



Independent Living | Personal Care | Rehabilitation | Skilled Nursing

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Position applying for: _____

Name _____

Address _____

City _____

State _____

Zip _____

Telephone: _____

Cell: _____

Email: _____

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, please give date: _____ Position applied for _____

Have you ever been employed with us before? Yes No

If yes, please give date: _____ Title _____

Are you currently employed? Yes No

May we contact your present employer if needed? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No *(a proof of citizenship or immigration status will be required upon employment)*

If hired, what date would you be available for work? _____

Are you able to work: Full-Time Part-time Shift work / Per Diem

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

A conviction will not disqualify an application from employment. If yes, please explain:

Have you been a resident of Pennsylvania for two years? Yes No

(if you have not been a resident of Pennsylvania for more than two years, you will be required to complete an FBI fingerprint clearance).

EDUCATION

	Name, Address, City and State of school	Course of Study	Years Completed	Diploma/Degree
Elementary school				
High school				
Graduate/Professional				
Other (specific)				

Indicate any foreign language you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-circular activities

Describe any job-related training received in the United States Military

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate, race, color, religious creed, handicap, ancestry, national origin, primary language, inability to communicate verbally, age or sex.

Please list complete employer information.

(Applications without the following information will not be considered).

Employer 1

Street Address

Telephone

Job title

Supervisor

Dates of Employment: **From:** _____ **To:** _____

Starting Salary _____ **Ending Salary:** _____

Reason for leaving

Employer 2

Street Address

Telephone

Job title

Supervisor

Dates of Employment: **From:** _____ **To:** _____

Starting Salary _____ **Ending Salary:** _____

Reason for leaving

Employer 3

Street Address

Telephone

Job title

Supervisor

Dates of Employment: **From:** _____ **To:** _____

Starting Salary _____ **Ending Salary:** _____

Reason for leaving

List professional trade, business or civic activities and offices held. You may exclude membership which would reveal race, color, religious creed, handicap, ancestry, national origin, primary language, inability to communicate verbally, age or sex.

ADDITONAL INFORMATION

Other qualifications

Summarize specific job-related skills and qualifications acquired from employment or other experience:

Specialized skills - Equipment Operated or Computer/Production/Machinery

Please list advanced skills or knowledge

State any additional information you feel may be helpful to use in considering your application

REFERENCES

1. Name

Phone Number

Nature of relationship (supervisor, coworker, etc.).

Street /PO Box

City

State

Zip Code

2. Name

Phone Number

Nature of relationship (supervisor, coworker, etc.).

Street /PO Box

City

State

Zip Code

3. Name

Phone Number

Nature of relationship (supervisor, coworker, etc.).

Street /PO Box

City

State

Zip Code

Please list complete information. (Applications without references will not be considered). Full addresses are required.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond that time period, may reapply.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an 'at will' nature, which means that the Employee may resign at any time and Employer may discharge Employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Administrator of this organization.

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

I certify I have no history of or conviction for a violent crime and I have never been dismissed from employment due to abuse of clients or residents.

Signature of Applicant

Date