

HOLY FAMILY MANOR
Catholic Senior Housing & Health Care Services, Inc.
1200 Spring Street
Bethlehem, PA 18018
610-865-5595

APPLICATION FOR EMPLOYMENT

Please fill in all spaces if possible

Name	Last	First	Middle	Last Four Digits of SS #	Today's Date
Address				Street	
				Telephone No.	
City		State		Zip Code	
				Email address	
(1) Position You are Applying for:					
(2) Full Time:		Part Time:		Shift Preferred:	
(3) Date Available for Work:					
(4) Have you previously worked For Catholic Senior Housing & Health Care Services, Inc. (Holy Family Manor)?				If YES , Dates of employment: Position:	
(5) If YES to question 4, was it under another name? (for job verification):					
(6) Why do you chose to work with the elderly?					
(7) What prompted you to apply here for employment?					
(8) Referred by:					
(9) Professional License Number: (If Applicable)		Type:		State:	
(10) Have you ever been convicted of a crime in the nature of a felony or misdemeanor? _____ The term "convicted" includes any conviction resulting from a plea of guilt or nolo contendere (no contention). If YES , please indicate the date, location and circumstances surrounding the conviction(s).					
(11) Do you have the Legal Right to Work in the United States? (Proof of Citizenship or Immigration Status will be required upon employment.)					

I understand that any offer of employment is contingent upon satisfactory completion of a physical examination and drug screening, and for some positions a pre-placement assessment. If I am offered employment, Catholic Senior Housing and Health Care Services, Inc. will provide more information regarding this requirement and there will be no cost to me.

Employees of Catholic Senior Housing & Health Care Services, Inc. may not be supervised by a relative.

Individuals under 18 years of age must present a State of Pennsylvania Work Permit.

I understand that this is only an application for employment and is not to be interpreted as a contract.

HOLY FAMILY MANOR

EDUCATION

Do you have a High School education?
If not, how many years have you completed?

Please complete the following information, if applicable to the position you are applying for:

School	Name of School	Location (City, State)	Courses Taken	Diploma, Degree, Certificate Rec'd
College				
Vocational or Business				
Nursing Education				

SPECIAL SKILLS AND QUALIFICATIONS FOR THIS POSITION:

EMPLOYMENT RECORD & PROFESSIONAL REFERENCES (List most recent or present first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties	Reason for Leaving
Name	From:	Starting		
City/State	To:	Ending		
Supervisor's Name Phone No.				
Name	From:	Starting		
City/State	To:	Ending		
Supervisor's Name Phone No.				
Name	From:	Starting		
City/State	To:	Ending		
Supervisor's Name Phone No.				

PROFESSIONAL REFERENCES

Name	Company/Organization	Business Address	Business Phone

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date. In consideration of my employment, I agree to conform to the rules and regulations of Catholic Senior Housing & Health Care Services, Inc. My employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either myself or Catholic Senior Housing & Health Care Services, Inc.

SIGNATURE OF APPLICANT _____ DATE: _____

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I grant permission to Catholic Senior Housing & Health Care Services, Inc. to investigate previous employment, educational background and professional and personal references.

Signature of Applicant

Date

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I understand that as part of the pre-employment requirements, a criminal record check will be done on me if I am offered and accept an offer of employment at Catholic Senior Housing & Health Care Services, Inc.

Signature of Applicant

Date

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In compliance with the regulations set forth by the Commonwealth of Pennsylvania a criminal history background check must be obtained to work in a long term care facility as defined by Act 169 of 1996 as amended by Act 13 of 1997.

An applicant who has resided continuously in the Commonwealth of Pennsylvania for the two years immediately prior to the application date shall be required to obtain a Criminal History Background Check from the Pennsylvania State Police within 30 days of provisional employment. An applicant who has not resided in the Commonwealth of Pennsylvania for the two years immediately prior to the application date shall be required to obtain a Criminal History Background Check from the Federal Bureau of Investigation within 90 days of provisional employment.

Until such time that the criminal history report is submitted to the facility, not in excess of the time permitted by law, the employee will be considered a provisional employee.

Applicant is required to complete questionnaire and sign and date the following:

_____ I have been a resident of the Commonwealth of Pennsylvania for the entire two years (without interruption) immediately preceding the date of application for employment.

_____ I have **not** been a resident of the Commonwealth of Pennsylvania for the entire two years (without interruption) immediately preceding the date of application or I currently live out-of-state.

By my signature below I swear and affirm that I have never been convicted and am not disqualified from employment under one or more of the provisions of the Pennsylvania Crimes Code relating to: murder (section 2502A&B); rape; statutory sexual assault; involuntary deviate sexual intercourse; sexual assault; aggravated indecent assault; indecent assault; incest; or sexual abuse of children.

**MUST BE COMPLETED AND SIGNED
ON REVERSE SIDE**

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Further, I have not been convicted and am not disqualified from employment for one or more of the following offenses: controlled substance, drug, device, and cosmetic act; relating to criminal homicide (except for section 2502A&B); relating to aggravated assault; relating to kidnapping; relating to unlawful restraint; relating to burglary; relating to robbery; a felony offense under Chapter 39 (relating to theft and related offense), or two or more misdemeanors under Chapter 39 relating to forgery; endangering welfare of children; dealing in infant children; retaliating against witness or victim; prostitution and related federal or out-of-state offense similar to those crimes listed above.

Signature

Date

To be completed by people who have not been a resident of the Commonwealth of Pennsylvania for the entire two years (without interruption) immediately preceding the date of application or who currently live out of state.

LIST PREVIOUS RESIDENCES (other than in Pennsylvania)

1. _____

2. _____

3. _____

Continue below if needed.