



# Application for Employment

Personal Care Aide

## Employee Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date App Filled \_\_\_\_\_  
 Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Cellphone Number \_\_\_\_\_ Yes No  
 Are you legally authorized to work in the United States? .....  
 (if hired, verification will be required consistent with federal law)  
 Are you older than 18? .....  
 Have you ever been employed by County HomeMakers? .....  
 Have you ever worked as a Personal Care Aide before? .....  
 Are you certified in First Aide? .....  
 Do you have health insurance? .....  
 What counties have you lived in over the last 5 years? \_\_\_\_\_  
 How did you find out about this job?  Newspaper  Radio  Employee Referral: \_\_\_\_\_  
 Indeed  Other: \_\_\_\_\_  
 Please indicate any other names that you have used for employment or schooling purposes: \_\_\_\_\_

**\*\*Under the codes set forth by the state of Pennsylvania, certain offenses may disqualify you from working as a direct care giver.** Have you ever been convicted of a misdemeanor, felony or child abuse? Note: This question does not apply to convictions that have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. **Yes No**

If "yes" please describe fully the criminal conviction(s):

## Provisional Employment

I understand that if I am hired under provisional basis it is only for a period of 30 days (for PA residents living in PA longer than 2 years) or 90 days (for residents less than 2 years). I also understand that if the information obtained from the criminal history report reveals that I am disqualified from employment, my provisional employment will be withdrawn.

\_\_\_\_\_  
Employee Signature

## Employment Desired

What are the maximum hours per week you are willing to work? \_\_\_\_\_ What are the least? \_\_\_\_\_

What date are you able to start? \_\_\_\_\_

Do you have transportation available? \_\_\_\_\_ How many miles are you willing to travel on a daily basis? \_\_\_\_\_

Any employment using an automobile during their course of employment is required to provide proof of current automobile insurance. If applicable, do you have current auto insurance? \_\_\_\_\_

Please list your available hours below:

|       | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------|--------|--------|---------|-----------|----------|--------|----------|
| From: |        |        |         |           |          |        |          |
| To:   |        |        |         |           |          |        |          |

## Education Information

|                 |                |   |   |   |              |
|-----------------|----------------|---|---|---|--------------|
|                 | Name of School | Diploma   | GED   | Unfinished  | No. of Years |
| High School     |                | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |              |
|                 | Name of School | No. of Years Attended                                 | Degree, Diploma, or Certificate? (Yes/No)             |   |              |
| College         |                |   |   |   |              |
| Graduate School |                |   |   |   |              |
| Other           |                |   |   |   |              |

## Employment History (Most Recent First)

|                       |                    |
|-----------------------|--------------------|
| Employer              | Name of Supervisor |
| Address               | Phone              |
| Position Held         |                    |
| Description of Duties |                    |
| _____ to _____        | _____              |
| Dates Employed        | Reason for Leaving |

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|                       |                    |
|-----------------------|--------------------|
| Employer              | Name of Supervisor |
| Address               | Phone              |
| Position Held         |                    |
| Description of Duties |                    |
| _____ to _____        | _____              |
| Dates Employed        | Reason for Leaving |

## Reference Information

**Note: At least 2 satisfactory References are required as a condition of Employment. (List 3 – Excluding Relatives)**

| Name     | Phone Number | Relationship |
|----------|--------------|--------------|
| Work     |              |              |
| Personal |              |              |
| Personal |              |              |

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all information contained in this application and am willing to submit to any necessary criminal record and child abuse clearance checks that may be required. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand that this document or any subsequent offer of employment does not constitute an employment contract.

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

\_\_\_\_\_  
Date

## County HomeMakers Use Only

(I understand that I have been hired for part-time hourly work at the wage(s) listed below)

|                       |                  |                    |           |         |
|-----------------------|------------------|--------------------|-----------|---------|
| Employee Start Date   | <b>Pay Rate:</b> | Minimum Wage       | 90 Days   |         |
|                       |                  | Training           | Probation | Regular |
| Applicant's Signature |                  | Supervisor of Care |           |         |

## Declaration

**(Carefully read and initial each section, then sign at the bottom)**

- A. I understand that this application is not a contract, offer or promise of employment. By filling out this application, I am genuinely interested in working for County HomeMakers, Inc., and I understand that an offer of employment may be subjected to receipt of satisfactory reports and the accuracy of all pre-employment information that I have supplied. I have read, understand, and agree to the above statement.

Please initial here: \_\_\_\_\_

- B. I understand that my employment relationship with this employer is "at-will", which means that the employee may resign at any time and County HomeMakers, Inc. may discharge the employee at any time, with or without cause or advance notice. I understand that, if employed, I will be subject to a four-month probationary basis. I understand that successful completion of the probationary period does not alter my at-will employment relationship. I have read, understand, and agree to the above statement.

Please initial here: \_\_\_\_\_

- C. If employed, I agree to abide by the workplace policies and rules of County HomeMakers, Inc., consistent with applicable federal state, and local law. I understand that County HomeMakers, Inc. has complete discretion to modify its policies, rules, and practices at any time, to the extent allowed by federal or state law, except that it will not modify its policy of employment at-will. By my continued employment with County HomeMakers, Inc., I consent to any changes. I have read, understand, and agree to the above statement.

Please initial here: \_\_\_\_\_

- D. If I should be employed by County HomeMakers, Inc., I understand that any false, incomplete, or misleading information given on this application or during an interview shall result in immediate discharge. I have read, understand, and agree to the above statement.

Please initial here: \_\_\_\_\_

- E. I authorize an inquiry into my background by all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, doctors and other consumer reporting agencies to supply information concerning my previous employment, education, credit, driving record, etc. I have read, understand, and agree to the above statement.

Please initial here: \_\_\_\_\_

- F. I authorize the references listed above to give representatives of County HomeMakers, Inc. any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability from any damage that may result. I have read, understand and agree to the above statement.

Please initial here: \_\_\_\_\_

- G. I understand that County HomeMakers, Inc. has a drug and alcohol-free workplace, including a drug and alcohol testing program consistent with applicable federal, state and local law. I acknowledge that if a conditional offer of employment is made to me, I may be asked to submit to a pre-employment (post offer) drug and/or alcohol test. I understand that if a pre-employment (post offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under County HomeMakers, Inc.'s conditions requiring a drug and alcohol-free workplace. I also understand that, pursuant to federal, state, or local law, all employees may be subject to drug and/or alcohol testing as a condition of continuing employment, and I agree to undergo such testing consistent with the County HomeMakers, Inc., policy and applicable federal, state, or local law. I have read, understand, and agree to the above statement.

Please initial here: \_\_\_\_\_

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

\_\_\_\_\_  
Date

County HomeMakers, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, sex, age, national origin, ancestry, disability, military status, or any other protected characteristic under federal, state, or local law. All employees have the right to file complaints of discrimination with the Office of Equal Opportunity, Pennsylvania Department of Health and/or the Pennsylvania Human Relations Commission.