

EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: Associated Family Home Care, Inc.
Address: 68 West Bennett Street
City/State/ZIP: Kingston, Pennsylvania 18704
Telephone: 570-283-5917

It is the policy of Associated Family Home Care, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

2. Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _____

Daytime phone: _____ Evening phone: _____

Mobile phone: _____

Driver's License (State/Number): _____

3. Job Position Applied For: _____
Full or Part Time? _____

4. Salary Desired: \$ _____ per _____

5. Who referred you to our company? _____
Do you have any friends or relatives who work here? If yes, please list here:

6. Have you applied to our company previously? Yes No
If yes, when? _____

7. Are you at least 18 years old? Yes No

8. How will you get to work? _____

9. If you are offered employment, when would you be available to begin work?

10. If hired, are you able to submit proof that you are legally eligible for
employment in the United States? Yes No

11. Are you able to perform the essential functions of the job position you seek with
or without reasonable accommodation? Yes No

What reasonable accommodation, if any, would you request?

12. Have you ever been convicted of a felony or misdemeanor?

Yes, I was convicted of _____ on
_____ (date) in _____ (city), _____ (state)

No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN
AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF
EMPLOYMENT.

13. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment
and military service) which you have held, beginning with the most recent, and list and explain any
gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

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Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
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Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Military Service:
_____ Yes _____ No
Branch: _____
Specialized Training: _____

14. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____ Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____ Telephone: _____
Relationship: _____

15. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize Associated Family Home Care, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Administrator, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Associated Family Home Care, Inc., except in a specific written contract of employment signed on behalf of the organization by its Administrator, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE