



**EMPLOYMENT/VOLUNTEER APPLICATION**

Today's Date: \_\_\_\_\_

NAME (First, Middle, Last)	Home Phone:
Address	Cell Phone:
City, State, Zip Code	Email Address:
How long have you been at this address:	Are you legally authorized to work in the U.S.?  YES                  NO

Position applied for: Housekeeping      Kitchen      Personal Care      Activities      Maintenance

Are you 18 years of age or older?

YES  
NO

Full Time \_\_\_\_ Part Time \_\_\_\_ Date available to start work: \_\_\_\_\_

\*All Direct Care MUST be over 18 years of age and MUST have a high school diploma or a GED (to be completed within 6 months of hire), or hold a current CNA certification or must be a graduate of a nursing school or a licensed nurse.

Hours Available:

Day Shift:      6:00am-12:00pm \_\_\_\_      7:00am-3:00pm \_\_\_\_  
 Evening Shift:      5:00pm-9:00pm \_\_\_\_      3:00pm-11:00pm \_\_\_\_  
 Night Shift:      11:00pm-7:00am \_\_\_\_  
 Weekend Shift: 6:00am-12:00pm \_\_\_\_      7:00am-3:00pm \_\_\_\_  
                                  5:00pm-9:00pm \_\_\_\_      3:00pm-11:00pm \_\_\_\_      11:00pm-7:00am \_\_\_\_

Per Diem (As Needed): \_\_\_\_

Note: All positions, in all departments, are required to work holidays and weekends.



**EDUCATION**

Name & Location of school	Years Attended	Did you graduate?	Area of study and degrees acquired
High School:		<input type="radio"/> YES <input type="radio"/> NO	
College:		<input type="radio"/> YES <input type="radio"/> NO	
Other:		<input type="radio"/> YES <input type="radio"/> NO	

**PROFESSIONAL LICENSES AND CERTIFICATIONS**

Type:	Date Issued:
Type:	Date Issued:
Type:	Date Issued:

**PREVIOUS EMPLOYMENT (Attach sheet if more space is needed)**

**Current/Last Employer**

**May we contact this employer?**

Company Name:	Position:
Reason for leaving:	Dates employed:
City and State:	Salary:
	Company Phone #:
Please describe job duties and responsibilities:	



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City and State:	Salary:
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**References**

***Please list at least three (3) work related professional references.***

Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_

**Personal References (non-related) if you do not have professional references, please provide 3 personal references.**

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
How do you know this person: \_\_\_\_\_ How many years? \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
How do you know this person: \_\_\_\_\_ How many years? \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
How do you know this person: \_\_\_\_\_ How many years? \_\_\_\_\_



\*\*\* Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, military or veteran status, or of a non-work related medical condition or a handicap. Reasonable accommodations will be provided for any handicapped employee.

### **CRIMINAL BACKGROUND INVESTIGATION**

DevonHouse Senior Living is regulated by various agencies of the State of Pennsylvania since it is a senior living facility. The Older Adults Protective Services Act (OAPSA) requires that employees of senior living facilities be free from certain criminal offenses. OAPSA also requires applicants at senior living facilities to submit criminal history record information with their application. Criminal history records can be obtained from the Pennsylvania State Police with form SP 4-164 (2-2013) or by going online at [www.psp.state.pa.us](http://www.psp.state.pa.us). If any applicant has not lived in the state of Pennsylvania continuously for the last two years, or currently lives out of state, in addition to the Pennsylvania criminal history records check, the applicant will also need to obtain a Department of Aging FBI Criminal History Record Check. For more information, please visit [www.pa.cogentid.com](http://www.pa.cogentid.com). If being considered for employment you will be asked to complete a Criminal Background Check form and to provide us with permission to check into other background if required.

### **TO BE READ AND SIGNED BY APPLICANT**

Typing my name below or signing my name below certifies that this application was completed by me, and that all entries on it and information in it are and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date