

  
**ALBRIGHT**  
 CARE-SERVICES  
 90 Maplewood Drive  
 Lewisburg, PA 17837-9231

*Albright Care Services is an equal opportunity employer and in accordance with prevailing federal and state law does not discriminate on the grounds of race, color, religious creed, ancestry, sex, age (40 or above), national origin, or non-job related disability.*

**EMPLOYMENT APPLICATION**

(PLEASE PRINT)

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last, First, Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone No(s). \_\_\_\_\_ E-mail \_\_\_\_\_

Have you been a resident of Pennsylvania continuously for the past two years? ( ) **Yes** ( ) **No**  
 If **No**, please list your previous out of state address(es) for the past five years.

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

Are your previous employment records under any other name(s)? ( ) **Yes** ( ) **No**  
 If **Yes**, list name(s) \_\_\_\_\_

Position applied for: \_\_\_\_\_

*Please Check One:*

- Corporate Office**     
  **LIFE-Lancaster**     
  **LIFE-Lebanon**     
  **LIFE-Lycoming**  
 **Normandie Ridge**     
  **Pharmacy**     
  **RiverWoods**     
  **Warrior Run Manor**

Available: ( ) Full Time      Shift Desired: ( ) Days  
 ( ) Part Time      ( ) Evenings  
 ( ) On Call (Temporary)      ( ) Nights

**EDUCATION**

NAME & ADDRESS OF SCHOOLS ATTENDED	NUMBER OF YEARS	DEGREE/COURSE OF STUDY	DID YOU GRADUATE?
High School			
College			
Other			

Professional Registration No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PERSONAL REFERENCES**

(Non-Relatives)

NAME & OCCUPATION	ADDRESS	TELEPHONE #	# OF YRS. KNOWN

**PREVIOUS EMPLOYMENT**

(List most recent place of employment first)

PLACE OF EMPLOYMENT & TELEPHONE #	PERSON TO CONTACT FOR REFERENCE	DATES OF EMPLOYMENT	JOB TITLE/ DUTIES	SALARY OR WAGE	REASON FOR LEAVING

May we contact the personal references and employers listed above? ( ) **Yes** ( ) **No**

If **No**, indicate which personal references or employer(s) and reasons(s) you do not wish to have them contacted:

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**ADDITIONAL INFORMATION**

How did you hear about the job? \_\_\_\_\_

If application is considered favorable, when can you begin work? \_\_\_\_\_

List date of birth if you are under 18 years of age: (month/day/year) \_\_\_\_\_

List any special training or skills: \_\_\_\_\_

Additional Languages: \_\_\_\_\_ Ability:  fluent  moderate  basic

Have you ever worked at any Albright Care Services' location? ( ) **Yes** ( ) **No**

If **Yes**, list location, employment dates and name while employed \_\_\_\_\_

Do you have any relatives currently employed by this organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, list names and departments \_\_\_\_\_

Have you ever been convicted of a crime or dismissed from employment due to abuse of clients or residents; or any of the offenses listed in the Older Adults Protective Services Act (See page 4)?

( ) **Yes** ( ) **No**

If **Yes**, please explain: \_\_\_\_\_

The facts set forth above in my application for employment are true and complete. I have made no omissions or distortions of information on this application. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal; and that either Albright Care Services or myself may terminate my employment with Albright Care Services at any time, for any reason. I also understand that employment in the position for which I have applied is contingent upon receipt of an acceptable criminal record check. Albright Care Services is hereby authorized to make any investigation of my personal history, including any criminal record, financial and credit record through any credit agencies or bureaus of your choice.

I understand that I am required to submit a criminal history record with my application. Conviction of one or more of the crimes listed in the Older Adults Protective Services Act (*see page 4*) will result in a denial or termination of my employment. I swear and affirm that I am not disqualified from employment by reason of this Act.

I voluntarily and knowingly authorize any present or past employer or supervisor; college or university or other institution of learning; administrator; law enforcement agency, state agency, federal agency; finance bureau/office; credit bureau; collection agency; private business; military branch or the National Personnel Records Center; personal reference; and/or other persons to give records or information they may have concerning my criminal history, motor vehicle driving history, earnings history, credit history, character, and employment records or any other information requested to Albright Care Services. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A Photostatted or faxed copy of this authorization shall be as valid as the original.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from/by a prospective employer from a consumer-reporting agency. If so, I will be advised and be given the name of the agency or source of information.

I further understand that, if I am hired, the first three months of my employment will be introductory, and that I must satisfactorily complete a three-month period of introductory employment. Albright Care Services, in its discretion, may terminate my employment at anytime during or following this introductory period.

I also understand that the use of alcohol and illegal drugs is prohibited during employment. Albright Care Services' policy requires that I am willing to submit to alcohol/drug testing to detect the use of alcohol or illegal drugs prior to or during employment.

If I am hired, I also hereby authorize Albright Care Services to release employment information, limited to employment dates, position title(s) and wage information, which may be requested relative to my employment with Albright Care Services. I also understand that my Social Security Number will be verified with the Social Security Administration to ensure accuracy. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A Photostatted or faxed copy of this authorization shall be as valid as the original. This authorization shall continue in force until revoked by me in writing.

*My typed name below shall have the same force and effect as my written signature*

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**Applicant Signature**

**Date**

**CRIMINAL RECORD INFORMATION AND STATEMENT**

The following crimes have been identified in the Older Adults Protective Services Act as crimes which disqualify an applicant or employee from employment. If an applicant's or employee's criminal history record information indicates that the applicant or employee has been convicted of any of the following offenses, he or she is ineligible for employment:

- 1) An offense under one or more of the following provisions of 18 Pa.C.S. (relating to crimes and offenses):
  - Chapter 25 (relating to criminal homicide).
  - Section 2702 (relating to aggravated assault).
  - Section 2901 (relating to kidnapping).
  - Section 2902 (relating to unlawful restraint).
  - Section 3121 (relating to rape).
  - Section 3122.1 (relating to statutory sexual assault).
  - Section 3123 (relating to involuntary deviate sexual intercourse).
  - Section 3124.1 (relating to sexual assault).
  - Section 3125 (relating to aggravated indecent assault).
  - Section 3126 (relating to indecent assault).
  - Section 3127 (relating to indecent exposure).
  - Section 3301 (relating to arson and related offenses).
  - Section 3502 (relating to burglary).
  - Section 3701 (relating to robbery).
- 2) Felony offenses as Contained in PA Controlled Substance, Drug, Device & Cosmetic Act (P.L.233, No.64)
- 3) A felony offense (relating to theft and related offenses) or two or more misdemeanors under Chapter 39.
- 4) Section 4101 (relating to forgery).
- 5) Section 4114 (relating to securing execution of documents by deception).
- 6) Section 4302 (relating to incest).
- 7) Section 4303 (relating to concealing death of child).
- 8) Section 4304 (relating to endangering welfare of children).
- 9) Section 4305 (relating to dealing in infant children).
- 10) Section 4952 (relating to intimidation of witnesses or victims).
- 11)Section 4953 (relating to retaliation against witness or victim).
- 12)A felony offense under section 5902(b) (relating to prostitution and related offenses).
- 13) Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
- 14) Section 6301 (relating to corruption of minors).
- 15)Section 6312 (relating to sexual abuse of children).
- 16) A Federal or out-of-State offense similar in nature to those crimes listed in and 2). 1)