



# Faithful Living

Administrative Office: 2015 North Reading Rd., Denver, PA 17517

Phone: 717.336.5501 Fax: 717.336.3229

We are an Equal Opportunity Employer. Federal and State Laws forbid discrimination because of race, color, religion, national origin, sex, age, or handicap.

## Application for Employment

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Have you resided in Pennsylvania for the past 2 years?  Yes  No

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Desired: \_\_\_\_\_  Full Time  Part Time:

Salary Desired: \$ \_\_\_\_\_

Can you work: (check all that apply)

- Any shift
- Every weekend
- Three (3) weekends per month
- At least every other weekend

Are you employed now?  Yes  No

If so, may we inquire of your present employer?  Yes  No

Have you ever applied to Faithful Living before?  Yes  No

If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you been dismissed from employment due to abuse of clients or residents?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a history of violent crimes?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a history of back injuries or other physical problems which could interfere with your work?

- Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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## Education:

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you Graduate?  Yes  No

College / Trade School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you Graduate?  Yes  No Degree Earned: \_\_\_\_\_

Courses completed: \_\_\_\_\_

\_\_\_\_\_

Please list your hobbies / personal interests: \_\_\_\_\_

\_\_\_\_\_

## Former Employers:

Please list your last three employers beginning with your most recent:

Employer Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Employment end date: \_\_\_\_\_

Position / Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Employment end date: \_\_\_\_\_

Position / Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

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Employer Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Employment end date: \_\_\_\_\_

Position / Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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## Emergency Contact

In case of emergency, notify:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Information Certification

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

All new employees have a ninety day probation period when they are hired. These ninety days give us and you an opportunity to review and evaluate our positions to see if we are suitable for each other.

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



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## Employer Reference Form Please complete and verify the information below.

Faithful Living is considering \_\_\_\_\_ SS# \_\_\_\_\_  
 for a position of \_\_\_\_\_

The information you provide will be kept in strict confidence. The applicant has authorized us to contact you.

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

Dates employed: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position held: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Would you rehire the Applicant?  Yes  No

If no, explain: \_\_\_\_\_  
 \_\_\_\_\_

Please check the blocks that best describe the applicant:

	Above Average	Average	Below Average	Unsatisfactory
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative / Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance / Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity / Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

Information furnished by:

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

Thank you for your cooperation.

Sincerely,

Harry Yoder, Administrator, Faithful Living