

Employment Application

Please complete this application as completely and accurately as possible.

Today's Date

Personal Information

Name: _____ Social Security Number: _____
Last, First, Middle Date of Birth: _____

Address: _____ Home Phone: _____

Cell Phone: _____
City, State, ZIP

Are you over the age of 18? Yes No

Are you a US Citizen? Yes No

If no, do you have the legal right and necessary documents to work in the US? Yes No
(Identity and employment eligibility will be verified as required by law.)

School District of Residence: _____ Township of Residence: _____

Employment Information

Position Desired: _____ Part-time Full-time
Shift Preference: _____ Date Available for work: _____

Do you possess a valid driver's license? Yes No Driver's License # _____

Do you have your own transportation? Yes No

Have you applied here before? Yes No If so, when? _____

How were you referred to us?

Classified ad Where did you see ad? _____

An agency/registry employee Please give us their name: _____

Other Please tell us: _____

Qualifications & Experience

Education:	Did you graduate?
High School _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing School _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Training _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Languages spoken in addition to English: _____

Can you perform all of the job-related functions of the position(s) for which you are applying?

Yes No If no, please explain: _____

Do you have current CPR certification? Yes No Expiration Date: _____

Initial

Date

Employment Application

Why do you want to work for this agency? _____

Past & Present Employers

Current Employer:

Name: _____ Phone: _____
Address: _____ Position: _____
City: _____ State ____ ZIP _____ Date Started: _____

May we contact? Yes No Salary/Wage: _____ Supervisor: _____

Past Employers:

Name: _____ Phone: _____
Address: _____ Position: _____
City: _____ State ____ ZIP _____ Salary/Wage: _____

May we contact? Yes No Supervisor: _____

Date started: _____ Date ended: _____ Reason for leaving: _____

Name: _____ Phone: _____
Address: _____ Position: _____
City: _____ State ____ ZIP _____ Salary/Wage: _____

May we contact? Yes No Supervisor: _____

Date started: _____ Date ended: _____ Reason for leaving: _____

References (Give work or medical field related references. Do not list relatives or personal friends.)

Name: _____ Phone: _____
Address: _____ How I know: _____
City: _____ State ____ ZIP _____ Years Acquainted: _____

Name: _____ Phone: _____
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Name: _____ Phone: _____
Address: _____ How I know: _____
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Initial

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Criminal Background Inquiry

Have you ever been convicted of a crime, other than a minor traffic offense, or pled no contest to a crime?

Yes No If yes, please explain.

Details: _____

(You will not be denied employment solely because of a conviction record, unless the offense is related to the work for which you have applied.)

Emergency Contact

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Relationship to you: _____

City, State, ZIP

"I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize the verification of any or all information listed above."

Signature

Date

Please mail to:

Caregivers of the Lehigh Valley
35 East Elizabeth Avenue, Suite 3A
Bethlehem, PA 18018

Or fax to: 610.797.0480