



## PRESTIGE HOME CARE AGENCY EMPLOYMENT APPLICATION

**INSTRUCTIONS:** If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment with our Prestige Home Care Agency. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

### PERSONAL INFORMATION:

Driver's License #: \_\_\_\_\_ Iss. State: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI (initial): \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

PA Residence Since: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Desired: \_\_\_\_\_ Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### VEHICLE INFORMATION (For Drivers only)

Make And Model of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

Auto Insurance Co: \_\_\_\_\_

Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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1. Have you ever been employed here before? Yes  No  If yes, when?  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
2. Have you have been given a copy of the job description for the position for you applied for? Yes  No 
  - Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes  No
3. Why are you interested in employment with us?

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**YOUR AVAILABILITY:**

Days		MON	TUE	WED	THUR	FRI	SAT	SUN
Shift	From:							
	To:							

*Note: The Company can't and doesn't guarantee any amount of work hours. The hours may be increased or decreased at any time depending upon business conditions at that time.*

**JOB RELATED SKILLS:** Describe any training or life skills you have that apply to caring for adults:

- 1) Describe any work history you have that would apply to caring for adult's:  

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- 2) What do you like (or think you would like) most about caring for people?  

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- 3) What do you like (or think you would like) least about caring for adults?  

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**EDUCATION:**

	School Name	City & State	Couse of Study/Degree	Years	Graduate
GED					___ Yes ___ No
High School					___ Yes ___ No
College/ University					___ Yes ___ No

**Employee Emergency Contact Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

*List the last five years of employment history, starting with the most recent employer.*

History 1.

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Address: \_\_\_\_\_

Employment: From \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_

Starting Pay: \_\_\_\_\_ Job title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your previous employer: Yes  No

History 2.

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Address: \_\_\_\_\_

Employment: From \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_

Starting Pay: \_\_\_\_\_ Job title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your previous employer: Yes  No

*Note: if you need to add more job history please add to the back side of this paper.*

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**ADDITIONAL INFORMATION**

1. Have you ever used a name other than the one you have now? Yes  No

If yes, please mention your name \_\_\_\_\_

2. Do you have reliable transportation? Yes  No

**PROFESSIONAL REFERENCE** (*Do not include relatives*)

Please provide at least two references. *Your application will not be considered unless two professional references are provided.*

Name	Relationship	Year known	Telephone

I hereby authorize the PRESTIGE HOME CARE AGENCY to conduct a reference check on me with the references named above. I also release my previous employers/reference from all claims and liabilities, of any nature, arising from any information released upon request from Prestige Home Care Agency, LLC.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

----- **For Agency Use Only** -----

Reference Check

Contacted Name	Contact Date	Note	Checked by

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**Please be sure to complete the attached authorization to do a criminal and motor vehicle background check.**

Have you lived in the State of Pennsylvania for more than 2 years? \_\_\_ Yes \_\_\_ No

As a condition of employment all employees must be “Bondable” & “Insurable”. Are you at least 19 years of age? \_\_\_ Yes \_\_\_ No

List any City and State of residence for the past seven years.

\_\_\_\_\_

Have you had any moving traffic violation? \_\_\_ Yes \_\_\_ No If yes, please describe:

\_\_\_\_\_

Have you been charged/Convicted of felony or misdemeanor or served time? \_\_\_ Yes \_\_\_ No if yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of crime in the past 5 years, barring employment in Home Care and community support Agency? \_\_\_ Yes \_\_\_ No if yes, please describe:

\_\_\_\_\_

*Note: Conviction will not necessarily disqualify an applicant from employment.*

Are you capable of performing the job set forth in the job description? \_\_\_ Yes \_\_\_ No

If you answered No, which job requirement can you not meet? \_\_\_\_\_

I hereby authorize the PRESTIGE HOME CARE AGENCY to conduct a criminal and motor vehicle background check.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

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APPLICANT NOTICE: It is illegal in Philadelphia for employers to ask about your criminal background during the job application process. Employers cannot ask about your criminal background on job applications or during any job interview. Employers can run your criminal background check ONLY AFTER a conditional offer of employment is made (final hiring depend on the results of your background check).

- Criminal convictions can be considered ONLY if they occurred less than 7 years from when you apply (not counting time of incarceration).
- Arrests that did not lead to conviction cannot be used in any employment decisions.

If your background check reveals a conviction, the employer must consider: The type of offense and the time that has passed since it occurred; Its connection to the job you are applying for; and your job history, character references, and any evidence of rehabilitation.

Employers can reject you based on your criminal record ONLY if you pose an unacceptable risk to the business or to other people. If you are rejected, the employer must send the decision to you in writing with a copy of the background report used to make the decision. You have 10 days to give an explanation of your record, proof that it is wrong, or proof of rehabilitation.

APPLICANT CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between the Company and myself is terminable at-will, so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.

My signature below acknowledges that I have read, understand, and agree to the above disclosure.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_