

Employment – Initial Application

# APPLICATION



City Home Care LLC

208 E King St., Suite H Shippensburg, PA  
17257

O: 717-477-5050 | F: 717-477-5050

## NEW EMPLOYEE PROFILE CONTACT FORM

FIRST NAME:	
MIDDLE INITIAL:	
LAST NAME:	
ADDRESS:	
ADDRESS 2:	
CITY:	
STATE:	
EMAIL ADDRESS:	
MOBILE NUMBER:	
SOCIAL SECURITY #	
DATE OF BIRTH:	
GENDER:	
FILING STATUS	SINGLE or MARRIED
POSITION:	
START DATE:	

**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 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 #: \_\_\_\_\_ ISSUED STATE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

PA RESIDENCE SINCE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

**VEHICLE INFORMATION (For Drivers only)**

MAKE AND MODEL OF VEHICLE: \_\_\_\_\_ YEAR: \_\_\_\_\_

AUTO INSURANCE CO \_\_\_\_\_

POLICY NO: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

**EDUCATION**

For employment our minimum education requirement is either a GED or High School diploma

Please circle highest grade completed: Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14  
15 16 16+

School Type	Name of School and City/State	Course of Study/Degree	Years	Graduate
GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY**

List the last three years employment history, starting with the most recent employer.

Company Name _____ Telephone: _____
Address _____
City: _____ State: _____ Zip Code: _____
Dates of Employment: From (MM/YY) _____ To (MM/YY) _____
Starting Pay (Optional): _____
Job Title: _____ Reason for Leaving: _____
Describe your nature of work: _____
_____

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

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates of Employment: From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Starting Pay (Optional): \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe your nature of work: \_\_\_\_\_

\_\_\_\_\_

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

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates of Employment: From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Starting Pay (Optional): \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe your nature of work: \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

Was your last name different from your present name during the above listed jobs?

\_\_\_ Yes \_\_\_ No If yes, what was your name? \_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No

Do you have reliable transportation? \_\_\_ Yes \_\_\_ No

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

Please complete all three references.

Your application will not be considered unless **two** professional references are provided.

Name	Designation	Email address	Telephone

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

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

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

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

List states and counties of residence for the past seven years: \_\_\_\_\_

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

Have you been charged/convicted of a Felony or Misdemeanor or served time  Yes  No If yes, please describe:

Incident

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

Conviction will not necessarily disqualify an applicant from employment. If yes, describe in full:

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 CITY HOME CARE, LLC to conduct a criminal and motor vehicle background check.*

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

**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 terminated 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: \_\_\_\_\_