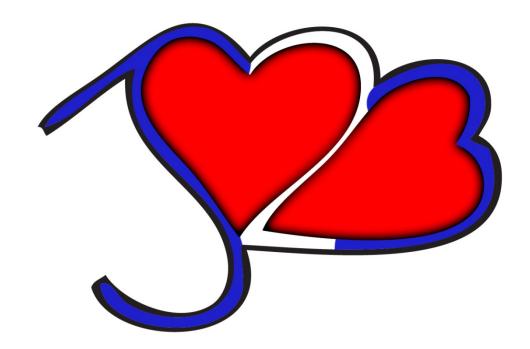
APPLICANTS NAME:	
POSITION:	
DATE:	
DAIE.	

# **SAINT JOHN XXIII HOME**

2250 Shenango Valley Freeway, Hermitage, PA 16148 724-981-3200

# -JOB APPLICATION-



# APPLICATION FOR EMPLOYMENT CONFIDENTIAL

(Please Print Clearly)

Please fill out the following application. Make sure you sign in the appropriate areas. Applications will be rejected due to incomplete information such as street number, street name, zip codes and phone numbers. Please give us your cooperation in this matter or your application cannot be processed. When you are finished with the application, please fax or email to John B. Rossi, Director of Human Resources.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

Date of Applic	cation:	Date Available To Work:		able To Work:
PERSONAI	L INFORMATION			
Last Name		First Name		M
Address			- C	
Zip Code			State	
	e you lived at this address? he reached at the above nun mber:			Name of Person:
	ILITY RECORD  able to work: (check all that  Part-time   Sea		]Holidays	
state law to have school. Applicate be put on the w	APPLICANTS UNDER we on file working papers for ants under 18, if hired, mu work schedule. If you are how your school) or your birth of the school.	or any employee under 18 st obtain working papers f ired, you will be required	who has not gra rom their high	duated from high school before they can
	filed an application with u		☐ Yes ☐ No	
	been employed with us be If Yes, give date			
Are you currer  ☐ Yes ☐ No	ntly employed?			
Are you curren  ☐ Yes ☐ No	tly on "lay-off" status and	subject to recall?		
Status?	nted from lawfully becoming			sa or Immigration

### **EDUCATION**

High School Undergraduate College/University Graduate/ Professional Years Completed: 10 11 12 1 2 3 4 1 2 3 4 Diploma/Degree State any additional information you feel may be helpful to us in considering your application; (honors received, specialized training, apprenticeship skills, or extra-curricular activities)		
REFERENCES		
Give name, address and telepho 1. Name	one number of three references who are no Address	ot related to you. Telephone Numbe
2. Name	Address	Telephone Numbe
3. Name	Address	Telephone Numbe
PHYSICAL AUTHORIZ	ZATION	
any time during my emplo a physical examination as right to designate the medi the examination. Expense further understand and agr document authorizing the information pertaining to a XXIII Home and any phys examination from any claim	offer of employment is made by Sayment with the Home, I may be recovered as a pre-employment drug testical institution and licensed physicists related to such examinations will see that, when requested to do so by Home to obtain, for its internal use any physical examination. I release sician or medical institution which is mof liability arising out of such extion or documents pertaining to such	quired to submit to and pass t. The Home reserves the ian of its choice to conduct be paid for by the Home. I y the Home, I will execute the medical record and the and discharge Saint John performs the physical camination or arising out of
Applicant's Signature		Date
Signature of Parent/Guard	ian (if under the age of 18)	Date

#### **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related, military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

May we contact your present employers?			□ Yes □ No
1. Employer	Dates Employed:	From	То
Worked Performed:			
Address			
Hourly Rate/ Starting Rate	Final Rate		
Telephone Number:	Job Title:	Supervisor	r's Name:
Reason for leaving:		_	
2. Employer	Dates Employed:	From	То
Worked Performed:			
Address			
Hourly Rate/ Starting Rate	Final Rate		
Telephone Number:	Job Title:	Supervisor's Name:	
Reason for leaving:		1	
3. Employer	Dates Employed:	From	То
Worked Performed:			
Address			
Hourly Rate/ Starting Rate	Final Rate		
Telephone Number:	Job Title:	Supervisor	r's Name
Reason for leaving:		-	

#### SAINT JOHN XXIII HOME

2250 Shenango Freeway Hermitage, PA 16148 Phone: (724) 981-3200 Fax: (724) 981-1677

#### INFORMATION RELEASE AND WAIVER AGREEMENT

I hereby authorize release of the requested information regarding my past and present employment (e.g. job performance, employment history, etc.) to Saint John XXIII Home. In consideration of your honoring my request, I agree to release my past and present employers and its employees from and hold it harmless against, any and all claims of whatever nature that I might have now or in the future as a result of this information being provided. In addition, I also release Saint John XXIII Home and any disclosures of information from any liability as a result of the contents of the response to this information request.

Signature of Applicant	
Date	
Signature of Parent/Guardian	
Date	(If under the age of 18)

(This information can be released for 90 day after the above date. After 90 days this information release and waiver agreement is void.)

## SAINT JOHN XXIII HOME 2250 SHENANGO VALLEY FREEWAY HERMITAGE, PA. 16148 PHONE: 724-981-3200

FAX: 724-981-1677

### CRIMINAL BACKGROUND CHECK

I have been advised and understand that, as a condition of my employment with Saint John XXIII Home, a criminal background clearance must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigations. 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.

		iance with this act.	od of certain erimes, and	a that this mioni
Applicant'	's Signature		Date	
Signature of Parent/guardian (if under the age of 18)		Date		
	PROFESSI	ONAL LICENSES A	ND/OR CERTIFICA	ATIONS
TYPE:	STATE:	DATE ISSUED:	DATE EXPIRED:	NUMBER:

#### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application, resume, or interview(s) may result in discharge.

I understand, also, that I am required to abi	de by all rules and regulation of the employer.	
Signature of Applicant: Date:		
I attest that I have no history of or conviction for violent crime and was never dismissed		
from employment due to abuse of cl	lients or residents.	
Signature of Applicant:	Date:	
	FFICEUSE ONLY******	
	NCE VERIFICATION TO BE COMPLETED BY SAINT JOHN XXIII	
	HOME NAME	
	COMMENTS	
	COMMENTS	
	NAME	
	COMMENTS	
	NAME	
	COMMENTS	

# PERSONAL REFERENCES TO BE COMPLETED BY SAINT JOHN XXIII HOME

NAME

	COMMENTS	
	NAME	
	COMMENTS	
	NAME	
	COMMENTS	
CICNATUDE.	DEPT. HEAD	DATE
SIGNATURE:		DATE