



INSTRUCTIONS FOR COMPLETING EMPLOYMENT APPLICATION PACKAGE

- 1. APPLICATION FOR EMPLOYMENT:** Complete all applicable information, both front and back. Ask us if you have any questions, and sign application.
- 2. CRIMINAL BACKGROUND CHECK:** All applicants must undergo a background check consisting of a criminal history check, sex offender registry check, federal sanctions check and licensure verification check when applicable. Please complete all information except Part II on The Request for Criminal Background Check. Some information has been provided for you.

Nursing and Personal Care Home Applicants Only: If you have NOT been a continuous resident of The Commonwealth of Pennsylvania for The Entire Two Years (without interruption) immediately preceding the date of application for employment or currently live out of state, you must complete both the Request for Criminal Record Check and the FBI Background Check Transmittal Form.

- 3. HONESTY IN EMPLOYMENT STATEMENT:** I am a sincere applicant for employment at this facility. **Nursing and Personal Care Home Applicants Only:** I affirm that I am not contracted or employed by a Federal or State Government Agency. Further, I understand that by falsely representing myself as a sincere employment applicant but am really an agent of a government agency; I discredit myself and the government agency I represent. Falsely representing myself will also provide just cause to immediately terminate my employment without notice.
- 4. EMPLOYMENT AT WILL STATEMENT:** I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- 5. ADA and EEO COMPLIANT:** Title I of the Americans with Disabilities Act of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training and other terms, conditions and privileges of employment. Title VII and the Civil Rights Act of 1991 prohibits discrimination against a job applicant, current employee, or former employee with respect to hiring, firing, compensation, terms, conditions or privileges of employment. Federal and state laws define which groups of persons are protected by the law including: race, color, national origin, religion, sex, age, pregnancy, and childbirth, disability, and veteran status.
- 6. SHARING APPLICATION INFORMATION:** This facility is associated with other nursing and personal care facilities as well as various other companies. Please check below all companies for which you wish to be considered for employment:

- | | |
|---|---|
| <input type="checkbox"/> Chicora Medical Center, Chicora, PA | <input type="checkbox"/> Sugar Creek Rest, Worthington, PA |
| <input type="checkbox"/> Trinity Living Center, Grove City, PA | <input type="checkbox"/> Countryside, Mercer, PA |
| <input type="checkbox"/> Emlenton's Laurel Manor, Emlenton, PA | <input type="checkbox"/> Fair Winds Manor, Sarver, PA |
| <input type="checkbox"/> South Fayette Nursing Center, Markleysburg, PA | <input type="checkbox"/> Henry Clay Villa, Markleysburg, PA |

Other Quality Life Services Companies:

- | | |
|---|--|
| <input type="checkbox"/> Pine Tree Villages, West Middlesex, PA | <input type="checkbox"/> Newberry Apartments, Grove City, PA |
| <input type="checkbox"/> Quality Pharmacy, Chicora, PA | <input type="checkbox"/> Nurse Aide Training Program, Butler, PA |
| <input type="checkbox"/> Quality Life Services Corporate Office | |

NAME: _____ SIGNATURE: _____

DATE: _____

THANK YOU FOR YOUR COOPERATION!

Note To All Applicants: The applicant hereby authorizes this company to check all references and it is understood that false statements on the application may be considered sufficient cause for dismissal. Filing of this application does not indicate there are any positions open and does not in any way obligate this company.

Nursing and Personal Care Home Applicants Only: I do verify that I have never been convicted, by court of law, or committed of any act of abusing, neglecting or mistreating an elderly individual, physically, verbally or financially. I do also verify that I have never been found guilty of abusing, neglecting or mistreating a nursing home or personal care resident by any State Nurse's Aide Registry or Licensing Authority. If at any time during my employment this statement is found to have been untrue, I understand it will result in immediate termination of employment.

I verify that all the below information is true, complete and correct to the best of my knowledge.

SIGNATURE OF APPLICANT _____

APPLICATION FOR EMPLOYMENT

All qualified applicants will receive consideration for employment without regard to race, religion, color, sex, national origin, age, military background, marital status or physical infirmity.

NAME _____ S.S. # _____ DATE: _____

ADDRESS _____ PHONE # _____

Street City State/Zip

E-MAIL _____ BORO/TOWNSHIP _____

How many years have you lived at this address? _____

Previous Address _____ How long? _____

Have you lived outside the State of Pennsylvania in the past two years? Yes No

Please specify type of work in which interested _____

Prof License # _____ What type of license is this? _____

Can you perform the essential functions of the position for which you are applying? Yes No

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question) _____

Full-time _____ Part-time _____ Specify days/hours if part-time _____

When can you start? _____ Will you work any shift? _____

Check shifts for which you are available to work: 7am-3:30pm _____ 3:30pm-12am _____ 12am-8am _____

Are you willing to work overtime? _____ Referred to this facility by: _____

Have you ever been employed by this facility or any other Quality Life Services facility or company? _____

List dates and reasons for leaving _____

List any relatives/acquaintances employed by this facility _____

Are you willing to work two out of three weekends? Yes _____ No _____

If you wish to have full time employment would you be willing to start part time and work your way to full-time? Yes _____ No _____

Are you willing to come out to work for "call-offs" on short notice? Yes _____ No _____

IN THE EVENT OF AN EMERGENCY PLEASE NOTIFY

Name: _____ Phone: _____ Relationship: _____

EDUCATIONAL RECORD

Type of School	Major/Field of Study	Years Attended	Graduate
High School:			
College/University:			
Trade/Business School:			
Other:			

☛ I am am not a highschool student. ☛ I am am not under the age of 18.

EMPLOYMENT RECORD

Other name(s) under which you have been employed _____

Name and Address of Employer (Last employer first)	Employer Telephone Number	Type of Work & Salary	Dates Employed		Rate of Pay
			From	To	
1.					
2.					
3.					

Reason for Termination: (List the reason for each employer)

1. _____

2. _____

3. _____

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact _____

List other work experience and/or skills, knowledge, talents, business license or other related experience not covered elsewhere _____

Additional comments which you feel would be important in our consideration of your application (hobbies, scholastic, honors, etc.) _____

CHARACTER REFERENCES (Persons who know you well. Do not include relatives/employers)

NAME	OCCUPATION	ADDRESS	YRS. KNOWN	PHONE
1.				
2.				
3.				

