



495 W. Patriot Street, Somerset, PA 15501
A CHOICE COMMUNITY

DATE OF APPLICATION _____

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER	LAST NAME MIDDLE INT.	FIRST NAME
ADDRESS	CITY	STATE ZIP
TELEPHONE # (HOME)	TELEPHONE # (OTHER)	
<p>ARE YOU 18 YEARS OF AGE OR OLDER? YES ____ NO ____</p> <p>HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ____ NO ____ DATE _____</p> <p>ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES ____ NO ____</p> <p>HAVE YOU BEEN A RESIDENT OF PENNSYLVANIA FOR THE PAST TWO YEARS? YES ____ NO ____</p>		

EMPLOYMENT DESIRED

POSITION	DATE AVAILABLE FOR WORK
<p>ARE YOU EMPLOYED NOW? YES ____ NO ____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ____ NO ____</p> <p>HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES ____ NO ____ IF SO, WHEN? _____</p> <p>TYPE OF EMPLOYMENT FOR WHICH YOU ARE APPLYING FULL-TIME ____ PART-TIME ____</p> <p>WHAT HOURS DO YOU PREFER TO WORK? DAY ____ EVENING ____ NIGHT ____ ANY ____</p> <p>HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> Job Site (Indeed/Career Link) _____ <input type="checkbox"/> Walk-In _____ <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____</p>	

LICENSURE/CERTIFICATION

OCCUPATION	LICENSURE # / REGISTRATION #	STATE OF LICENSURE	EXP. DATE
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EDUCATION

EDUCATION	NAME OF SCHOOL AND ADDRESS	YEARS ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS IN WHICH THE NAME MAY INDICATE RACE, CREED, SEX, AGE, COLOR OR NATION ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS, RELEVANT TO POSITION APPLIED FOR, STARTING WITH THE MOST RECENT)

DATE MONTH AND YEAR	NAME, ADDRESS, & PHONE NUMBER OF EMPLOYER	WAGE	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY PLACE OF EMPLOYMENT? YES _____ NO _____
 If yes, give details: _____

HAVE YOU EVER BEEN DISCHARGED FROM ANY PLACE OF EMPLOYMENT OR SUBJECT TO DISCIPLINARY ACTION DUE TO ABUSE OF RESIDENTS OR CLIENTS? YES _____ NO _____
 If yes, give details: _____

REFERENCES (GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ASSOCIATION/AFFILIATION	PHONE NUMBER
1.		
2.		
3.		

Do you have any medical or other limitations that may preclude you from performing any work for which you are being considered?
 Yes _____ No _____
 If yes, what can be done to accommodate your limitations? Please list below:

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT JUST CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME EITHER BY ME OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY BEACON MANOR.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND THAT AN OFFER OF EMPLOYMENT IS CONTINGENT UPON THE RECEIPT OF SATISFACTORY REFERENCE STATEMENTS FROM PREVIOUS AND CURRENT EMPLOYERS AND PERSONAL REFERENCES. I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT IS "AT WILL" AND FOR NO DEFINITE PERIOD OF TIME ANY MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE." I CONSENT TO A PRE-EMPLOYMENT PHYSICAL, WHICH MAY INCLUDE DRUG/ALCOHOL TESTING AND AGREE THAT MY EMPLOYMENT OR CONTINUED EMPLOYMENT IS CONTINGENT UPON THE RESULTS OF THAT EXAMINATION AS PERMITTED BY LAW. I UNDERSTAND THAT I WILL NOT BE ASKED TO SUBMIT TO AN EXAMINATION UNLESS I AM OFFERED A POSITION OF EMPLOYMENT. FURTHER, I CONSENT TO EMPLOYMENT BACKGROUND CHECKS INCLUDING CRIMINAL RECORD SATISFACTION.

DATE _____ SIGNATURE _____

THE PATRIOT, A CHOICE COMMUNITY

Conditional Employment Agreement

I, _____ have been advised and understand that, as a condition of my employment with The Patriot, A Choice Community, a criminal history background clearance must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigations. I understand that Act 169 of 1996, and Act 13 of 1997 prohibit the employment of persons convicted of certain crimes, and that this information is being obtained in compliance with this act.

The applicant/employee must pass the background check to continue employment with this facility within the initial 30 day time period.

Any applicant that **has not been** a resident of the Commonwealth of PA uninterrupted for 2 years must have a PSP criminal history background check completed and an FBI background check. An FBI fingerprint card will be obtained by the employee either from the employer or by contacting the PA Dept of Aging (PDA). If the employee fails the FBI check within the 90 day time period or the processing of the FBI check, the employee will be terminated from employment. If the FBI check has not been completed within 90 days of hire, the employee shall be suspended pending outcome of the background check.

I have read and understand the provisional employment agreement.

Signed _____ Date _____

Witness _____ Date _____

ABUSE CHECK

_____ Yes__ No Have you ever been convicted of any crime including sex related or child abuse related offenses?

Signature of Applicant Date _____

Signature of Employer Date _____

THE PATRIOT



A CHOICE COMMUNITY INC.
a not-for-profit organization

I AUTHORIZE _____ TO RELEASE MY
(Name of Former employer)

EMPLOYMENT RECORDS TO THE PATRIOT, A CHOICE COMMUNITY.

Signature

Printed Name

Date

495 W. PATRIOT STREET, SOMERSET PA 15501
814-445-4549 FAX: 814-445-1981

TO BY COMPLETED BY:
THE PATRIOT, A CHOICE COMMUNITY
495 WEST PATRIOT STREET
SOMERSET, PA 15501

REFERENCE REQUEST FOR APPLICANT

NAME OF APPLICANT _____

DATE _____ SUPERVISOR _____

DEPARTMENT _____

APPLICANT EMPLOYED FROM _____ TO _____

POSITION HELD _____

REASON FOR LEAVING _____

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
ATTENDANCE AND PROMPTNESS:	_____	_____	_____
QUALITY OF WORK:	_____	_____	_____
ATTITUDE:	_____	_____	_____
DEPENDABILITY:	_____	_____	_____
KNOWLEDGE:	_____	_____	_____
APPEARANCE AND CLEANLINESS:	_____	_____	_____
SAFETY AWARENESS:	_____	_____	_____
COMMENTS:			

REFERENCE NAME: _____ TITLE: _____

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APPEARANCE AND CLEANLINESS:	_____	_____	_____
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