

Application For Employment

Beneficial Adult Care • 7010 Snowdrift Rd. • Allentown PA 18106

"We are an equal opportunity employer. We do not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis protected by local, state or federal law, including a person's age, sex, race, creed, national origin, religion, disability, or veteran status. Applicants for positions with the Company must completely fill out this application to be considered for employment. No applicant will be considered for employment solely on the basis of a resume. Do not volunteer any information not requested on the application. This application will remain active for 60 days only. If you are not contacted by a Company representative within 60 days and still wish to be considered for a position, you must fill out and submit another application."

(Please Print or Type)

I. Personal Information

Name	_____	_____	_____	
	Last	First	Middle	
Address	_____	_____	_____	_____
	Street	City	State	Zip
Phone	_____	_____	_____	
	Home	Cell	Other	
Social Security Number	_____			

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization in compliance with the U.S. Department of Justice within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. A criminal history record check and medical exam that includes a TB test is required prior to employment.

Position _____ Date _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____
2. Do you have any relatives who are presently (or have formerly been) employed by the Company? (If yes please provide name(s): _____
3. Are you prevented from becoming lawfully employed in the United States because of your VISA or immigration status? _____
4. How were you referred to our Company? _____
5. Do you have reliable means of transportation? _____
6. **Have you ever been convicted of**, or served a sentence for, any type of criminal offense, other than a minor traffic violation? _____ (see list) If "YES" please describe the circumstances: _____
Are you currently facing any criminal charges or is there any warrant currently outstanding for your arrest? If "YES", please explain: _____
7. _____
8. Do you have any disabilities or special needs that we need to be aware of? _____
If yes Please explain: _____

II. Employment Record (Please include all employment for the past five (5) years)
 (start with the most current employer and position)

Start:	End:	Company Name:	Phone:
Supervisor:		Address:	
Position:		Describe Work:	
Last Wage:		Reason for Leaving:	
Start:	End:	Company Name:	Phone:
Supervisor:		Address:	
Position:		Describe Work:	
Last Wage:		Reason for Leaving:	
Start:	End:	Company Name:	Phone:
Supervisor:		Address:	
Position:		Describe Work:	
Last Wage:		Reason for Leaving:	
Start:	End:	Company Name:	Phone:
Supervisor:		Address:	
Position:		Describe Work:	
Last Wage:		Reason for Leaving:	

Note: If necessary please use a separate sheet of paper to list additional employers. We will contact all of the employers listed on this application. Please list below if you do not wish us to contact your current employer.

May we contact your current employer for a reference? _____

III. Educational History

School Name

Year Completed

Diploma/Degree

Elem/Jr. High	
High School	
College	
Other	

IV. References

(please do not include relatives or former employers)

Name:	
Address:	
Phone:	
Years Known:	Occupation:

Name:	
Address:	
Phone:	
Years Known:	Occupation:

V. Work Availability

1. If your application receives favorable consideration, when are you able to begin work?

2. Are you able to meet the attendance requirements of the position? _____
3. Do you have any objection to working in excess of 40 hours per week? _____
4. Can you work over forty (40) hours per week without prior notice? _____
5. Can you work over (8) hours per day without prior notice? _____
6. Can you work on Saturday? _____
7. Can you work on Sunday? _____

VI. Salary/Hourly Rate Requirements

\$ _____ per _____

VII. Verification

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I authorize investigation of all statements contained in this Application for employment as may be necessary in arriving at an employment decision. I understand that, if I am employed, any statements that I have falsified on this Application shall be grounds for immediate dismissal. I also understand that, if employed by the Company, I am required to abide by all of the Company's rules and regulations.

1. Consent to Conduct Background Investigation

As a condition of an in consideration for the Company's consideration of this application, I give permission to the Company to investigate my personally and employment history. I understand that this background investigation will include, but not limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to the Company to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent to Contact Past Employers

I give permission to the Company to contact all employers listed on this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Company. I consent to release of such information whether orally or in writing. I hereby indemnify and release the Company and any persons providing or receiving such information from all liability and agree not to bring any legal action for defamation, invasion of privacy, or any other claims based upon any statement made to anyone at the Company regarding me.

3. Consent to Contact Government Agencies

I give permission to any agent, attorney or representative of the Company to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information.

4. Cooperation with Investigation

I agree to fully cooperate in the Company's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information.

5. Application Considered for Sixty (60) Days

This employment application will be considered active for sixty (60) days from the date below. If I want to be considered for a job with the Company after this period of time, I must complete and submit another application.

6. Medical Examination

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with the Company. I understand that if I am employed by the Company, I may be required, when job-related and consistent with the Company's business needs, to undergo a medical examination or testing for drugs or alcohol.

7. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient ground for rejection of this application, or if discovered after an offer of employment, for immediate dismissal.

8. Employment "At Will"

Employment "At Will" I understand that if I am hired by the Company, my employment is "at will"- meaning that it is for no definite period of time and can terminated by me or by the Company, with or without cause or notice, at any time. I also understand that no representative of the Company, other than the President, has the authority to enter an agreement with me contrary to the foregoing, and I understand that any agreement that the President might enter with me contrary to the foregoing must be in writing to be enforceable. I also understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Company retains a similar right.

9. Agreement to Arbitrate Disputes

I agree that any dispute, claim or controversy which may arise between me and the Company with regard to this Application for Employment, or with regard to my employment by the Company if hires, including any claim that I was not hire or that I was disciplined or discharged as a result of my age, sex, color, race, creed, national origin, religious persuasion, or disability or in violation of Ohio law, shall be subject to and fully settled by mandatory and binding arbitration administered by the American Arbitration Association in accordance with the AAA National Rules for the Resolution of Employment Disputes. The Arbitrator shall have authority to award any remedy that an Ohio or federal court or and Ohio or federal agency could award or grant in a similar dispute. In any such arbitration proceeding, the Applicant shall have the right to be represented by a spokesperson of her/his choosing. The arbitrator shall have the authority to award the Applicant reimbursement of some or all of the attorney fees and other costs expended, if successful.

Applicant's Signature

Date