

APPLICATION FOR EMPLOYMENT

PRINT CLEARLY AND LEGIBLY

SECTION 1 – Contact Information

Last:	First:	MI:
Address:		
City:	State:	Zip: Tel: (H) (C)
Social Security #:	DOB:	Email:

SECTION 2 – Desired Employment

Position:	Desired Start Date:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If employed; may we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied to this agency before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when:

SECTION 3 - Education

HIGH SCHOOL	Name & Location of School:
	Years Attended: Date Graduated: Degree:
UNDERGRADUATE UNIVERSITY/ COLLEGE	Name & Location of School:
	Years Attended: Date Graduated: Degree:
GRADUATE UNIVERSITY/ COLLEGE	Name & Location of School:
	Years Attended: Date Graduated: Degree:
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	Name & Location of School:
	Years Attended: Date Graduated: Course study:

SECTION 4- Employment History

Employer:	Job Title:	
Address:	Duties:	
Phone:	Salary:	
Date From:	Date To:	Reason for Leaving:

Employer:	Job Title:	
Address:	Duties:	
Phone:	Salary:	
Date From:	Date To:	Reason for Leaving:

Employer:	Job Title:	
Address:	Duties:	
Phone:	Salary:	
Date From:	Date To:	Reason for Leaving:

SECTION 5- Personal References

Name:	Occupation:
Address:	Relationship:
Phone:	Years Known:

Name:	Occupation:
Address:	Relationship:
Phone:	Years Known:

Name:	Occupation:
Address:	Relationship:
Phone:	Years Known:

SECTION 6- Emergency Contact Information

Name:	Relation:
Address:	Telephone:
Name:	Relation:
Address:	Telephone:

I voluntarily give the right to PA Lifesharing, LLC, to conduct a thorough investigation of my past employment, reference check, background check, and any other verifications required for employment. I agree to cooperate in such an investigation. I understand that my employment will be based on the accuracy of the Information provided on this application.

Signature: _____ Date: _____

Requirements & Conditions of Employment

Name: _____

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with us depends solely upon your qualifications.

PLEASE READ AND SIGN THE STATEMENTS BELOW

1. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN ME AND PA LIFESHARING, LLC (PAL) IS TERMINABLE 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 WITH A 2-WEEK NOTICE.
2. I understand that I may be required to undergo blood and/or urinalysis screening for drug or alcohol use as part of the pre-employment process. In addition, all employees are subject to blood and/or urinalysis screening for drug or alcohol use.
3. I certify that all information given on this employment application, any resume that I submit to the company, and any related papers and answers given during oral interviews are true and correct.
4. I understand that PAL will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by PAL during such investigation. I understand that falsification of any information given by others during this investigation, or any derogatory information discovered as a result of this investigation may-subject-me-to-immediate-dismissal. I hereby release from liability all persons who provide Information to PAL during any such investigation.
5. You must have reliable transportation to and from your job. If you drive, you must have a valid driver's license and insurance. If you use your car to transport PAL's clients during the time at work, you are required to carry automobile liability insurance (suggested \$300,000 minimum) on the date of hire.
A copy of the insurance and car registration must be provided to PAL.
6. All applicants are subject to criminal background checks 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, child abuse clearance, and motor vehicle driving records.
7. All applicants must be able to communicate effectively with the client and PAL staff. This means you must always have a working phone to contact the office and/or the client. All employees must keep the office informed of any change in address or phone information.
8. I understand and agree that as a condition of employment, I am required to wear/use personal protective equipment supplied and/or required by PAL like hand gloves, and a protective mask. In the event, I sustain an on-the-job injury as a direct result of my failure to wear/use the personal protective equipment listed above, my workers' compensation benefits could be substantially reduced.
9. I understand and agree to complete orientation training upon the return of the application to be assigned to work. I understand and agree I understand and agree that I must also adhere to the schedule and complete all annual training over the course of my time working with PA. Lifesharing, LLC

I understand these requirements/conditions of employment. I understand if I breach any of these stipulations, I may be terminated. Furthermore, I take full responsibility for all legal recourse that can result from not conforming to these conditions.

Signature: _____ Date: _____



Request for Criminal Background Check

PA Lifesharing LLC, an agency that provides Home & Community-based in-home services for individuals with special needs, is requesting your permission to perform a criminal background check. I understand that the information provided will be used to conduct a criminal records check, and I give permission for a criminal record check to be done.

First Name _____

Full Middle Name (N/A if you do not have a middle name) _____

Last Name _____

Maiden Name and any alias names: _____

Social Security Number _____

Date of Birth (MM/DD/YYYY): _____

Race: _____

Sex: _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes: Where (city, state): _____ Date: _____

Please list the nature of the convicted crime: _____

Signature: _____ Date: _____



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE
ChildLine and Abuse Registry
P.O. BOX 8170
HARRISBURG, PENNSYLVANIA 17105-8170

CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM FOR THE
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I, (_____),
Applicant's Name

hereby authorize the Department of Public Welfare, ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to (PA LIFESHARING LLC)

I understand that this information is confidential in nature pursuant to §6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa. C.S Chapter 63) and will not otherwise be released by (PA LIFESHARING LLC), without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I also understand that the information will not be released directly to me:

(_____)
Applicant's Name

as stated on the Pennsylvania Child Abuse History Clearance application. I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I may request a copy of my Pennsylvania Child Abuse History Clearance from (PA LIFESHARING LLC) upon written request. I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.

Date

Applicant's Signature

Please send my clearance result(s) to: _____

Agency Name: PA LIFESHARING LLC
Attn: Human Resources
Agency Street Address: 5706 Arklow Dr.
Agency City, State, Zip: Harrisburg, PA 17111

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---|---|
| <input type="checkbox"/> Foster parent
<input type="checkbox"/> Prospective adoptive parent
<input type="checkbox"/> Employee of child care services
<input type="checkbox"/> School employee governed by the Public School Code
<input type="checkbox"/> School employee not governed by the Public School Code
<input type="checkbox"/> Self-employed provider of child-care services in a family child-care home
<input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service
<input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program
<input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children
<p style="margin-left: 20px;">If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</p> <input type="checkbox"/> Big Brother/Big Sister and/or affiliate
<input type="checkbox"/> Domestic violence shelter and/or affiliate
<input type="checkbox"/> Rape crisis center and/or affiliate
<input type="checkbox"/> Other: _____
<input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) |
|---|---|

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER — — — — —	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE
DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #

