

UNITED CHURCH OF CHRIST HOMES EMPLOYMENT APPLICATION

Kindred Place
4700 Oakhurst Blvd.
Harrisburg, PA 17110
(717) 657-7900

Sarah A. Todd Memorial Home
1000 West South Street
Carlisle, PA 17013
(717) 245-2187

Kindred Place
One Kindred Place
Annville, PA 17003
(717) 867-5572

Thornwald Home
442 Walnut Bottom Road
Carlisle, PA 17013
(717) 249-4118

The Lebanon Valley Home
550 East Main Street
Annville, PA 17003
(717) 867-4467

Ephrata Manor
99 Bethany Road
Ephrata, PA 17522
(717) 738-4940

LAST NAME	FIRST	MIDDLE	TELEPHONE NO.
PRESENT ADDRESS	CITY	STATE	ZIP CODE
HAVE YOU LIVED IN THE STATE OF PENNSYLVANIA FOR TWO CONSECUTIVE YEARS PRIOR TO THE DATE OF THIS APPLICATION? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF NO, PLEASE PROVIDE PREVIOUS ADDRESS:	CITY	STATE	ZIP CODE

POSITION APPLIED FOR:	SALARY DESIRED
HOW WERE YOU REFERRED TO THIS FACILITY?	ARE YOU APPLYING FOR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> DEPARTMENT:	DATE AVAILABLE FOR WORK:
HAVE YOU EVER BEEN EMPLOYED BY A UNITED CHURCH OF CHRIST HOMES' FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> FACILITY: DATE:	WOULD YOU CONSIDER WORKING: ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> WEEKENDS/HOLIDAYS? YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS? YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU YOUNGER THAN 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	SHIFT PREFERENCE: <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD
LONG RANGE OCCUPATIONAL GOALS:	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	
AFTER REVIEWING THE FUNCTIONS OF THE JOB YOU ARE APPLYING FOR, ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION?	

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				HAVE YOU RECEIVED	
			1	2	3	4		
HIGH							HIGH SCHOOL DIPLOMA OR GED EQUIVALENT YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE							DEGREE IF YES, TYPE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER BUSINESS COLLEGE, OTHER SPECIAL COURSES (INCLUDE SPECIAL TRAINING, POST GRADUATE AND NURSING)								
AREA OF SPECIALIZATION OR MAJOR INTEREST								

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY ELIGIBLE FOR:	<input type="checkbox"/>	REGISTERED	<input type="checkbox"/>	LICENSED	<input type="checkbox"/>	CERTIFIED
	<input type="checkbox"/>	REGISTRATION	<input type="checkbox"/>	LICENSURE	<input type="checkbox"/>	CERTIFICATION
	LIST ALL STATES IN WHICH YOU HAVE BEEN LICENSED OR CERTIFIED:					
	TYPE	STATE ISSUED	DATE	NO.		
	TYPE	STATE ISSUED	DATE	NO.		
	TYPE	STATE ISSUED	DATE	NO.		

United Church of Christ Homes – Administrative Office
30 North 31st Street • Camp Hill, PA 17011
(717) 303-1502

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
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JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

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ADDRESS: _____				
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REASON FOR LEAVING: _____				

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EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

PLEASE READ THIS DOCUMENT CAREFULLY

This authorization is used when contacting your references in accordance with United Church of Christ Homes' reference check policy.

If you agree with the statements, terms, and conditions set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom.

A. Affirmation of Accuracy

I hereby affirm that the information provided in this employment application (and accompanying resume or other materials, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

Initials _____

B. Release of Claims

With the exception of contacting my current employer (addressed below), I fully authorize the investigation and verification of any statements made by me in this employment application (and any resume or other materials submitted by me). I authorize you to contact all listed past employers and/or references. I hereby authorize persons, schools, previous employers and organizations named in this application (and accompanying resume or other materials, if any) to provide this facility, and all affiliates, with any relevant information regarding an employment decision. **I release all such persons from any liability regarding the provision or use of such information.**

Initials _____

C. Current Employer:

____ I do authorize you to contact my current employer and I agree to the terms set forth in paragraph B releasing claims to my current employer.

____ I do not authorize you to contact my current employer.

Initials _____

Signature: _____

Date: _____