



Employment Application

Date: _____

Application Information

Name: _____
(LAST) (FIRST) (M.I.)

Address: _____
(Street) (City) (State) (ZIP)

Phone #: _____ Cell #: _____

Email address: _____

Work Preferences and Availability

Position Applied For: _____

☐ Full Time ☐ Part Time ☐ Per diem ☐ Weekends only

☐ 1st Shift ☐ 2nd Shift ☐ 3rd Shift

Are you a citizen of the U.S.? Yes ☐ No ☐

If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Have you ever worked for Delaware Valley Residential Care? Yes ☐ No ☐ If yes, when: _____

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, explain: _____

Have you been a resident of Pennsylvania for 2 years (without interruptions) immediately preceding the date of application? Yes ☐ No ☐

If no, where have you lived within past 2 years: _____

Personal Data

How did you hear about this opening?

☐ Job Fair ☐ Website ☐ Referral: if so, who? _____

☐ Indeed or Job Search site ☐ Other _____

Staff Referral? Yes ☐ No ☐ Staff Members Name: _____

Are you 18 years or older? Yes ☐ No ☐

Do you have friends or relatives employed at Delaware Valley Residential Care? Yes ☐ No ☐

If Yes, state:

Person's Name: _____ Relationship: _____

Person's Name: _____ Relationship: _____

Education

| | | | |
|--------------|-----|--|---------|
| High School: | | Address: | |
| From: | To: | Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree: |
| College: | | Address: | |
| From: | To: | Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree: |
| Other: | | Address: | |
| From: | To: | Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree: |

| | |
|---|-----------------------------------|
| Type of License/Certification/Registry: | License/Certification/Registry #: |
| State that Authorized License/Certification/Registry: | Expiration Date: |

Professional References

| | |
|----------------------|----------------------|
| 1. Full Name: | Relationship: |
| Company: | Phone No. |
| Address: | |
| 2. Full Name: | Relationship: |
| Company: | Phone No. |
| Address: | |
| 3. Full Name: | Relationship: |
| Company: | Phone No. |
| Address: | |

Personal References

| | |
|----------------------|----------------------|
| 1. Full Name: | Relationship: |
| Years Known: | Phone No. |
| Address: | |
| 2. Full Name: | Relationship: |
| Years Known: | Phone No. |
| Address: | |
| 3. Full Name: | Relationship: |
| Years Known: | Phone No. |
| Address: | |

Previous Employment

| | | | | | |
|---|--|---|--------------------|----------------------------|--|
| Company: | | | Phone: | | |
| Address: | | | Supervisor: | | |
| Job Title: | | Starting Salary: \$ | | Ending Salary: \$ | |
| Responsibilities: | | | | | |
| From: / / | | To: / / | | Reason for Leaving: | |
| May we contact your previous supervisor? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reason: | |
| Company: | | | Phone: | | |
| Address: | | | Supervisor: | | |
| Job Title: | | Starting Salary: \$ | | Ending Salary: \$ | |
| Responsibilities: | | | | | |
| From: / / | | To: / / | | Reason for Leaving: | |
| May we contact your previous supervisor? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reason: | |
| Company: | | | Phone: | | |
| Address: | | | Supervisor: | | |
| Job Title- | | Starting Salary: \$ | | Ending Salary: \$ | |
| Responsibilities: | | | | | |
| From: / / | | To: / / | | Reason for Leaving: | |
| May we contact your previous supervisor? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reason: | |

DECLARATION

I declare that all statements contained in this application are true and correct, to the best of my knowledge, and authorize Delaware Valley Residential Care to make any inquiry to determine my suitability for employment, with the understanding that any misrepresentations or omission made herein will be just and due cause for my discharge from employment regardless of when such misrepresentation may be discovered.

I agree to submit to a criminal background check, employment physical and/or test for the presence of alcohol or controlled substances as required by Delaware Valley Residential Care and by applicable regulations. Furthermore I understand and confirm that neither this application nor my being accepted for employment at Delaware Valley Residential Care will be interpreted by me to create a contract of employment for any particular length of time. I understand that I may terminate my employment at will at any time for any reason and that Delaware Valley Residential Care reserves the same right.

SIGNATURE: _____ DATE: _____

APPLICANT CONSENT FORM

Satisfactory completion of a physical examination, including an alcohol and drug test, is a condition of employment. Applicants to whom a conditional offer of employment has been made will be required to submit to a physical examination and, for the purpose of alcohol and drug testing, will be required to disclose all medications prescribed and provide a urine sample, the collection of which may be observed by a person of the same gender.

Refusal to submit to a physical examination, including an alcohol and drug test, failure to appear for the physical examination and urinalysis, and failure to cooperate in the physical examination or urinalysis will preclude employment with Delaware Valley Residential Care. If there is evidence of current use of illegal drugs or abuse of alcohol, prescription drugs or a controlled substance by an applicant to whom a conditional offer of employment has been made, such person will not be employed at Delaware Valley Residential Care.

The undersigned consents to submitting to a physical examination, including urinalysis for the purpose of alcohol and drug testing.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Employee Certification

Have you ever been excluded, debarred, suspended, or otherwise determined to be ineligible to participate as a provider or employee or agent of a provider of health care services associated with any federal, state, or private health care insurance program?

Yes: _____ **No:** _____ **Signature:** _____ **Date:** _____

If Yes, explain which health insurance program(s) is/are affected, the date of the action against you or your organization, and the reason(s) for such action(s).

I agree that I will notify Delaware Valley Residential Care, 1430 DeKalb Street, 3rd Floor, Norristown, PA 19401, verbally within twenty-four (24) hours and in writing within two (2) business days of my receipt of any such notice of exclusion, debarment, termination, suspension or determination of ineligibility to participate in any federal or state health care program, including, but not limited to, Medicare and Medicaid. I understand that any such exclusion, debarment, termination, suspension or determination of ineligibility shall be grounds for immediate termination of my employment.

Signature: _____ **Date:** _____

Name of Signer (printed): _____

Address: _____

Telephone: _____ **Email:** _____

Please save and send the completed form to mburuschkin@dvrcares.com

Disclaimer and Signature

PLEASE READ BEFORE SUBMITTING

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT AND MAY BE INVESTIGATED INCLUDING, IN SOME CIRCUMSTANCES, A CRIMINAL BACKGROUND CHECK. I understand that if, in the judgment of Delaware Valley Residential Care, any information has been misrepresented, falsified, or omitted, any offer of employment may be withdrawn or any employment terminated without any obligation or liability on the part of the company. I authorize Delaware Valley Residential Care to act as my AGENT in obtaining information from any person or company concerning myself, without ability to such person or company, or to Delaware Valley Residential Care.

I understand that Delaware Valley Residential Care operates 24 hours per day, 7 days per week and that weekend work or changes in schedule may be required during the term of employment as management see fit for the best interest of the residents as well as Delaware Valley Residential Care.

| | |
|--------------------|---------------------------|
| Print Name: | Date: / / |
| Signature: | Interviewer: |

Delaware Valley Residential Care is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. The opportunity for employment with this company depends solely on individuals' qualifications and ability to meet the requirements of their position.

Please save and send the completed form to mburuschkin@dvr care.com

Applicant Work Verification Form

SECTION 1 (To be completed by applicant)

APPLICANTS NAME: _____
(Please Print)

DATE: _____ POSITION APPLIED FOR: _____

I, _____ authorize the release of information concerning my qualifications (Applicant's Signature) for employment with Delaware Valley Residential Care ('DVRC'). The individual listed above has applied for a position with DVRC. Please take a few moments to complete the form below to help us evaluate the applicant for employment with Delaware Valley Residential Care.

The individual listed above has applied for a position with Delaware Valley Residential Care. Please take a few moments to complete the form below to help us evaluate the applicant for employment.

SECTION 2 (To be completed by the individual providing the reference)

PLEASE PRINT

Name of Person Completing the form: _____

Name of Person Giving the Reference: _____

Name of Company/Facility: _____

Phone #: _____

How do you know the applicant? Please check:

School ☐ Volunteer Organization ☐ Professional Affiliation ☐ Previous/Current Employment ☐

Position Held: _____ Salary/Wages: _____

Brief Job Description: _____

How did the applicant get along with others? _____

Reason for leaving? _____

Eligible for Rehire: Yes ☐ No ☐

Dates employed: From _____ To _____

How long have you known the applicant? _____

How was their attendance? _____

Signature of Person Completing Form

Title

Date

Please save and send the completed form to mburuschkin@dvrcares.com

Applicant Work Verification Form

SECTION 1 (To be completed by applicant)

APPLICANTS NAME: _____
(Please Print)

DATE: _____ POSITION APPLIED FOR: _____

I, _____ authorize the release of information concerning my qualifications (Applicant's Signature) for employment with Delaware Valley Residential Care ('DVRC'). The individual listed above has applied for a position with DVRC. Please take a few moments to complete the form below to help us evaluate the applicant for employment with Delaware Valley Residential Care.

The individual listed above has applied for a position with Delaware Valley Residential Care. Please take a few moments to complete the form below to help us evaluate the applicant for employment.

SECTION 2 (To be completed by the individual providing the reference)

PLEASE PRINT

Name of Person Completing the form: _____

Name of Person Giving the Reference: _____

Name of Company/Facility: _____

Phone #: _____

How do you know the applicant? Please check:

School ☐ Volunteer Organization ☐ Professional Affiliation ☐ Previous/Current Employment ☐

Position Held: _____ Salary/Wages: _____

Brief Job Description: _____

How did the applicant get along with others? _____

Reason for leaving? _____

Eligible for Rehire: Yes ☐ No ☐

Dates employed: From _____ To _____

How long have you known the applicant? _____

How was their attendance? _____

Signature of Person Completing Form

Title

Date

Please save and send the completed form to mburuschkin@dvr care.com

Applicant Work Verification Form

SECTION 1 (To be completed by applicant)

APPLICANTS NAME: _____
(Please Print)

DATE: _____ POSITION APPLIED FOR: _____

I, _____ authorize the release of information concerning my qualifications (Applicant's Signature) for employment with Delaware Valley Residential Care ('DVRC'). The individual listed above has applied for a position with DVRC. Please take a few moments to complete the form below to help us evaluate the applicant for employment with Delaware Valley Residential Care.

The individual listed above has applied for a position with Delaware Valley Residential Care. Please take a few moments to complete the form below to help us evaluate the applicant for employment.

SECTION 2 (To be completed by the individual providing the reference)

PLEASE PRINT

Name of Person Completing the form: _____

Name of Person Giving the Reference: _____

Name of Company/Facility: _____

Phone #: _____

How do you know the applicant? Please check:

School ☐ Volunteer Organization ☐ Professional Affiliation ☐ Previous/Current Employment ☐

Position Held: _____ Salary/Wages: _____

Brief Job Description: _____

How did the applicant get along with others? _____

Reason for leaving? _____

Eligible for Rehire: Yes ☐ No ☐

Dates employed: From _____ To _____

How long have you known the applicant? _____

How was their attendance? _____

Signature of Person Completing Form

Title

Date

Please save and send the completed form to mburuschkin@dvr care.com