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

UNITED CHURCH OF CHRIST HOMES EMPLOYMENT APPLICATION

LAST NAME		FIRST	- 110141	MIDDLE					_		
LAST NAME		FIRST		MIDDLE					IE	LEPHONE NO	
PRESENT ADDRESS	WED IN THE OTATE OF	CITY	20105017175		STATE ZIP CODE			20110	CELL PHONE NO.		
YES D N		PENNSYLVANIA FOR TWO C	ONSECUTIVE	YEARS PRIOR I	O THE DATE	OF IF	IIS AF	PLIC	ATIC	JN?	
IF NO, PLEAS PREVIOUS A		CITY			;	STATE				ZIP CODE	
POSITION AI	PPLIED FOR:					SALAR	Y DE	SIREI	D		
HOW WERE YOU REFERRED TO THIS FACILITY?					ARE YOU APPLYING FOR FULLTIME PARTTIME REGULAR TEMPORARY						
RELATIVES (OR FRIENDS EMPLOYED O DEPARTME					DATE	AVAIL	_ABLI	E FOI	R WORK:	
YES 🗀 N	NO D FACILITY:	BYAUNITED CHURCH OF CH	IRISTHOMES' F DATE:	ANYCHIET? VEC D NO D							
LONG RANG	E OCCUPATIONAL GOAL	LS:			SHIFT PREFERENCE:						
AREYOULE) WORK IN THE UNITED STAT	ES?				!		_	ZIND	JSKD
AFTER REVI		OF THE JOB YOU ARE APP MODATION?	LYING FOR, ARI	E YOU ABLE TO	PERFORM ⁻	THE ES	SENT	TAL F	UNC	TIONS OF THI	E JOB WITH
SCHOOL	NAME	AND ADDRESS OF SCHOOL		COURSE C	F STUDY	CIRCLE LAST YEAR COMPLETED HAVE YOU RECEIV			RECEIVED		
								HIGH SCHOOL DIPLOMA OR GED EQUIVALENT			
HIGH						1	2	3	4	YES NO	
										DEGREE	IF YES, TYPE
COLLEGE						1	2	3	4	YES 🗆 NO 🗅	
OTHER BUS	INESS COLLEGE, OTHER	R SPECIAL COURSES (INCLU	IDE SPECIAL TR	RAINING, POST	GRADUATE	AND NU	JRSIN	IG)			
AREA OF SP	ECIALIZATION OR MAJO	DR INTEREST									
	PRO	FESSIONAL LIC	CENSES	AND/OR	CERT	IFIC	ΑT	101	NS		
ARE YOU CU ELIGIBLE FO		REGISTERED REGISTRATIO		LICENSED LICENSURE		CERT			I		
	LIST ALL STATES IN TYPE	WHICH YOU HAVE BEEN LIC	STATE ISSUED	RTIFIED:	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	то	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly		
JOB TITLE:		l	BUONE	<u></u>		
EMPLOYER NAME:						
ADDRESS:						
DUTIES:						
REASON FOR LEAVING:						
JOB TITLE:						
EMPLOYER NAME:			PHONE:			
ADDRESS:						
DUTIES:						
DOTIES.						
REASON FOR LEAVING:						
TILAGON FOIL LEAVING.						
JOB TITLE:						
EMPLOYER NAME:	PHONE:					
ADDRESS:						
DUTIES:						
REASON FOR LEAVING:						
				1		
JOB TITLE:						
EMPLOYER NAME:			PHONE:			
ADDRESS:						
DUTIES:						
REASON FOR LEAVING:						

Do you have a history of violent crimes or abuse? Yes No						
Have you been discharged from employment due to abuse to residents? Yes No						
Have you ever been convicted, plead guilty or no contest to a felony, a misdemeanor or a summary offense? If yes, please explain and provide dates and offenses below.						
Have you ever been or are you currently excluded from any Federal or State program? Yes No						
Print all names you have used:						
FIRST	MI I	LAST				
REFERENCES A minimum of 2 professional, work history, and/or character references are required in order to be considered for employment with UCC Homes. Since an offer of employment is contingent on the receipt of 2 successful references, it is recommended that you list at least 3 references who are familiar with your professional skills or work ability in the event a reference is unreachable.						
NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE			
READ THIS SECTION PRIOR TO PROVIDING	SIGNATURE BELOW					
In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.						
To my knowledge, I have never been convicted of any prohibitive offenses contained in the Older Adults Protective Services Act. To my knowledge, I have never been sanctioned from taking part in any Federal or State program.						
I understand that a criminal background check and an OIG exclusion check will be performed now and may be performed in the future. An offer of employment, or the continuation of employment, is subject to the results of the checks.						
If offered a position at UCC Homes, I consent to tak may be determined by the result of this examination		sical examination and understand that m	y future employment			
Date Signature	<u> </u>					
Digitation						

It is the policy of United Church of Christ Homes to provide equal opportunity for employment to all individuals regardless of race, color, religion, sex, national origin, age, sexual orientation, gender identity, disability, genetic information or any other basis protected by federal, state or local law. UCC Homes will make reasonable accommodation for the disabled in completing an application as well as on the job.

PLEASE SEE OTHER SIDE FOR AFFIRMATION OF ACCURACY AND RELEASE OF CLAIMS STATEMENTS.

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.

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 pass 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

Date: