

Return completed application to:
Suncom Industries, Inc.
Attn: Christina Hicks
128 Water Street
Northumberland, PA 17857
or
email: suncomindustries@suncom.org



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"/>	Degree
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 now 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
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CC3901	Theft	\
CC3921	Theft By Unlawful Taking	\
CC3922	Theft By Deception	\
CC3923	Theft By Extortion	\
CC3924	Theft By Property Lost	\
CC3925	Receiving Stolen Property	<i>Any</i>
CC3926	Theft of Services	<i>One (1) Felony</i>
CC3927	Theft By Failure to Deposit	<i>or</i>
CC3928	Unauthorized Use of a Motor Vehicle	<i>Two (2)</i>
CC3929	Retail Theft	<i>Misdemeanors</i>
CC3929.1	Library Theft	<i>within the 3900 Series</i>
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 _____



Applicant Name: _____

If you have worked with individuals with disabilities, please let us know what experience you have:

How do you handle conflict in the workplace?

Applicant Signature: _____ **Date:** _____