



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religious creed, handicap, ancestry, national origin, primary language, inability to communicate verbally, age or sex.

| | | | |
|--|-----------------------------|--------------|----------|
| Date of application: _____ / _____ / _____ | Position applied for: _____ | | |
| Name: _____ | | | |
| Address: _____ | | | |
| Street Address | City | State | Zip Code |
| Telephone Number(s) Home: _____ | | Cell: _____ | |
| Social Security Number: _____ | | Email: _____ | |

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|--|--|
| If you are under 18 years of age, can you provide required proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, Please give date: _____ Position applied for: _____ | |
| Referral Source: <input type="checkbox"/> Friend/Family _____ (Name of Referral) | |
| <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet _____ (Site Name) | |
| Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, Please give date: _____ Title: _____ | |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| May we contact your present employer if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you prevented from lawfully becoming employed in the country because of Visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work / Per Diem | |

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|--|--|
| Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| A conviction will not disqualify an applicant from employment. If yes, please explain: _____ | |
| Have you been found guilty of abuse, neglect or mistreatment of residents by a Court of Law <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you been a resident of Pennsylvania for two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (Specify) | | | | |

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

| | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

Describe any specialized training, apprenticeship, skills & extra-curricular activities

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

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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: _____ |
| Street Address: _____ _____ |
| Telephone Number: _____ |
| Job Title: _____ |
| Supervisor: _____ |
| Dates of Employment From: _____ To: _____ |
| Starting Salary: _____ Ending Salary: _____ |
| Reason for Leaving: _____ |

| |
|---|
| Employer: _____ |
| Street Address: _____ _____ |
| Telephone Number: _____ |
| Job Title: _____ |
| Supervisor: _____ |
| Dates of Employment From: _____ To: _____ |
| Starting Salary: _____ Ending Salary: _____ |
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| Employer: _____ |
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| Job Title: _____ |
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| Dates of Employment From: _____ To: _____ |
| Starting Salary: _____ Ending Salary: _____ |
| Reason for Leaving: _____ |

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|--|
| <p style="text-align: center;">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.</p> <hr/> <hr/> |
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ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

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

SPECIALIZED SKILLS – EQUIPMENT OPERATED

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 | |
| | Street / PO Box | City | State | Zip Code |
| 2. | _____ | _____ | _____ | _____ |
| | Name | | Phone Number | |
| | Street / PO Box | City | State | Zip Code |
| 3. | _____ | _____ | _____ | _____ |
| | Name | | Phone Number | |
| | 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.

This 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 this 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 had 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



I, _____, authorize permission for the following entity/person to release information about myself and/or my employment. I hereby authorize this release on _____.

Applicant Name _____

Reference Name _____

Company Name _____

Dates of Employment: From: _____ To: _____

Position(s) Held _____

Reason for Leaving _____

Has this person been found guilty of abuse, neglect or mistreatment of residents by a Court of Law? Yes No

Is this person eligible for rehire with your organization? If no, why?

Is there anything else you would like to comment about the applicant?

Human Resources Signature

Date