

HOUSE OF CARE

APPLICATION FOR EMPLOYMENT



Date - _____

Name: _____

First
Middle
Last

Address: _____

Street
City
State
Zip

Phone: _____ Alternate phone: _____

How long at this address? _____ Email address: _____

Previous address: _____

Street
City
State
Zip

How long at this address? _____ SSN# _____

Are you authorized to work in the United States? Yes _____ No _____
 (As a condition of employment you are required to submit proof of employment eligibility in compliance with the immigration and reform control of 1986.)

Are you 21 years of age or older? Yes _____ No _____

Have you been a resident of PA for the past 2 consecutive years? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____
 If yes, please explain:

Please indicate your availability with a yes or no. This is a 24/7/365 day facility, some holidays are required.

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 a.m.- 3:00 p.m.							
3:00 p.m.- 11:00 p.m.							
11:00 p.m.- 7:00 a.m.							

Minimum hours desired per week? _____ or on-call? _____

Desired salary/hour? _____ Date available? _____

Name - _____ Phone - _____ Salary - _____

Address: _____
Street City State Zip

Reason for leaving: _____

Position held: _____ Start date: _____ End Date: _____

References

Please list three persons not related to you that have knowledge of your qualifications for the position for which you are applying.

Name: _____ Phone _____

Address: _____
Street City State Zip

Relationship: _____ Length of time known: _____

Name: _____ Phone _____

Address: _____
Street City State Zip

Relationship: _____ Length of time known: _____

Name: _____ Phone _____

Address: _____
Street City State Zip

Relationship: _____ Length of time known: _____

Essay

In your own words tell us why you feel that you would make a good candidate for this position:

Please mail or deliver completed application to House of Care, 515 W. Beaver Ave., State College, PA 16801

Please read the following information very carefully

I, _____, authorize the persons, schools, employers, and other organizations named in this application to provide the House of Care with any relevant information that may be required to arrive at an employment decision.

I, _____, understand and agree that:

The information I have provided is correct to the best of my knowledge.

A deliberate omission or untruthful statement of a fact in my application may be justification for refusal of employment or reason for termination if I am hired.

Business needs at times makes it necessary for overtime or rotating of the schedule other than Monday through Friday. I understand that the House of Care is open 24 hours a day, 7 days a week, year around. I also understand that some holidays are required. I understand and accept these conditions for employment.

According to law, a criminal background check will be made as a pre-condition of employment at cost of the applicant.

According to law, adult CPR and First-Aid certification must be obtained prior to beginning shift work or current certification cards shown.

Department of Public Welfare training must be completed prior to starting shift work at the House of Care. This training will be conducted by the Department of Public Welfare designated House of Care Medication Trainer during orientation.

According to law, House of Care may require a health screening as a pre-condition of employment.

I, _____, state that I have no history of, or conviction of, violent crimes and was never dismissed from employment due to abuse of clients or residents.

I understand that by signing this application that nothing contained in the application or in the granting of the interview is intended to create an employment contract between the House of Care and myself. I understand that no promises or guarantees are binding upon the House of Care unless in writing.

I also agree and understand that by my signing this application that all of the information stated in this application is true and forthcoming to the best of my knowledge.

Signature

Date