



HEATHER GLEN
SENIOR LIVING

415 Blue Barn Road, Allentown, Pennsylvania 18104 Phone (610) 841-4478

Heather Glen Senior Living is an Equal Opportunity Employer

Date of Application: _____

Which position(s) are you applying:

Caregiver/PCA _____ CNA _____ Med Tech _____ Housekeeping _____ Dietary _____
Maintenance _____ Activities _____ Reception _____ LPN _____ Other _____

Which Shift / Hours are you available? _____ Part-Time _____ Full-Time _____

Days available: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

PLEASE NOTE: Most positions require every other weekend and holidays

Name of Applicant: _____ Email: _____

Day phone #: (____) _____ Alt./Cell phone #: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Do you have a CPR certification? _____ If so, expiration date: _____

Do you have First Aid certification? _____ If so, expiration date: _____

Other Certifications/Licenses: _____

List any other experiences that you feel would be significant in our evaluation of your capabilities:

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EDUCATIONAL INFORMATION

Type of School	Name and City/State	Graduated Yes or No	Course or Major
<i>High School</i>			
<i>College</i>			
<i>Business or Trade</i>			

Employment History

Are You Currently Employed? Yes: ___ No: ___ Where: _____
 Have you previously been employed here? Yes: ___ No: _____
 If yes, when? _____

*Starting with your most current employment, list previously held positions:
 (Use back side of application if needed for additional employers.)*

Employer _____ **Position** _____
Address _____
Supervisor _____ **Phone number** _____
List your duties and title _____

Hours worked _____ **Salary** _____ **Yrs of employment** _____
Date of hire _____ **Date employment ended** _____
Reason for leaving position _____

Employer _____ **Position** _____
Address _____
Supervisor _____ **Phone number** _____
List your duties and title _____

Hours worked _____ **Salary** _____ **Yrs of employment** _____
Date of hire _____ **Date employment ended** _____
Reason for leaving position: _____





**Authorization for Conduction of
State and Federal Criminal Background Checks**

During the application process and at any time during the tenure of my employment with Heather Glen Senior Living, I hereby authorize the PA Criminal Background (PATCH) on behalf of Heather Glen Senior Living. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Social Security #: _____

First Name: _____

Middle Name: _____

Last Name: _____

Maiden/Other Name: _____

Date of Birth: _____

If I have not resided in PA for at least two (2) years, I will have to undergo an FBI Check.

Employee Signature: _____ Date: _____



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Employment References (2)

Name & Title	Address & Phone number	Business	How many yrs. acquainted?
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Personal References (2) - (DO NOT USE RELATIVES)

Name	Address & Phone number	Relationship	Yrs Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____

***Have you lived in the state of Pennsylvania for at least two (2) yrs?**

YES ___ NO ___

(If NO, a Federal Criminal Fingerprint Background Check will need to be obtained by applicant.)

In signing this application, you hereby authorize Heather Glen Senior Living to conduct investigations including clarification of prior employment history, education and references. Your signature indicates your awareness that false statements or failure to disclose information may be sufficient to disqualify you from your employment, or if employed, may result in your dismissal. In signing this application, you are aware that you may be subject to background checks and random drug and alcohol testing.

I am aware that all the above statements are correct, and that any incorrect statements or omission of material information to try and cover up the truth shall be just cause for dismissal.

I am also aware that I must submit information to the State Police for a Criminal Background Check (SP4-164) as a clearance to work at this facility, and my employment is conditional pending a clear report, and the hiring policies of Heather Glen Senior Living. I am aware that the cost of this background check is my responsibility. The amount of the processing fee will be reimbursed to me contingent upon a clear background check, have completed 3 months (90 days) of employment, and appear in good standing.

Applicant's signature below:

Signature: _____

Date: _____

BACKGROUND SCREENING AUTHORIZATION FORM
[FOR EMPLOYMENT PURPOSES - MINORS]

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting and/or conducting personal interviews with your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>). For more information, including information about additional rights, go to www.consumerfinance.gov/ or write to: Consumer Financial Protection Bureau, PO Box 4503, Iowa City, IA 52244.

By signing below, I hereby authorize the company to obtain a consumer report and/or an investigative consumer report on me, and further authorize all entities having information necessary to complete a consumer report and/or investigative consumer report on me to release such information to the company or any of its affiliates or carriers, including: present and former employers; personal references; criminal justice agencies; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; departments of motor vehicles and motor vehicle records agencies; schools and learning institutions; licensing agencies; and credit bureaus and credit reporting agencies.

By signing below, I acknowledge the information that can be disclosed to the consumer reporting agency, if and only as allowed by law, includes information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, and professional credentials and licenses.

By signing below, I acknowledge and agree that this Background Screening Authorization Form shall remain valid and in effect during the term of my contract and/or employment, subject to applicable laws, and authorize the company to obtain a consumer report and/or an investigative consumer report on me during the hiring process as well as at any time during the term of my employment and/or contract, where permitted by law.

Minor Applicant Signature

Date

Minor Applicant Name

PARENT OR LEGAL GUARDIAN ACKNOWLEDGMENT AND AUTHORIZATION

The undersigned parent(s) and/or guardian(s) of the applicant/employee hereby agree with the applicable statements in this BACKGROUND SCREENING AUTHORIZATION FORM. By signing below, I/we fully provide consent on behalf of my/our minor child to authorize a background check for purposes of this Authorization.

Parent Name or Guardian Signature

Date

Printed Parent or Guardian Name