

# APPLICATION FOR EMPLOYMENT

(Please Print)

## EMPLOYEE INFORMATION

Name \_\_\_\_\_ Application Date \_\_\_\_\_  
                     Last                    First                    Middle

Present Address

\_\_\_\_\_ Street City State Zip

How long at this address? \_\_\_\_\_ years \_\_\_\_\_ months Phone \_\_\_\_\_

If less than two (2) years, list previous address

\_\_\_\_\_

Position Applied for: \_\_\_\_\_ Shift: \_\_\_\_\_

Do you have any relatives working for this organization? **YES NO** \_\_\_\_\_ (Name)

Are you a U.S. Citizen? **YES NO** If **NO**, are you legal to work in U.S.? **YES NO N/A**

Are you 18 years of age or older? **YES NO** If **NO**, you must have a work permit.

Emergency Contact: \_\_\_\_\_ (name) \_\_\_\_\_ (phone)  
 \_\_\_\_\_ (address)

## EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed				Did You Graduate?	List Diploma or Degree
High School								
College								
Other Education								

**EXPERIENCE**

List Below present and past employment, beginning with your most recent

I	Name and Address of Company and Type of Business	From	To	Starting Wages	Ending Wages	Wages are per: (circle one)	Name of Supervisor
	Name:					hour / week ./ year	
	Address:						
	Telephone:	Job Title/Duties:					
	May We Contact? YES NO	Reason for Leaving:					

I	Name and Address of Company and Type of Business	From	To	Starting Wages	Ending Wages	Wages are per: (circle one)	Name of Supervisor
	Name:					hour / week ./ year	
	Address:						
	Telephone:	Job Title/Duties:					
	May We Contact? YES NO	Reason for Leaving:					

I	Name and Address of Company and Type of Business	From	To	Starting Wages	Ending Wages	Wages are per: (circle one)	Name of Supervisor
	Name:					hour / week ./ year	
	Address:						
	Telephone:	Job Title/Duties:					
	May We Contact? YES NO	Reason for Leaving:					

I	Name and Address of Company and Type of Business	From	To	Starting Wages	Ending Wages	Wages are per: (circle one)	Name of Supervisor
	Name:					hour / week ./ year	
	Address:						
	Telephone:	Job Title/Duties:					
	May We Contact? YES NO	Reason for Leaving:					

**If you need additional space, please continue on a separate sheet of paper.**

**PROFESSIONAL LICENSES / CERTIFICATIONS**

Type	State	Date Issued	Expiration Date	Number

**PROFESSIONAL REFERENCES**

Name	Relationship	Phone Number	Years Known

**QUESTIONS**

Are you currently or have you ever been listed on a registry or database generated by any Federal, State, or Local Government Agency for the purpose of identifying individuals prohibited from employment with a healthcare provider? **YES NO**

If **YES**, please provide a detailed description of the reason(s) for being listed and the name of the Government Agency involved: \_\_\_\_\_  
\_\_\_\_\_

You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description and answer the following question. Are you able to perform each of the essential job functions (with or without reasonable accommodation) for each position for which you have applied? **YES NO**

If **NO**, list the function(s) you are unable to perform and explain why you are unable to perform them: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime, excluding minor traffic violations, which has not been annulled or expunged by a Court? **YES NO**

If **YES** describe in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT! EQUAL EMPLOYMENT INFORMATION**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical, disabilities, veterans, or any other protected status. We also comply with all laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

**APPLICANT'S AGREEMENT AND CERTIFICATION**

**PLEASE READ BEFORE SIGNING**

I hereby certify that the information set forth on the above application is true and complete to the best of my knowledge. I understand that if employed, false statements made in this application shall be sufficient cause for termination. I hereby authorize all my previous employers, educators, or other sources listed on this application or resume to furnish any information concerning my employment record, educational accomplishments, or validity of licenses or certifications. I understand that Federal Law requires me to verify my eligibility for employment and provide acceptable documentation of my identity and right to work; and, that I cannot be hired or begin employment until my documentation has been reviewed and checked.

I understand that it is the policy of the Employer to require a Criminal History, Program Participation Check, and Employment Background Check as a condition of employment. This includes clearance through the Pennsylvania State Police using Record Check Form SP4-164 and former employer references; and, for applicants who have not resided in Pennsylvania for the two years prior to the application or who currently live in another State, a report from the FBI using the FBI Fingerprint Card (Form FD-258) criminal history check process. I further understand that if the results of this Check are unfavorable, any offer of employment made shall be withdrawn; or, if I have started working before the results of the Check are available, my employment will be terminated. I further understand that while, under controlling Federal regulations, the Employer cannot employ anyone who has been found guilty by a court of law of abusing, neglecting or mistreating nursing facility residents or who has had a finding entered into a State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of resident property. The Employer may also withdraw any offer of employment or terminate my employment based on any other results of the Check that the Employer determines are unfavorable, which may include convictions of other criminal offenses. I further understand that the Employer will not employ or continue to employ any individual excluded from Federal health care programs by any Federal or State agency and that all applicants for employment and employees are screened by the Employer against Federal and State exclusion databases.

I understand that I will be required to undergo screenings for substance abuse (drugs) as a condition of my employment. I understand that such drug screening will consist of the testing of a urine sample to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test will be performed on the same specimen. If the results of the second test are positive, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment.

I understand that this application is not a contract, offer, or promise of employment and that, if hired, I will be able to resign at any time and for any reason. Likewise, I understand the Employer can terminate my employment at any time with or without cause.

---

**APPLICANT'S SIGNATURE**

---

**DATE**