SUNCOM Industries, Inc. may be obtained from the PA Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.

Please complete the following employment information.

I, _____
(Please print)

am giving Suncom my permission to secure my employment information:

(Company Name and Person to be Contacted)

(Email)

(Phone with Area Code)

Signature: _____

Date: _____





Professional

EMPLOYMENT VERIFICATION FORM

128 Water Street, P.O. Box 46
Northumberland, PA 17857
Tel 570-473-8352
Fax 570-473-0159
www.suncom.org

**Bloomsburg Facility
Community Unity
Adult Training Facility**
164 W. Ninth Street
Bloomsburg, PA 17815
570-387-0830 570-275-3330
Fax 570-387-1860

Alternatives to Work Program
P.O. Box 349
Northumberland, PA 17857
570-473-1770 570-473-1798
Fax 570-473-5404

**Coal Township
Adult Training Facility**
1401 W. Montgomery St.
Coal Township, PA 17866
Tel & Fax 570-648-5027

**Community Integrated
Employment Services**
P.O. Box 349
Northumberland, PA 17857
570-473-8304 1-800-899-8250
Fax 570-473-8325

Community Unity Sunbury
153 South Second Street
Sunbury, PA 17801
Tel & Fax: 570-286-4132

Community Unity Lewisburg
815 Market Street
Suite 7
Lewisburg, PA 17837
Tel & Fax: 570-523-6262

The mission of SUNCOM Industries is to promote socialization and provide vocational assessment, training and employment opportunities to enable persons with disabilities to fulfill their greatest potential within the community.

Providing vocational training and employment services for individuals in Snyder, Union, Northumberland, Columbia & Montour counties.

A copy of the official registration and financial information of SUNCOM Industries, Inc. may be obtained from the PA Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.

Please complete the following employment information.

I, _____
(Please print)

am giving Suncom my permission to secure my employment information:

(Company Name and Person to be Contacted)

(Email)

(Phone with Area Code)

Signature: _____

Date: _____



Personal

EMPLOYMENT VERIFICATION FORM

128 Water Street, P.O. Box 46
Northumberland, PA 17857
Tel 570-473-8352
Fax 570-473-0159
www.suncom.org

**Bloomsburg Facility
Community Unity
Adult Training Facility**
164 W. Ninth Street
Bloomsburg, PA 17815
570-387-0830 570-275-3330
Fax 570-387-1860

Alternatives to Work Program
P.O. Box 349
Northumberland, PA 17857
570-473-1770 570-473-1798
Fax 570-473-5404

**Coal Township
Adult Training Facility**
1401 W. Montgomery St.
Coal Township, PA 17866
Tel & Fax 570-648-5027

**Community Integrated
Employment Services**
P.O. Box 349
Northumberland, PA 17857
570-473-8304 1-800-899-8250
Fax 570-473-8325

Community Unity Sunbury
153 South Second Street
Sunbury, PA 17801
Tel & Fax: 570-286-4132

Community Unity Lewisburg
815 Market Street
Suite 7
Lewisburg, PA 17837
Tel & Fax: 570-523-6262

The mission of SUNCOM Industries is to promote socialization and provide vocational assessment, training and employment opportunities to enable persons with disabilities to fulfill their greatest potential within the community.

Providing vocational training and employment services for individuals in Snyder, Union, Northumberland, Columbia & Montour counties.

A copy of the official registration and financial information of SUNCOM Industries, Inc. may be obtained from the PA Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.

Please complete the following employment information.

I, _____
(Please print)

am giving Suncom my permission to secure my employment information:

(Company Name and Person to be Contacted)

(Email)

(Phone with Area Code)

Signature: _____

Date: _____

Funded Partner of



Susquehanna Valley
United Way



Criminal History Check

(___) No charge – Suncom Industries, Inc will complete the PA Criminal History Background Check.

(___) I will provide a Copy of previous record check attached. (Within 1 year of DOH)

(___) **I have not resided in Pennsylvania for the last two years and I will obtain a Federal (FBI) Criminal History Report on my own.** Applicant Registration and Fingerprinting must be done within the first week of employment on online at <https://uenroll.identogo.com> or by telephone at 844-321-2101. Cost is \$22.60. MorphoTrust will be the commonwealth’s new electronic fingerprinting vendor, for the Federal Bureau of Investigation (FBI) criminal history background check process.

Signature Date

Please Print:

First Name _____

Middle Name _____

Last Name _____

Maiden Name (if applicable) _____

List ALL names you have used (Alias, Married names, etc):

Social Security # _____

Date of Birth (DOB) _____ (Month/Day/Year)

Male _____ Female _____

Race (White, Black, Asian, Hispanic) _____



Medical Assistance Bulletin (MAB) 99-11-05 "Provider Screening of Employees and Contractors for Exclusion from Participation in Federal Health Care Programs and the Effect for Exclusion on Participation" in accordance Section 1903(i)(2)(A),(B) with the Social Security Act and 42 CFR 1001.1901(b), Medicaid payments cannot be made for items or services delivered by an excluded party.

55 Pa. Code Chapter 51, "Office of Developmental Programs Home and Community-Based Services" regulations also states in 51.62 and 51.141 that vendors and Organized Health Care Delivery System (OHCDs) will not be reimbursed if Suncom contracts with an entity, provider or participant who is listed.

Services Suncom provides through Consolidated, Person/Family Directed Services are paid with Medicaid payments. Therefore, Suncom is mandated to screen all employees and contractors at the time of hire (prior to hiring) or contracting and on an ongoing monthly basis thereafter to determine if they have been excluded from participation in Federal Health Care Programs.

Suncom is responsible for checking the following three lists in order to comply with Federal and State laws:

- **List of Excluded Individuals/Entities (LEIE)**
 - Nationwide database
 - Individuals/Entities are excluded from participation in Medicare, Medicaid and all other Federal Health Care Programs
 - Exclusion actions taken by the Office of Inspector General (OIG)
- **System for Award Management (SAM)**
 - Worldwide database
 - General Services Administration (GSA) responsible to administer
 - Contains debarment actions taken by various Federal Agencies
- **DPW/(DHS) Medichex**
 - Pennsylvania State database
 - Precluded from participation in Pennsylvania's Medical Assistance Program
- **Additional – Medichex** – If potential employee has been a resident of Pennsylvania for less than 2 years
 - State specific database



Provider Screening of Potential Employees and Contractors for Exclusion from Participation in Federal Health Care Programs

Full Name (PRINT): _____
(NO INITIALS) First Name Middle Name Last Name

All potential employees, contractors and current employees will have exclusion checks completed PRIOR to hire and on an ongoing monthly basis.

- Have you ever been or are currently excluded from participation in Federal Health Care Programs?
Yes _____ No _____

- Have you lived in Pennsylvania for the past 2 years? Yes _____ No _____

If not, list state(s) _____

- List Maiden Name _____

- List **ALL** names you have used (Alias, etc):

_____	_____
_____	_____
_____	_____

- SSN: _____ Date of Birth: _____

Signature: _____ Date: _____

- Falsification is grounds for immediate termination.
- It is understood that if your name or aliases appear on any of these lists: List of Excluded Individuals/Entities (LEIE); System for Award Management (SAM); or DPW/(DHS) Medichex, you will not be able to be employed at Suncom Industries, Inc. due to our regulations for Waiver and Medicaid payments.



PERMISSION TO OBTAIN DRIVING RECORD

I understand that as a normal part of the hiring process the driving records of prospective employees are reviewed. In addition, I understand that my driving record is subject to future, periodic reviews. By completing and signing this form I give permission to SUNCOM INDUSTRIES to obtain and review a copy of my driver's license (MVR) record both now and in the future. Suncom promotes safety in all aspects of the job. In the event my driving record reflects violations and reason for concern, this will be discussed with me in regards to my position and job duties.

Please print:

_____ First Name	_____ MI	_____ Last Name	
_____ Address	_____ City	_____ State	_____ Zip
_____ Date of Birth	_____ Driver's License Number	_____ State	
_____ Signature		_____ Date	