



EMPLOYMENT APPLICATION

NAME (First, Middle, Last)	Home phone:
Address	Cell phone:
City, State, Zip Code	Email address:
How long have you been at this address:	Are you legally authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>

Today's Date: _____

Position applied for: _____

Date available: _____ Desired Salary/Hourly Wage: _____

Are you 18 years of age or older? YES NO

Please state what hours and shift you are available for work: _____

Mandatory Overtime: If the number of calls-offs puts a shift below the minimum staffing guidelines for the facility, employees from the prior shift are required to stay overtime for a minimum of 3 hours on a rotating basis. I understand this Mandatory Overtime Policy and I acknowledge that I will be expected to stay overtime if required. Initial _____

Please state what hours and shift you desire to work: _____

Have you lived in Pennsylvania continuously for the last two (2) years? YES NO If NO, please list the addresses of your previous residences outside of Pennsylvania in the last two years: _____

Have you been convicted of any criminal offense other than a minor traffic violation? YES NO If YES, please explain:

Have you ever been dismissed from employment because your employer believed that you engaged in an act of violence or abused a resident at a senior housing facility? YES NO If YES, please explain in detail the circumstances which led up to your dismissal(s). _____



EDUCATION

Name & location of school	Years attended	Did you graduate?	Area of study and degrees acquired
High school:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other:		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PROFESSIONAL LICENSES AND CERTIFICATIONS

Type:	Date Issued:
Type:	Date Issued:
Type:	Date Issued:

EMPLOYMENT RECORD (Attach sheet if more space is needed)

Current/Last Employer

May we contact this employer? YES NO

Company name:	Position:
Reason for leaving:	Dates employed:
City and State	Salary:
	Company phone #:
Please describe job duties and responsibilities:	



Previous Employer

May we contact this employer? YES NO

Company name:	Position:
Reason for leaving:	Dates employed:
City and State	Salary:
	Company phone #:
Please describe job duties and responsibilities:	

Previous Employer

May we contact this employer? YES NO

Company name:	Position:
Reason for leaving:	Dates employed:
City and State	Salary:
	Company phone #:
Please describe job duties and responsibilities:	

MILITARY SERVICE: If you have U.S. Military or Naval service, please provide the following:

Dates of service: _____ Branch and Rank: _____

Present Membership in National Guard or Reserves: _____

REFERENCES

Please list at least three (3) professional references.

Reference #1 Name: _____ Relationship: _____

Company: _____ Phone No.: _____

Address: _____



Reference #2 Name: _____ Relationship: _____

Company: _____ Phone No.: _____

Address: _____

Reference #3 Name: _____ Relationship: _____

Company: _____ Phone No.: _____

Address: _____

CRIMINAL BACKGROUND INVESTIGATION

Saucon Valley Manor is regulated by various agencies of the State of Pennsylvania since it is a senior living facility. The Older Adults Protective Services Act (OAPSA) requires that employees of senior living facilities be free from certain criminal offenses. OAPSA also requires applicants at senior living facilities to submit criminal history record information with their application. Criminal history records can be obtained from the Pennsylvania State Police with the attached form SP 4-164 (2-2013) or by going online at www.psp.state.pa.us. If any applicant has not lived in the state of Pennsylvania continuously for the last two years, or currently lives out of state, in addition to the Pennsylvania criminal history records check, the applicant will also need to obtain a Department of Aging FBI Criminal History Record Check. For more information, please visit www.pa.cogentid.com.

Have you attached your criminal history record report from the Pennsylvania State Police to this application? YES NO

If you have not lived in the state of Pennsylvania continuously for the last two years, or currently live out of state, have you attached a Department of Aging FBI Criminal History Record Check to this application? YES NO

CERTIFICATIONS AND ACKNOWLEDGMENTS

Please read each statement closely and initial each on the line next to the title, acknowledging your understanding. If clarification is needed, please contact Human Resources.

_____ **Equal Employment Opportunity Statement**

This Company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will



make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

I confirm that the information I have provided is true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Testing Authorization

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.



_____ **Background Investigation Authorization**

I authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers and friends. Said investigation may include credit, driving, criminal background, references and other background checks. As a condition of applying for this job, I authorize reasonable post-hire investigations into my credit, driving and criminal background.

_____ **Company Obligation**

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

How did you hear about us? _____