



APPLICATION FOR EMPLOYMENT

Thank you for your interest in Blue Ridge Home Health Care Services, Inc. A clear understanding of your background, education and employment history will enable us to best evaluate your qualifications. No question on this application is asked for the purpose of limiting or excluding any applicant from consideration for employment on the basis of race, color, gender, age, religion, ancestry or national origin.

Today's Date _____ Position(s) of Interest: _____

1. PERSONAL DATA (Type or print in ink)

Name: _____
Last First Middle Social Security Number

Present Address: _____
Street Address

Available for/Hours Preferred: Full Time Part Time Day Evening Night

Date Available to Start: _____ **Salary Range Required:** _____

2. EDUCATIONAL BACKGROUND

High School:

Name and Address Major/Minor Diplomas/Degrees or Credits Earned

College/University:

Name and Address Major/Minor Diplomas/Degrees or Credits Earned

College/University:

Name and Address Major/Minor Diplomas/Degrees or Credits Earned

Graduate Study:

Name and Address Major/Minor Diplomas/Degrees or Credits Earned

Other:

Name and Address Major/Minor Diplomas/Degrees or Credits Earned

Professional Certification/Registration/License No.: _____ **State:** _____ **Expiration Date:** _____

Driver's License Number: _____ **State:** _____ **Expiration Date:** _____

3. WORK EXPERIENCE (Please list most recent experience first.)

Dates of Employment: _____
From To Position/Title

Name of Employer: _____

Address (street/city/state/zip): _____

Phone Number (including area code): _____

Name and Title of Supervisor: _____

Type of Work Performed: _____

Final Yearly Salary/Hourly Rate: _____

Reason for Leaving: _____

Dates of Employment: _____
From To Position/Title

Name of Employer: _____

Address (street/city/state/zip): _____

Phone Number (including area code): _____

Name and Title of Supervisor: _____

Type of Work Performed: _____

Final Yearly Salary/Hourly Rate: _____

Reason for Leaving: _____

Date of Employment: _____
From To Position/Title

Name of Employer: _____

Address (street/city/state/zip): _____

Phone Number (including area code): _____

Name and Title of Supervisor: _____

Type of Work Performed: _____

Final Yearly Salary/Hourly Rate: _____

Reason for Leaving: _____

U. S. Military Service? Yes No **Branch:** _____

Special Training/Experience: _____

Other than those listed above, have you ever worked in an educational, health or human services organization?

Yes No If Yes, where? _____

4. REFERENCES (List 3 work related references in addition to supervisors listed above)

Name: _____

Position/Relationship to You: _____

Address (street/city/state/zip): _____

Telephone: _____

Name: _____

Position/Relationship to You: _____

Address (street/city/state/zip): _____

Telephone: _____

Name: _____

Position/Relationship to You: _____

Address (street/city/state/zip): _____

Telephone: _____

Name: _____

Position/Relationship to You: _____

Address (street/city/state/zip): _____

Telephone: _____

5. GENERAL INFORMATION (Please fill out in detail and check where appropriate)

If applicable to this position: Has your driver's license ever been revoked or suspended? **Yes** **No** If Yes, explain: _____

1. Are you legally eligible for employment in the United States of America? **Yes** **No** **2.** State your age **if under 18** _____

3. Do you object to taking a job-related test for physical examination? **Yes** **No**

4. Do you object to working weekends or holidays if the job requires it? **Yes** **No**

5. Were you previously employed by us? **Yes** **No** If Yes, indicate department(s)/Dates: _____

6. Have you ever been disciplined for attendance problems? **Yes** **No** If Yes, explain: _____

7. Have you ever been discharged/fired from any position? **Yes** **No** If Yes, explain: _____

8. Have you ever resigned from a position in connection with an allegation of client abuse? **Yes** **No** If Yes, explain: _____

9. Have you ever pleaded guilty or been convicted of a crime other than a summary offense? **Yes** **No** If Yes, explain (A "Yes" answer will not necessarily disqualify you from consideration or employment) _____

10. Can you speak, read and/or write any language other than English? **Yes** **No** What Language? _____

PA ACT 34 COMPLIANCE

(Criminal Background Check)

Each candidate must submit with his/her employment application a copy of a Response for Criminal Record Check from the Pennsylvania State Police PATCH containing no record relating to that person. As of April 2007, each applicant must also submit with his/her application for employment a copy of a federal criminal record history from the Federal Bureau of Investigation. Any criminal record history report must be no more than one (1) year old. The applicant MUST submit ORIGINAL report(s) prior to employment.

PA ACT 151 COMPLIANCE

(Child Abuse History Clearance)

Each candidate must submit with his/her employment application a copy of an official Pennsylvania Child Abuse History Clearance obtained from the Pennsylvania Department of Public Welfare indicating that no record exists. The clearance statement must be no more than one (1) year old. The applicant MUST submit the ORIGINAL document prior to employment.

AGREEMENT

I certify that the facts set forth in my application are true and complete to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: 1) Rejecting my candidacy, 2) Withdrawing of any offer of employment, 3) Terminating my employment. In addition, I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of Blue Ridge Home Health Care Services Inc may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to Blue Ridge Home Health Care Services Inc. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by Blue Ridge Home Health Care Services Inc or by entities or persons providing such information to Blue Ridge Home Health Care Services Inc, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Date

Signature (in ink - must be original)

APPLICATION PROCEDURE

To be considered for an interview, candidates must submit a complete application packet. Please include: Cover Letter, Application for Employment, Resume, Evidence of Degree, diploma, licenses (Transcript or Copy of Diploma), and Criminal (Act 34), Child Abuse (Act 151), and FBI Background Checks. If you have any questions, please email Blue Ridge Home Health Care Services Inc at admin@blueridgehomehealth.com

Forward your complete application packet to:

Blue Ridge Home Health Care Services Inc.
1310 W. Roosevelt Blvd.
Philadelphia, PA 19140
FAX: 215-329-8808