



Employment Application

Courtyard Gardens Nursing & Rehab Center



West View Terrace Independent Living



Crescent View Personal Care

www.middletownhome.org

“Loving is a natural way of life at The Middletown Home”

Mailing Address

The Middletown Home
999 West Harrisburg Pike
Middletown, PA 17057

Phone Number: (717) 944-3351

Fax Number: (717) 948-1510

Email: support@middletownhome.org

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

(Please Print)

Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Have you been a resident of the Commonwealth of Pennsylvania for the last twenty - four (24) consecutive months? Yes No

Permanent Address _____
(If different from above) Street City State Zip

Phone Number _____ Alternate Phone Number _____

Email Address _____

Are you 18 years or older? Yes No

Are you a U.S. citizen or authorized to work in the United States? Yes No

How did you hear about this position? Newspaper Website Other _____

Referred by _____

EMPLOYMENT DESIRED

Position _____ Salary Desired _____

Date you can start _____

Have you ever applied to The Middletown Home before? Yes No When _____

Were you ever employed by The Middletown Home? Yes No When _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and job for which you are applying will also be considered.)

Pwulpi License/Certification #: _____ Expiration Date: _____

EMPLOYMENT DESIRED – con’t

Type of employment Full-time Part-time Temporary

Desired Shift Day Evening Night Weekend Other _____

Are you now or do you expect to be engaged in any other business or employment while employed at our facility?
 Yes No

If yes, please explain _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

Will you authorize The Middletown Home to complete a Criminal Background Check for you in regard to the Older Adults Protective Service Act? Yes No

EDUCATION

School	Name and Location of School	Degree/Type	Graduated	Areas of Study
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

PERSONAL REFERENCES

Give below the names of three (3) persons not related to you, whom you have known at least one (1) year.

Name	Address	Telephone Number	Years Acquainted

Employment – List below last four (4) employers, starting with the last one first

Dates Employed	Employer
From To ___/___/___ mm yy mm yy	Employer Name _____ Phone Number _____ Address _____ Job Title _____ Salary _____ Supervisor _____ Reason for Leaving _____
From To ___/___/___ mm yy mm yy	Employer Name _____ Phone Number _____ Address _____ Job Title _____ Salary _____ Supervisor _____ Reason for Leaving _____
From To ___/___/___ mm yy mm yy	Employer Name _____ Phone Number _____ Address _____ Job Title _____ Salary _____ Supervisor _____ Reason for Leaving _____
From To ___/___/___ mm yy mm yy	Employer Name _____ Phone Number _____ Address _____ Job Title _____ Salary _____ Supervisor _____ Reason for Leaving _____

U.S. Military Service

Dates _____ Branch of Service _____

Skills and experience gained _____

EMPLOYEE STATEMENTS

1. The Middletown Home is committed to providing a work environment which complies with the various laws and regulations of the Commonwealth of Pennsylvania. I understand that the below crimes have been identified in the Older Adults Protective Services Act as crimes which disqualify an applicant or employee from employment in the industry. I understand that as a condition of employment and/or ongoing employment that I must successfully pass a Criminal Background Check and FBI Clearance, if I have lived outside of the Commonwealth of Pennsylvania anytime within the past two (2) years. A copy of the crimes that would prevent my employment has been provided to me and I swear and affirm that I am not disqualified from employment under the Older Adults Protective Services Act as a result of having been convicted of one of the offenses.
2. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____

Signature: _____

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Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997 Criminal Offense

Offense Code	Prohibitive Offense	Type of Conviction
CC2500 Cri	minal Homicide	Any
CC2502A Mu	rder I	Any
CC2502B Mu	rder II	Any
CC2502C Mu	rder III	Any
CC2503 V	oluntary Manslaughter	Any
CC2504 I	nvoluntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702 Ag	gravated Assault	Any
CC2901 K	idnapping	Any
CC2902 Un	lawful Restraint	Any
CC3121 Rap	e	Any
CC3122.1 Statu	tory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1 Sexu	al Assault	Any
CC3125 Aggravate	d Indecent Assault	Any
CC3126 I	ndecent Assault	Any
CC3127 I	ndecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502 Bu	rglary	Any
CC3701 Ro	bbery	Any
CC3901 Th	eft	
CC3921	Theft By Unlawful Taking	
CC3922	Theft By Deception	
CC3923	Theft By Extortion	
CC3924	Theft By Property Lost	
CC3925	Receiving Stolen Property	Any
CC3926 Th	eft of Services	One (1) Felony
CC3927	Theft By Failure to Deposit	or
CC3928 U	nauthorized Use of a Motor Vehicle	Two (2)
CC3929 Retail	Theft	Misdemeanors
CC3929.1 Lib	rary Theft	within the 3900 Series
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	(CC3901-CC3934)
CC3930	Theft of Trade Secrets	/

Offense Code	Prohibitive Offense	Type of Conviction
CC3931	Theft of Unpublished Dramas or Musicals	/
CC3932	Theft of Leased Properties	/
CC3933	Unlawful Use of a Computer	/
CC3934	Theft from a Motor Vehicle	/
CC4101 Fo	rgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302 I	ncest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B Pro	moting Prostitution	Felony
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CS13A12 Acqu	isition of Controlled Substance by Fraud	Felony
CS13A14 Deliv	ery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (i),(ii), (iii)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36 Desi	gner Drugs	Felony
	<i>Any Other Felony Drug Conviction</i>	
CS13Axx*	<i>Appearing on a PA Rap Sheet</i>	<i>Felony</i>

I swear and affirm that I have been given the opportunity to review the crimes enumerated herein, and that I am not disqualified from employment under the Older Adults Protective Services Act as a result of having been convicted of one of these offenses. In addition, I have not been convicted of any other crime of violence, fraud or abuse, nor have I been dismissed from employment as a result of abuse directed to a resident or client. I also have disclosed any and all other convictions on **Page 3**.

Date

Signature

THE MIDDLETOWN HOME

999 W. Harrisburg Pike, Middletown, PA 17057

Phone: (717) 944-3351 Fax: (717) 902-1199

NOTE: Confidential Employment Information Requested

On 8/14/2005, the General Assembly of Pennsylvania enacted a civil liability shield law that protects employers who provide factual and honest information about employment history and job performance as employment reference data to another employer about a new employee candidate. Employment information is personal and sensitive information related to a person's employment history and job performance. It is requested from you pertaining to the indicated new employee candidate applying for employment in our facility. The confidential information that we desire is indicated below, along with a dated and signed authorization from the new employee candidate. We request a prompt return fax of the information requested, or an email to: ntaylor@middletownhome.org.

MESSAGE: Thank you in advance for your attention in this matter

To:		From:	
Company:		Date:	
Fax #:		Pages:	

PERMISSION FOR EMPLOYMENT VERIFICATION

I, _____, have applied for a position at THE MIDDLETOWN HOME and verification of previous employment history and job performance is required. I hereby give permission, as sworn by my signature, to disclose the information that is requested to complete my application process. I furthermore understand that this authorization expires in six months from the date of my signature. Thank you.

Applicant Signature Date

Position Held Start Date End Date

Reason for leaving (circle one): quit, terminated, position eliminated, other (define)

If terminated, state reason:

Eligible for rehire (circle one): YES NO If no, state reason:

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