



**A PERSONAL
CARE FACILITY**

223-225 Cherry Street

Columbia, PA 17512-1409

Phone: (717) 684-7060 Fax: (717) 684-7059

Instructions: Read the application carefully and complete all pages. Print Clearly. Answer all questions completely and accurately. Incomplete or illegible applications may not be processed. If more space is needed to complete a question, use back of the page. If you need any help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs as soon as possible. False or misleading statements made on this application or during the interview process are grounds for terminating the application process, or it is discovered after employment, will result in termination of employment.

Note to Applicant: Our Home of Hope is an Equal Opportunity Employer. All qualified applicants will be considered for employment without discrimination because of gender, marital status, pregnancy, religion, age, race, creed, national origin, presence of disabilities, sexual orientation, and any status protected by law. You must be at least 21 years of age or older. You must have a High School Diploma or Equivalent. This application will be used to evaluate your qualifications for employment. **Testing for the presence of illegal drugs in your body may be required prior to employment.**

Employee Applicants Information:

Date _____ Social Security No. _____

Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Work Phone _____ Alternate Phone _____

Current Address:

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Previous Address:

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Have you resided in Pennsylvania for the last 2 years? ☐ Yes ☐ No

If no, where did you live? _____

Do you have a work visa to be legally authorized to work in the United States? ☐ Yes ☐ No

If yes, your visa type _____ Visa No. & Expiration Date _____

Do you have a valid driver's license? ☐ Yes ☐ No

If yes, License No. _____ State Issued _____ Exp. Date _____

If no, do you have transportation to work? _____

Are you 21 years of age or older? ☐ Yes ☐ No

Are you employed Now? ☐ Yes ☐ No

If so, may we contact your present employer? ☐ Yes ☐ No

Have you ever applied to Our Home of Hope before? ☐ Yes ☐ No

If yes, when? _____

Have you ever used any names or social security no. other than those on this form? ☐ Yes ☐ No

If yes, list _____

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, explain _____

Do you have a history of violent crimes? ☐ Yes ☐ No

If yes, explain _____

Have you been dismissed from employment due to abuse of clients or residents? ☐ Yes ☐ No

If yes, explain _____

Do you have a history of back injuries or other physical problems which could interfere with your work? ☐ Yes ☐ No

If yes, explain _____

Position Information

How did you hear about Our Home of Hope?

Why are you interested in employment with Our Home of Hope?

What position are you applying for? _____

What shifts are you available to work (check all that apply)?

☐ Full-Time ☐ Part-Time ☐ Days ☐ Evening ☐ Overnights ☐ Weekends

Approximately how many hours per week do you wish to work? _____

When are you available to start working? _____

Would you accept any short notice or last minute shifts? ☐ Yes ☐ No

If no, explain _____

Hourly Rate Desired \$ _____

Education:

High School _____ City _____ State _____

Years Completed _____ Did you graduate? ☐ Yes ☐ No

College/Trade School _____ City _____ State _____

Years Completed _____ Did you graduate? ☐ Yes ☐ No

If yes, degree earned? _____

Do you speak any other languages other than English? ☐ Yes ☐ No

If yes, are you fluent? _____

Job Related Skills:

Do you have or have had any experiences with individuals with developmental disabilities?

Do you have or have had any experiences with individuals with physical handicaps?

Describe any training you have had that applies to this service and/or care.

Describe any work history applicable to a personal care home.

What do you like (or think you would like) about working with the elderly and others who might reside in a personal care home?

What do you like (or think you would like) least about working with the elderly and others who might reside in a personal care home?

References:

Please list 3 people who are not relatives for use as a reference towards your professionalism, integrity, and reliability. References can include committees, church, school, professional groups, business associates and co-workers/supervisors.

Name _____ Relationship _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

Best time to call? _____ Years known? _____

Name _____ Relationship _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

Best time to call? _____ Years known? _____

Name _____ Relationship _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

Best time to call? _____ Years known? _____

Work History:

Applicants must disclose their previous work employment for the past ten (10) years. Start with your most recent employer and work your way back. Please include all periods of time not worked, so that the time is consecutively listed. You may use the back of this page if necessary. All applications that are not completed will not be reviewed.

Employer Name _____ Phone _____

Address _____ Zip Code _____

Employment Start Date _____ Employment End Date _____

Position/Title _____ Starting Rate _____ Ending Rate _____

Supervisor's Name _____ Fax Number _____

Reason for Leaving _____

Employer Name _____ Phone _____

Address _____ Zip Code _____

Employment Start Date _____ Employment End Date _____

Position/Title _____ Starting Rate _____ Ending Rate _____

Supervisor's Name _____ Fax Number _____

Reason for Leaving _____

Employer Name _____ Phone _____

Address _____ Zip Code _____

Employment Start Date _____ Employment End Date _____

Position/Title _____ Starting Rate _____ Ending Rate _____

Supervisor's Name _____ Fax Number _____

Reason for Leaving _____

Emergency Contact:

In case of an emergency, notify:

Name _____ Relationship _____

Address _____ Zip Code _____

Phone _____ Alternate Phone _____

If they cannot be reached, notify:

Name _____ Relationship _____

Address _____ Zip Code _____

Phone _____ Alternate Phone _____

Information Certification:

I certify that I have read and understood the instructions and note to applicant on page one of this form, and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that falsified statements of facts called for in this application may result in rejection of my application or immediate dismissal at any time during my employment. **I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.** I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

All new employees have a ninety (90) day probation period when they are hired. These ninety (90) days give Our Home of Hope and you an opportunity to review and evaluate our positions to see if we are suitable for each other.

Applicant Signature _____ Date _____

Authorization for Release of Information:

I authorize Our Home of Hope to make any inquiries deemed necessary in connection to the information stated on this form. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing the information.

I authorize Our Home of Hope, in its sole discretion, to furnish copies of this authorization to any person, company or agency in connection with above purpose.

I authorize Our Home of Hope to request from the Pennsylvania State Police and/or the Federal Bureau of Investigation as applicable, a criminal background report to verify statements provided on the application and in my interview, in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. § 10225.101 – 10225.5102) and Pa.Code Chapter 15 (relating to protective services for older adults). A copy of the list of Prohibitive Offenses has been provided for my review and I hereby state that I have not been convicted of any the offenses. I understand that if my criminal background check(s) come back with one of the listed offenses I will be immediately dismissed of my position.

I understand that any information contained in the reports obtained by Our Home of Hope in accordance with above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You may request a complete and accurate report of these findings. All requests must be made in writing within a reasonable period of time after your application for employment is received.

I have read and understand the above statement in its entirety.

Applicant Signature _____ Date _____

Criminal Background Checks and the Older Adult Protective Services Act (OAPSA)

Prohibitive Offenses in OAPSA		
Crime Code	Description of Prohibitive Offence	Type/Grade
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC290	Kidnapping	Any
CC2902	Unlawful Restraint	Any
C3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any

CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CC3901	Theft	<p>One (1) felony OR two (2) misdemeanors within the 3900 series (CC3901-CC3934)</p> <p>Examples:</p> <p>One felony conviction for CC3901 = PROHIBITED OFFENSE</p> <p>Two misdemeanor convictions for CC3921 = PROHIBITED OFFENSE</p> <p>One misdemeanor conviction for CC3924 in 1999 AND one misdemeanor conviction for CC3931 in 2004 = PROHIBITED OFFENSE</p> <p>One misdemeanor conviction for CC3932 = NOT A PROHIBITED OFFENSE</p>
CC3921	Theft By Unlawful Taking	
CC3922	Theft By Deception	
CC3923	Theft By Extortion	
CC3924	Theft By Property Lost	
CC3925	Receiving Stolen Property	
CC3926	Theft of Services	
CC3927	Theft By Failure to Deposit	
CC3928	Unauthorized Use of a Motor Vehicle	
CC3929	Retail Theft	
CC3929.1	Library Theft	
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	
CC3929.3	Organized Retail Theft	
CC3930	Theft of Trade Secrets	
CC3931	Theft of Unpublished Dramas or Musicals	
CC3932	Theft of Leased Properties	
CC3933	Unlawful Use of a Computer	
CC3934	Theft from a Motor Vehicle	
CC5902B	Promoting Prostitution	Felony
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (i), (ii), (iii)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx*	Any other CS13A--conviction appearing on a PA rap sheet	Felony
Cross-Reference of Applicable Regulations: § 2600.51, 52 –Criminal History Checks		



Our Home of Hope, Inc.

223-225 Cherry Street, Columbia, PA 17512-1409

Phone: 717-684-7060 Fax: 717-684-7059

Employer Reference Form (Please verify and complete the information below)

Our Home of Hope is considering _____ SS# _____

for a position of _____

The information you provide will be kept in strict confidence. The applicant has authorized us to contact you:

Applicant Signature _____ Date _____

Dates Employed:

Start Date _____ End Date _____

Position Held _____ Pay Rate \$ _____

Reason for Leaving _____

Would you rehire the Applicant? ☐ Yes ☐ No

If no, explain: _____

Please check the blocks that best describe the applicant:

	Above Average	Average	Below Average	Unsatisfactory	N/A
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative / Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance / Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity / Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments _____

Information furnished by _____

Title _____ Date _____

Thank you for your cooperation,

Sincerely,

Christina Bomgardner, Administrator, Our Home of Hope