

Serenity Haven Home Health Care, LLC

Phone:(215) 800-9919 Email: Info@S3Hcare.Com

Application for Employment

Serenity Haven Home Health Care is an equal opportunity employer and complies with all provisions of Title VI of the Civil Rights Act as amended and Title I of the Americans with Disabilities Act of 1990. Serenity Haven Home Health Care also complies with applicable provisions of the Fair Labor Standards Act as amended. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

PLEASE PRINT CLEARLY

Date of Application: _____

Position applied for: _____
Social Security Number: _____
DOB: _____
Name: _____ Last _____ First _____ MI _____
Address: _____ Street _____ City _____ State _____ Zip Code _____
Phone Number: _____
Email: _____

Type of employment seeking: Full Time Part Time Pool

Shifts available to work: Days Evenings Nights Weekends

Desired Salary: _____

Have you ever been employed by Serenity Haven Home Health Care before? Yes No

How did you learn about Serenity Haven Home Health Care? Advertisement Employee Referral Walk-in Other: _____

Have you lived outside the state of Pennsylvania within the last two years? Yes No

Are you 18 years of age or over? Yes No

If under age 18, do you have a work permit? Yes No

Are you legally eligible for employment in this country? Yes No

Have you ever been convicted of a crime (other than a misdemeanor or summary offense) or even been convicted of a violent crime? Yes No If YES, please explain: _____

Have you ever been dismissed from employment due to abuse of residents or has your medical license ever been suspended?

Yes No If YES, please explain: _____

Driver's license number, if driving is an essential job functions: _____ **State:** _____

Professional license or registration: _____ **State:** _____

License or registration number: _____ **Expiration Date:** _____

Employment History

Please provide the following information for your last (3) employers, starting with the most recent.

Employer:	Address:	Tel. Number:
Supervisor:		Start Date:
Job Title:	Job Duties:	End Date:
Reason For Leaving:		Starting rate of pay:
		May we contact for a reference?

Employer:	Address:	Tel. Number:
Supervisor:		Start Date:
Job Title:	Job Duties:	End Date:
Reason For Leaving:		Starting rate of pay:
		May we contact for a reference?

Employer:	Address:	Tel. Number:
Supervisor:		Start Date:
Job Title:	Job Duties:	End Date:
Reason For Leaving:		Starting rate of pay:
		May we contact for a reference?

Education Background

High School	Years Complete:	Did you Graduate?	Course of Study
College:			
Other:			

References

Provide the names of three (3) professional references. **DO NOT LIST FRIENDS OR FAMILY.**

Name, Position, Company	Telephone	Business/Occupation

Agreement of Understanding

I understand that all statements made on this application for employment are subject to the verification of Serenity Haven Home Health Care and I release all persons, companies or institutions from any and all liability or responsibility for supplying such information. I further understand that misrepresentation of facts is sufficient cause for rejection of this application or discharge if I am later employed.

I understand that my completion of this application and its acceptance by Serenity Haven Home Health Care does not imply nor guarantee that an offer of employment will be forthcoming. If employed, I understand that I will be employed as an "at will" employee of Serenity Haven Home Health Care. Under the "at will" employment relationship either Serenity Haven Home Health Care or I may terminate my employment relationship at any time with or without notice for any reason not in violation of the law.

I understand that by signing the employment application, I am agreeing to screening for criminal background and child abuse history clearance if needed, drugs and alcohol, education and/or licensure checks which may be conducted prior to and at any time during employment. I understand that this application remains current for three (3) months. Any offer of employment from Serenity Haven Home Health Care is contingent upon my successful completion of the total pre-employment screening process, including the receipt of satisfactory references, successful completion of a two step PPD and/or Chest X-Ray, and receipt of a criminal background check which is satisfactory of Serenity Haven Home Health Care.

A Criminal Record Background Investigation Report must be obtained for all employees hired. Conviction of a crime listed in the Older Adults Protective Act will result in a denial of employment. By my signature below I affirm that I have been advised that as a condition of my employment, criminal history background clearance must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigation. I understand that Act 169 of 1996 and Act 13 of 1997 prohibit the employment of persons convicted of certain crimes, and that this information is being obtained in compliance with this act. I authorize Serenity Haven Home Health Care to deduct the cost of the pre-employment criminal record background investigation report and/or child abuse history clearance on myself from my first paycheck. The cost of these reports is \$10.00 each. If I have been a resident of Pennsylvania for less than two years, an additional criminal record background check will be obtained from the Federal Bureau of Investigation at a cost to me of \$30.52. The original of this report will be held on file in the Human Resources Department.

I certify that the information provided by me in this application is true and correct to the best of my knowledge. I further certify that I have read and understand all parts of this application. I agree that if I am employed by Serenity Haven Home Health Care, I will abide by all rules, regulations, policies and procedures set forth by Serenity Haven Home Health Care.

References

Applicant Signature

Date

REFERENCE CHECK FORM

**All information on this form must be completed before in the hiring process can continue.
All applicants must furnish the following information for 2 previous employers.**

Name of Applicant: _____

Name of Employer: _____ Name of Supervisor: _____

Address: _____

Telephone Number: _____ Fax Number: _____

I, _____ hereby authorize the release of the following information to Serenity Haven Home Health Care.

Signature

Date

_____ has applied for employment with Serenity Haven Home Health Care. As a previous employer, your candid appraisal will greatly assist us in completing our personnel record. Your assistance is appreciated and your evaluation will be confidential.

Applicant states that he/she worked with you from: _____ to _____

Is this employee eligible for rehire: YES / NO

If NO please explain: _____

Criteria	Excellent	Good	Average	Poor
Attendance				
Dependability				
Punctuality				
Job Knowledge				
Caring Demeanor				
Attire				
Accepts Supervision				

Name of Facility / Patient

Signature of Company Rep. / Title

Date: _____

Please complete this form and email it to www.Info@S3Hcare.Com, Attn. Human Resource Coordinator. Any questions please call 215-800-9919 and ask for a Human Resource Coordinator.

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Applicant states that he/she worked with you from: _____ to _____

Is this employee eligible for rehire: YES / NO

If NO please explain: _____

Criteria	Excellent	Good	Average	Poor
Attendance				
Dependability				
Punctuality				
Job Knowledge				
Caring Demeanor				
Attire				
Accepts Supervision				

Name of Facility / Patient

Signature of Company Rep. / Title

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**CRIMINAL BACKGROUND CHECK
AUTHORIZATION AND CONSENT FORM**

(Please Print Clearly)

Last Name, First Name, M.I.

Other Last Names Used

Present Address Including City, State and Zip

Previous address if lived at present address less than 2 Years

Date of Birth

Social Security Number

Driver License or Identification Number and State Issued

I have been informed that a criminal background check is required for employment consideration with Serenity Haven Home Health Care, LLC. I have been given the opportunity to declare any criminal arrest or convictions pending or already closed. I authorize the release of information to Serenity Haven Home Health Care, LLC.

Signature

Date

Witness

Date