

7425 Washington Avenue, Suite 204
Pittsburgh, PA 15218
Phone: 412-351-1819 Fax: 412-351-1860
www.paexceptionalcare.com



EMPLOYMENT APPLICATION

*We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, ancestry, veteran status, medical condition, sexual orientation, marital status or any other characteristic protected by applicable state or federal civil rights laws. ****WE DO ON-SITE DRUG TESTING*****

PLEASE PRINT OR TYPE

Date Last Name First Name Middle

No. & Street City State Zip

() _____ () _____
Home Phone Cell Phone Email

Social Security Number

EMPLOYMENT DESIRED

Position applying for: _____

Are you applying for:

Regular full-time work?

Yes No

Regular part-time work?

Yes No

What days and times **are you** available for work?

Are you available for work on weekends?

Yes No

Can you be called at the last minute for emergency assignments?

Yes No

If hired, on what date can you start work? _____

Salary desired: _____

PERSONAL INFORMATION

Do you have any friends or relatives working for Exceptional Home Care?

Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

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Do you have a valid Driver's License? Issue State _____ Yes No

Can you provide proof of current auto insurance? Yes No

Have you had any accidents in the past 3 years? How many? _____ Yes No

Have you had any moving violations in the past 3 years? How many? _____ Yes No

Are you at least 18 years old? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Some of our clients do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which languages(s)? _____

EDUCATION

Type of School	Name of School and Address	No. of Years Completed	Degree or Diploma
High School			
College, Business or Trade School			
Professional School			
Other			

Certified Nursing Assistant: Yes No Actively Registered in State? Yes No

Date Received Certification: _____

School Received Certification From: _____

Active CPR/First Aid Certification: Yes No Date Received Certification: _____

Special skills, certificates, awards or courses:

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

Name of Employer _____ Telephone No. _____

Type of Business _____ Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ From _____ To _____ Salary: _____ Starting _____ Ending _____

Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. _____

Type of Business _____ Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ From _____ To _____ Salary: _____ Starting _____ Ending _____

Position and Duties _____

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Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

REFERENCES

Please list 2 references other than relatives and previous employers.

First Name	Last Name	Telephone No.	
_____	_____	____	_____
Address & Street		City	State Zip
_____		_____	_____
Occupation			

First Name	Last Name	Telephone No.	
_____	_____	____	_____
Address & Street		City	State Zip
_____		_____	_____
Occupation			

****CERTIFICATION AND RELEASE:** I certify that I have read and understand the application note 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 any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumers reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. 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 this information. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest. I also 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.

SIGNATURE	DATE
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