



**Employment Application** *Please Print*

**Date:** \_\_\_\_\_

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.**

Last Name	First Name	Middle Name	Maiden Name
Current Address			
Phone: ( )	Alternate Phone ( )	Email Address	
Social Security #		Desired Salary	
Position Applied For	Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN	Desired Salary \$	
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Guardian Employee <input type="checkbox"/> Previous Employment <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other			
List any special skills or training you have:		Registry Certification or Professional License Numbers:	
		# _____	State _____
		# _____	State _____
		# _____	State _____
Are you legally able to work for any employer in the United State under the immigration laws of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever applied for a position or were previously employed by this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach details	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach details.		Have you ever been excluded from the Medicare, Medicaid and/or other Federal or state healthcare program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been found guilty by a court of law of abusing, mistreating, neglecting, or misappropriating the property of an individual in a healthcare setting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach details		Have you ever been disqualified by any federal, state, or local authority from working with older adults or children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach details	
Has any professional licensing board in any state ever taken any corrective or disciplinary action of any nature against you? If yes, provide a description of the following on an attached sheet of paper:			
<ul style="list-style-type: none"> <li>▪ The licenses and or registrations that were suspended, revoked or otherwise affected;</li> <li>▪ The sanctions imposed including any civil penalties;</li> <li>▪ A brief description of the basis for the disciplinary action or corrective measures;</li> <li>▪ The state where it occurred and</li> <li>▪ The name of the licensing board.</li> </ul>			

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

	School Name	City/State	Course of Study	Graduation Date	Degree Earned
High school					
Technical/Business					
College/University					
Post Graduate					

## PREVIOUS EMPLOYMENT

### List 3 previous employers

Company	Phone
Address	Supervisor
Job Title	Ending Salary
Responsibilities:	
Dates of Employment	Reason for Leaving:
May we contact your previous supervisor for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company	Phone
Address	Supervisor
Job Title	Ending Salary
Responsibilities:	
Dates of Employment	Reason for Leaving:
May we contact your previous supervisor for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company	Phone
Address	Supervisor
Job Title	Ending Salary
Responsibilities:	
Dates of Employment	Reason for Leaving:
May we contact your previous supervisor for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## REFERENCES

**List 3 references (Minimum 2 professional and 1 personal)**

Name	Address	Phone Number	Relationship

## DISCLAIMER AND SIGNATURE

**I certify that the information completed on this application has is true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in this application may result in release from employment.**

In the event of employment, I understand that false or misleading information in this application or interview(s) may result in termination of employment. I understand that the Immigration Reform Control Act of 1986 requires that Guardian Home & Community Services hire only U.S. citizens and aliens authorized to work in the United States and that all persons hired will be required to submit documents for verification to establish identity and employment authorization. I understand that in accordance with Act 166-96 that all persons hired will be required to submit to a criminal history check to verify employment eligibility. In consideration of my employment, I agree to abide by the rules and regulations of Guardian Home & Community Services. I understand that my employment and compensation can be terminated with or without cause at any time at the options of either myself or my employer. If employed, I agree to inform Guardian Home & Community Services if I obtain any other employment during my employment with. I hereby acknowledge that I have read and understand the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FORWARD COMPLETED APPLICATION TO:**

Guardian Home & Community Services, Inc.  
PO Box 240, Rt. 219  
Brockway, PA 15824



