

BRADFORD ECUMENICAL HOME, INC.
100 ST. FRANCIS DRIVE; BRADFORD, PA 16701

APPLICATION FOR EMPLOYMENT

Facility: _____ **Bradford Ecumenical Home** _____ **Chapel Ridge**

Name _____ Social Security No. _____

 Last First Initial

Address _____ Phone (____) _____

Wages expected _____ Full or Part Time _____

Position(s) applying for _____ Shift(s) available _____

If You Have A Professional License, Please Complete The Following:

Type _____ Number _____ Exp. Date _____

PREVIOUS WORK EXPERIENCE (List Most Recent Job First)

| DATE | EMPLOYER | YOUR POSITION | REASON FOR LEAVING |
|-------|----------|---------------|--------------------|
| From- | Name | Title | |
| To - | Address | Salary | |
| From- | Name | Title | |
| To - | Address | Salary | |
| From- | Name | Title | |
| To - | Address | Salary | |
| From- | Name | Title | |
| To - | Address | Salary | |

PHYSICAL INFORMATION

| | | | | |
|---|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| General Condition Of Health | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Explain any physical limitations which should be considered before job placement: | | | | |

EDUCATION

| |
|--|
| I am currently attending school. Yes <input type="checkbox"/> No <input type="checkbox"/> Last school attended _____ |
| Received high school diploma? Yes <input type="checkbox"/> No <input type="checkbox"/> College degree? Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____ |

PROFESSIONAL WORK REFERENCES (Do Not Include Relatives or Personal Friends)

| NAME | EMPLOYER | TITLE | WORK PHONE |
|------|----------|-------|------------|
| | | | |
| | | | |
| | | | |

I give my permission to contact the above references. (Please state any exceptions: _____)

Do you have a history of violence or any convictions for violent crimes? Yes ___ No ___

Have you ever been convicted of a misdemeanor, felony, or criminal offense? Yes ___ No ___

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

Bradford Ecumenical Home, Inc. will require any applicant tentatively selected for a position to submit to testing to screen for illegal drug use prior to extending a final offer of employment.

I certify that all statements made in this application are, to the best of my knowledge, correct. Should any of the statements be subsequently proved inaccurate, I understand the employer may cancel any employment agreement made with me.

Signature of Applicant

Date

**APPLICANT, DO NOT WRITE ON THIS PAGE
(TO BE COMPLETED UPON EMPLOYMENT)**

EMERGENCY CONTACT

| | |
|---------------|----------------------------|
| Name _____ | Relationship _____ |
| Address _____ | Phone (Home) [_____] _____ |
| | Phone (Work) [_____] _____ |

PERSONAL

| | | |
|----------------------|----------------------|---------------------|
| Date Of Birth _____ | Marital Status _____ | |
| Name Of Spouse _____ | | |
| Children: | <u>Name(s)</u> | <u>Birthdate(s)</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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PRE-INTERVIEW QUESTIONNAIRE

Please complete the following questions and return with your Application For Employment.

1. How did you hear about this job opening? ___Newspaper ___Church Bulletin Other_____

2. Why are you interested in a position at Bradford Ecumenical Home or Chapel Ridge?

3. How do you feel you will benefit from working with older adults?

4. What personality traits do you possess that will suit you for this type of employment?

6. Do you have First Aide Certification? ___Yes ___No
If Yes, what date did you receive certification? _____

5. Do you have Cardiopulmonary Resuscitation (CPR) certification? ___Yes ___No
If Yes, what date did you receive certification? _____

7. Have you been trained to give the upward abdominal thrust (Heimlich)? ___Yes ___No
If Yes, where did you receive training? _____ Date _____

8. Are you at least twenty one years of age? ___Yes ___No

9. How do you feel about working closely and sharing responsibilities with your co-workers?

10. Is it important to you that people like you? Explain.

Applicant's Signature

Date