**APPLICATION FOR EMPLOYMENT**

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| --- | --- | --- | --- |
| NAME:

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 | DATE:

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 |
| ADDRESS:

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 | PHONE:

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| EMAIL:

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***Personal Information***

***\*\*Documentation will be needed that shows you have been a Pennsylvania resident for the past two years. The following will be accepted: Expired driver’s license, current driver’s license issued two years prior from today’s date, PA ID, Insurance card, or Utility bill.***

**EMPLOYMENT DESIRE:**

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| --- | --- | --- | --- | --- | --- |
| PART TIME:

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 | FULL TIME:

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 | AVAILABILITY:

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 |
| POSITION APPLYING FOR:

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 | SALARY:

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 | DATE YOU CAN START:

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 |
| ARE YOU EMPLOYED NOW?

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 | EVER APPLIED AT SENIORS CHOICE BEFORE?

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| ARE YOU ABLE TO MEET THE ATTENDENCE REQUIREMENTS FOR THIS POSITION?

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| HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST SEVEN YEARS? IF YES, EXPLAIN:

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**EDUCATION:**

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| NAME OF HIGH SCHOOL:

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 | LOCATION:

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 |
| NUMBER OF YEARS ATTENDED:

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 | DID YOU GRADUATE?

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| SUBJECTS STUDIED:

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| NAME OF TRADE SCHOOL OR COLLEGE: | LOCATION:

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| NUMBER OF YEARS ATTENDED:

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 | DID YOU GRADUATE?

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 |
| SUBJECTS STUDIED:

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| Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for Seniors Choice:

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**EMPLOYMENT**

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| NAME OF EMPLOYER:

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 | DATES EMPLOYED:

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| SALARY:

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 | POSITION HELD:

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 | REASON FOR LEAVING:

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| NAME OF EMPLOYER:

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 | DATES EMPLOYED:

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| SALARY:

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 | POSITION HELD:

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 | REASON FOR LEAVING:

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| NAME OF EMPLOYER:

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 | DATES EMPLOYED:

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| SALARY:

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 | POSITION HELD:

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 | REASON FOR LEAVING:

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**REFERENCES: (3 persons / employers who is NOT related to you whom you have known at least a year.)**

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| NAME:

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 | ADDRESS:

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 | PHONE:

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 | YEARS KNOWN:

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| NAME:

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 | PHONE:

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 | YEARS KNOWN:

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| NAME:

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 | YEARS KNOWN:

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**LANGUAGES *(List any languages that you speak other than English)***

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| LANGUAGE:

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 | READ & WRITE:

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 | READ & SPEAK:

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 | SPEAK ONLY:

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 |
| LANGUAGE:

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 | READ & WRITE:

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 | READ & SPEAK:

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 | SPEAK ONLY:

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 |
| LANGUAGE:

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 | READ & WRITE:

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 | READ & SPEAK:

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 | SPEAK ONLY:

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**EMERGENCY CONTACT:**

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| NAME:

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 | PHONE:

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 | RELATIONSHIP:

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**INITIAL Conditions of employment, please read carefully.**

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|  | Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the employee to agree to substance checking, if required by company. Violations of our drug and alcohol policy will result in dismissal. |
|  | It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer’s service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice.  |
|  | I give the employer the right to investigate all criminal, police, driving and personal records and references, if job related. I hereby release from liability the Employer and its representatives for seeking information and all other persons, corporation, or organizations for furnishing such information. |
|  | The Employer is an Equal Employment Opportunity Employer. The Employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by Local, State or Federal Law. |
|  | This application is current for 60 days. At the conclusion of this time if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application. |
|  | I have had a face to face interview with a Seniors Choice Home Care Representative. |

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*Signature of Applicant Date*