

## Community Care Center of the Northeast

2417 Welsh Road, Suite 202 Philadelphia, PA 19114 215-335-4416 www.communitycarenephila.org



Date

A State-Licensed Non-Profit Homecare Agency

## **Application for Employment**

Name	Personal Background		Birth Da	nte	_
Permanent Address  Street  City  State  Zip  Phone Number  Referred By  Email Address  Date you  Salary  Position Applying For:  Can start  Desired  Are you employed?  If so, may we inquire of your present employer?  Ever applied to this agency before?  When?  Are you able and willing to work weekends? Yes  No  Do you have a car? Yes  No  How many hours are you available to work?  Can you work Day hours  Night hours  Holidays  24 hours  ?  Can you with or without accommodation perform the essential functions of the job(s) for which you have applied? Yes  No  If no, please identify those essential functions which you are not able to perform.  **If driving to and from clients you must maintain a current and valid driver's license.  Do you have a current, valid driver's license? Yes  No  If a minor, can you produce the age/work certificate necessary to obtain employment? Yes  No  Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Yes  No  Verification and completion of the I-9 form must be submitted no later than three business days after date of hire.  Have you ever plead guilty or no contest to, or been convicted of any criminal offense? Yes  No  Have you ever been arrested for any matters for which you are out on bail or on your own recognizance pending trial?			So	cial Security	
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Permanent Address  Street  Referred By	Last	First	Middle		
Street City State Zip Phone Number	Present Address				
Street City State Zip Phone Number	D (A11				
Position Applying For:	Permanent Address	Street	City	State	Zip
Position Applying For:	Phone Number		Referred By		
Position Applying For:					
Position Applying For:	Email Address		Date you	Salary	
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	Have you ever been arrested for	any matters for which you	are out on bail or on your own recognize		
I hereby affirm that the above information is true and correct and there are no legal issues which would					

EDUCATIONAL	NAME AND LOCATAION		CIRCLE HI	CHEST		
BACKGROUND OF SCHOOL			GRADE COMPLETED MAJOR AREA OF STUDY			
High School	Of Belloop		GRADE COMILECTED MAJOR AREA OF STUDI			
riigii Senoor			9 10 11	12/GED		
College						
			1 2 3	3 4		
Trade Business, or						
Graduate School						
Specialized technic	al skills (i.e. computer programmer/lang	guage, equipme	nt operation, spe	cial tools or machines used		
Work Experience						
	e employers, starting with your present	or last place of	employment.			
	n such history any verified work perforn	ned on a volunt	eer basis.	1	T	
DATE OF						
EMPLOYMENT	NAME, ADDRESS AND PHONE	SALARY	POSITION	NAME OF	REASON FOR	
(MONTH/YEAR)	NUMBER OF EMPLOYER			SUPERVISOR	LEAVING	
Fr:						
To:						
Fr:						
To:						
Fr:						
To:						
D-f						
References Give the names of t	three persons not related to you, whom	vou have know	n at least three ve	ears.		
	Occupation Address	,	,	Telephone Numb	er Years Known	
1.				<b>r</b>		
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2						
3						
A 1: 42 G4 4						
Applicant's State	<u>ment</u>					
In signin	ng this application, I certify that all o	of the foregoin	ng information	is a complete and accura	te statement of the facts and	
understand that if	any misrepresentation, omission or	falsification i	is discovered, it	will constitute grounds	for dismissal. I hereby	
	conduct any investigation necessary				position I am seeking. I	
	from any liability in connection wit tand and agree that, if employed by				ions which Lunderstand are	
	. I further understand that, if hired,					
either party at any		my cmprojim	• · · · · · · · · · · · · · · · · · · ·	derining period of time a	ind many co terminated cy	
For Office Date Hired:	Use Only /		Applicant's Sig	onature	Date	
Date offered First			rippiicant s sig	Siluciai C	Date	
Assignment						
Rev: 6/2016	Please l	be sure to si	ign and date	application. Thank	x You!	