

APPLICATION FOR EMPLOYMENT

Unit Stamp

Eagle Valley Personal Care Home, INC

E-Mail Address: _____

Equal Opportunity Employer

PLEASE PRINT CLEARLY, COMPLETE ALL ITEMS

PERSONAL INFORMATION: Date: _____ Social Security Number: _____ DOB: _____
optional

Name: _____
Last First Middle Phone #

Present Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Age (check one) ☐ Under 16 ☐ 16 or 17 ☐ 18 or over
If under 18 years of age a work permit or certificate may be required as a condition of employment.)

Have you been a Pennsylvania resident for at least the past 2 years? ☐ yes ☐ no

Is your citizenship or status such that you can lawfully work in the U.S.? ☐ yes ☐ no

Have you ever worked for any of the above Companies before? ☐ yes ☐ no

If yes, when? _____
From To Location Company

How did you learn of our organization? ☐ Walk-In ☐ Newspaper ☐ Other ☐ School ☐ Referral ☐ Agency

Policy prohibits the employment of relatives in the same company in a supervisory relationship. Do you have any relatives currently working with our company? ☐ yes ☐ no

If so, give the job titles and location of the company where your relative is employed. _____

EMPLOYMENT DESIRED:

Days & Hours available to work:

☐ Check here if available any hours. If restrictions, indicate available hours below.

Position: _____

Salary requirements: _____

Date you can start: _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							

EDUCATION	Name and Location	Course of Study	Years Completed	Graduated	Degree Received
High School				☐ yes	
				☐ no	
College				☐ yes	
				☐ no	
Business Trade, Other				☐ yes	
				☐ no	

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Phone	Address	Business	Years Known

GENERAL INFORMATION

Why would you like to work here? _____

Have you ever been convicted of a crime (other than a minor traffic violation)? ☐ yes ☐ no
(If yes, explain number of convictions, nature of offense (s) leading to each conviction, how recently such offense (s) was/were committed, sentence (s) for each conviction, and type of rehabilitation for each conviction.) _____

A conviction record is not an automatic bar to employment

Former Employers: List below last three employers, starting with your present or most recent employer.
May we contact your present employer? ☐ yes ☐ no

Employer No. 1 (present or most recent)	Address		Phone Number
Employed (Month & Year)	Rate of Pay	Supervisor & Title	Avg. Hrs./Wk.
From To	Start Final		
Your Job Title	Describe Your Duties		
Reason For Leaving			

Employer No. 2 (present or most recent)	Address		Phone Number
Employed (Month & Year)	Rate of Pay	Supervisor & Title	Avg. Hrs./Wk.
From To	Start Final		
Your Job Title	Describe Your Duties		
Reason For Leaving			

Employer No. 3 (present or most recent)	Address		Phone Number
Employed (Month & Year)	Rate of Pay	Supervisor & Title	Avg. Hrs./Wk.
From To	Start Final		
Your Job Title	Describe Your Duties		
Reason For Leaving			

READ CAREFULLY BEFORE SIGNING

I certify that all my answers in this Employment Application are true and complete to my best knowledge, and I understand that this Application will remain active for thirty (30) days only.

I authorize the Company to Investigate and verify my answers and I give the Company permission to contact schools, previous employers, references, and other in its investigation. I release both the Company and the party providing the information from any liability for this purpose. I also release the Company from any liability for providing information about my employment record to any prospective employer, government agency, or other party having a legal and proper interest.

I also authorize the Company to secure financial and credit information through a consumer reporting agency, and I understand that, upon my written request made within a reasonable time, the consumer reporting agency will provide me with additional information concerning the nature and scope of any credit report investigation. I also agree to participate in computerized interviewing, assessment testing, and any other similar Company requirements which are conditions of employment.

I understand that any false or misleading answer in this Employment Application or other pre-employment inquiry is grounds for rejection of my Application or immediate termination if I have been employed.

If employed, I will comply with all Company policies and rules found in any Company policy manual, employment handbook, or other communication from the Company. I understand that the Company may require drug and alcohol testing as a condition of employment, subject to applicable federal and state laws, and I consent to any such testing.

I agree not to use or disclose outside my employment with the Company any confidential information, trade secret, or proprietary information, whatever its form, obtained in connection with my employment with the Company.

I understand that employment with the Company will be TERMINABLE AT WILL, that no employment contract will be valid unless made in writing and signed by the Company's President, Vice President, Secretary or Treasurer, and that my employment may be ended at any time, for any reason, by me or the Company.

I HAVE READ AND UNDERSTAND THE ABOVE

Date _____ Applicant's Signature _____