



Confidential Employment Application

Referred by _____

To which of our centers are you applying? _____

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Are you 18 years of Age or Older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently employed?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain	

EDUCATION

High School		Address			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College		Address			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other		Address			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			

Company		Phone ()	
Address			
PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Additional Qualifications You Feel Are Related to the Position Applied For _____

Professional Licenses and/or Certifications

Type _____ State Issued _____ Date Issued _____ # _____

It is the policy of *Guardian Elder Care* to obtain Criminal Record Checks on all employees through the PA State Police. Also, per Dept. of Health regulations, *Guardian Elder Care* is required to also complete a background check with the FBI if the individual has not lived in PA for a continuous two (2) years previous to the date of hire.

In order to perform the background check, the following information is required:

State of Residency _____ How Many Years?

If a resident of PA less two (2) years, name of previous state? _____

DISCLAIMER AND SIGNATURE

This institution does not discriminate in hiring or any other decision on the basis of race, religion, color, sex, citizenship, national origin, ancestry, genetic background or on the basis of age or physical or mental disability. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment, background history and activities, agree to cooperate in such investigation and release from all liability and responsibility all persons, companies, or corporations supplying such information. I consent to take the physical examination, and such future examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that unless otherwise expressly stated in writing by the President of this Company, employment is at will, which means that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within 3 days shows satisfactory evidence of identity and eligibility for employment.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____