

# APPLICATION FOR EMPLOYMENT

Schuylkill County Nursing Home - Rest Haven  
401 University Drive  
Schuylkill Haven, PA 17972  
(570) 385-0331

**Please Print**

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Walk-in  
 Private Employment Agency  Other \_\_\_\_\_

Name of Source (If Applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone: ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_  
Area Code Please include best time to call

May we contact you at work? YES NO If yes, Work Telephone # \_\_\_\_\_

Have you filed an application here before? YES NO If yes, dates \_\_\_\_\_

Are you eligible for employment in this country? YES NO  
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary

Are you on a lay-off and subject to recall? YES NO

Will you work mandatory overtime when required? YES NO

Will you undergo a pre-employment physical? YES NO

Are you available to work all shifts? YES NO

Have you ever been bonded? YES NO

Have you been convicted of a felony/misdemeanor? YES NO  
Such conviction may be relevant if job related, but does not bar you from employment.

If Yes, please explain \_\_\_\_\_

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Resident of Pennsylvania for at least two years? \_\_\_\_\_ YES \_\_\_\_\_ NO

**AN EQUAL OPPORTUNITY EMPLOYER**

## EMPLOYMENT HISTORY

List your last four (4) employers, assignments of volunteer activities, starting with the most recent. Including military experience. Explain any gaps in employment in the comment sections below:

Employer	Telephone # ( )	Dates Employed		Summarize the nature of the work performed and job responsibilities	
		FROM	TO		
Address					
Immediate Supervisor and Title		Hourly Rate			
		Start	Final		
Reason for leaving					
May we contact for Reference		YES	NO	LATER	
Employer	Telephone # ( )	Dates Employed		Summarize the nature of the work performed and job responsibilities	
		FROM	TO		
Address					
Immediate Supervisor and Title		Hourly Rate			
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		Start	Final		
Reason for leaving					
May we contact for Reference		YES	NO	LATER	

Comments (include explanation of any gaps in employment)

## SKILLS AND QUALIFICATIONS

Summarize special skills, and qualifications acquired from employment or other experience that may qualify you for work with our Company

A. List last three (3) schools attended starting with last one first. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank E. major or minor field of study (if applicable)

A. School	B. No Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) and check in the box that best describes your skill level

LANGUAGE	Read & Write	Read & Speak	Speak Only	Read Only

### REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) personal references who are not related to you.

NAME	TELEPHONE NUMBER	YEARS KNOWN

List professional, trade, business or civic associations and any offices held. (Exclude membership which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.)

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List any additional information you would like us to consider: \_\_\_\_\_

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# COUNTY OF SCHUYLKILL DRUG SCREENING AGREEMENT

I, \_\_\_\_\_, hereby voluntarily agree to submit to any lawful drug test requested and conducted by the County of Schuylkill ("County") which the County deems, in its sole discretion, to be reasonably necessary to provide its workers with a safe working environment.

I, \_\_\_\_\_, acknowledge that in the course of my employment, and/or as a prerequisite of employment with the County, I may be asked to submit to a drug test and to provide a urine, blood or breath sample as part of a substance abuse screening test. I hereby consent to such tests and also agree to allow the County the right to make lawful searches of my work area while on company property, in addition to other lawful surveillance activities, in an effort to keep the workplace drug free.

I authorize the results of any drug test to be communicated and disclosed to third parties. As a consequence of any positive result obtained by said test, I understand that I may not be offered a job with the County or may be disciplined, leading up to or including immediate discharge if currently employed by the County.

I hereby indemnify, release and forever discharge and hold harmless the county and its departments, agents, representatives and employees from any and all claims, demands, judgments and legal fees arising out of or in connection with such tests, the results, or any lawful use of the results.

Signature of Applicant or Employee: \_\_\_\_\_

Printed Name of Applicant or Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Witness: \_\_\_\_\_



## Schuylkill County Home – Rest Haven

401 University Drive  
Schuylkill Haven, Pa 17972

Phone: (570) 385-0331  
Fax: (570) 385-1007

Jill Schaeffer, RN, NHA  
Administrator

I \_\_\_\_\_ have been advised and understand that, as a condition of employment with the Schuylkill County Nursing Home- Rest Haven, a criminal history background clearance must be obtained from the Pennsylvania State Police and or Federal Bureau of Investigation. I understand that Act 169 of 1996, and Act 13 of 1997 prohibits the employment of persons convicted of certain crimes and that this information is being obtained in compliance with this act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **VOLUNTARY AFFIRMATION ACTION INFORMATION**

(Completion of Information below is Voluntary)

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non job related medical condition or handicap, or any other legally protected status.*

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Date \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check One:  Male  Female

Check One of the following Race/Ethnic Group:

Hispanic  Black  White  American Indian/Alaskan Native

Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual

TO BE COMPLETED BY APPLICANT - NOT FOR INTERVIEW PURPOSES - TO BE FILED SEPARATELY FROM APPLICATION

**PLEASE READ AND SIGN BELOW:**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organization for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only one (1) year. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I can safely perform the duties as outlined in the job description.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**Professional Reference Check:**

To whom it may concern;

The applicant named below has submitted an application for employment with Rest Haven. Please verify employment and rate the performance of this candidate. The information will not be given to the employee.

**To be filled out by applicant:**

Applicant Name: \_\_\_\_\_ Date of Application \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby authorize the following information to be released. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.**

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by previous employer:**

Date of employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Rate of pay: (weekly/biweekly/salary): \_\_\_\_\_

Additional comments (training/skill): \_\_\_\_\_

Rest Haven Use Only: Reference Check Performed By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ of reference check completed.



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Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by previous employer:**

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Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Rate of pay: (weekly/biweekly/salary): \_\_\_\_\_

Additional comments (training/skill): \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ of reference check completed.

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**Personal Reference Check:**

To whom it may concern:

The applicant named below has submitted an application for employment with Rest Haven. Please verify relationship and comments about this applicant. The information will not be given to the applicant.

**To be filled out by applicant:**

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Personal Reference Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Circle One: Friend/Co-worker/Ex Co-worker/Boss/Ex Boss/Relation/Other \_\_\_\_\_

**I hereby authorize the following information to be released. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by personal reference:**

How long have you known the applicant? \_\_\_\_\_ Relationship? \_\_\_\_\_  
How do you think this applicant would be with the elderly/disabled? \_\_\_\_\_

Do you feel this applicant would be reliable to work? \_\_\_\_\_  
How would you describe the applicant? \_\_\_\_\_

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Rest Haven Use Only: Reference Check Performed by: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ of reference check completed.