



**In Home Services Of Central PA, LLC
APPLICATION FOR EMPLOYMENT**

In Home Services of Central PA is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL INFORMATION: (please print blue or black ink)

Date of Application: ____/____/____

Last Name _____ First Name _____ Middle Initial _____

Home Street Address _____

City _____ State _____ Zip Code _____ Email _____

Primary Phone Number (____) _____ Secondary Phone Number(____) _____

WORK AVAILABILITY:

Date Available to begin work: ____/____/____

Salary Desired: \$_____per _____

Number of work hours available per week (check one):

- less than 10 10-20 20-30 30-40

Shifts you are available to work (check all that apply):

- Daylight (first shift) Evening (second shift) Overnight (third shift)

Are at least 18 years old? Yes__ No__

Are you legally eligible for employment in the United States? Yes__ No__

If offered employment, you will be required to provide documentation to verify eligibility.

EDUCATION and TRAINING:

Name and location of School / Training	Circle highest year completed	Did you Graduate?	Degree/Major/Minor
High School or GED Name: Address:	9 10 11 12	Yes _____ No _____	
College or University Name: Address:	FR SO JR SR	Yes _____ No _____	
Other Education and Training: Name:	Certification? Yes _____	Date of Certification / Expiration or Other Details:	

EMPLOYMENT: (List last or present employer first, including U.S. Military Service or cover at least a seven year period, whoever is longer. Use separate sheet if necessary)

May we contact your present employer? Yes _____ No _____

1. Current or Most Recent Employer _____

Address _____

Telephone _____ Position _____ Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____ Department _____ FT__PT__ No. of Hours per week _____

Duties _____

Reason for Leaving _____

2. Employer _____

Address _____

Telephone _____ Position _____ Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____ Department _____ FT__PT__ No. of Hours per week _____

Duties _____

Reason for Leaving _____

3. Employer _____

Address _____

Telephone _____ Position _____ Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Supervisor _____ Department _____ FT__PT__ No. of Hours per week _____

Duties _____

Reason for Leaving _____

If you wish to describe additional work experience, please attach the above information for each position on a separate piece of paper.

Please explain any gaps in work history:

Have you ever been discharged or asked to resign from a job? Yes _____ No _____

If answered "Yes", please explain: _____

REFERENCES: (Provide Three professional and Two personal reference; **No family members, please**)

	Name	Email address	Phone	Years	Relationship
Professional					
Professional					
Professional					
Personal					
Personal					

MEDICAL LICENSE OR MEMBERSHIP (CPR, CNA, LPN, ect.)

Type of License(s) Held _____

State of Pennsylvania License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

Briefly describe why you believe you would be a strong contributor to the In Home Services Team in the role you for which you are applying?

This application for employment is good for 30 Days from the date of application.
Consideration for employment after 30 Days requires a new application.

Signature of Applicant _____ Today's Date: ____/____/____

Please Read and Sign the Applicant's Agreement and Certification on the back of this page.

<p>In Home Services Of Central PA, LLC: (for Office use only)</p>
Date Application Received ____/____/____
By Whom _____
Reference and Employment Check Completed _____ (initials)
Valid Criminal Record Clearance _____
Valid Child Abuse Clearance _____
Employment Offered: Yes _____ No _____
Starting Rate/Position _____



In Home Services Of Central PA, LLC
Applicant's Agreement and Certification

(Please Read Completely 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 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 In Home Services Of Central PA, LLC to require a Criminal History and Employment Background Check as a condition of employment. This includes clearance through the Pennsylvania State Police using Record Check Form SP-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 PD-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, In Home Services Of Central PA, LLC 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. In Home Services Of Central PA, LLC shall also withdraw any offer of employment or terminate my employment based on any other results of the check that In Home Services Of Central PA, LLC determines are unfavorable, which may include convictions of other criminal offenses. I further understand that In Home Services Of Central PA, LLC 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 In Home Services Of Central PA, LLC against federal and state exclusion databases.

I understand that I may 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 further understand that if I refuse to submit to alcohol/drug screening, I may be terminated from 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 In Home Services Of Central PA, LLC can terminate my employment at any time with or without cause.

I understand that this application is good for only 30 days from today's date. If I still desire a position with In Home Services Of Central PA, LLC after this application expires; it will be necessary and my responsibility to fill out a new application.

Applicant's Signature

____/____/_____
Date