

TBGHEALTH

Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job related medical condition or handicap. Reasonable accommodation will be provided to handicapped employees when at all possible.

APPLICANT INFORMATION

Last Name				First				M.I.	Date	
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Date Available				Social Security No.				Desired Salary		
Type of Work	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Shift Preferred	<input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Night			Days Preferred			
Position Applied for										
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain					
Are you CPR Certified?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes:	Please provide a Copy of Certification				
Are you First Aid Certified?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes:	Please provide a Copy of Certification				

EDUCATION

High School				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
College				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
Other				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	

List any Professional Licenses, Certifications or other credentials:

REFERENCES

Please list three professional references and 2 personal references.

PROFESSIONAL REFERENCES

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										

Full Name		Relationship	
Company		Phone	
Address			

PERSONAL REFERENCES

Full Name		Relationship	
Length known?		Phone	
Address			
Full Name		Relationship	
Length known?		Phone	
Address			

PREVIOUS EMPLOYMENT (LIST MOST RECENT FIRST)

Company			Phone		
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			

Are you currently employed? YES NO May we contact this employer for a reference? YES NO

Company			Phone		
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			

May we contact this employer for a reference? YES NO

Company			Phone		
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			

May we contact this employer for a reference? YES NO

MILITARY SERVICE

Branch			From	To
Rank at Discharge			Type of Discharge	
If other than honorable, explain				

DISCLAIMER AND SIGNATURE

I have been advised and understand that, as a condition of my employment with TBGHealth, Inc., the following items will be obtained:

- 1) Criminal History Record must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigation. 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.
- 2) Child Abuse History Clearance must be obtained from the Department of Public Welfare. I understand that Title XIX of the Social Security Act and the Pennsylvania Public Welfare Code 55 prohibits employment of persons with a child abuse history and that this information is being obtained in compliance with this Act and Code.
- 3) Motor Vehicle Drivers information must be obtained from the Department of Transportation, Bureau of Motor Vehicle Licensing. Any moving violation can prohibit employment and will prohibit the ability of the prospective employee to operate a company vehicle at any time.

I understand that any offer of employment is provisional and continued employment is based upon information to be received from the above-mentioned agencies. If any clearance request indicates a conviction or convictions for any crime or crimes that prohibit my employment, I understand that my employment must immediately be terminated in compliance with state law.

I certify that the responses given herein are true and complete to the best of my knowledge. In the event of my employment, I understand that false information given in my application may result in discharge. I also understand that I am required to abide by all rules, regulations and policies set by TBGHealth.

I authorize TBGHealth to contact any of my current or former employers, schools and/or credentialing bodies to obtain any and all information that TBGHealth deems appropriate. I authorize my current or former employers, school and/or credentialing bodies to provide such information.

Signature

Date

Compliance with Background Check Requirements for all Prospective Employees

I, _____, as part of my application for employment with TBGHealth, and as a condition of my employment with TBGHealth, hereby affirm that I am not disqualified from employment under The Older Adult Protective Services Act because:

1. I am not the perpetrator of a founded report of child abuse and
2. I have not been convicted of one or more of the following provisions of 18 Pa. C.S. (relating to crimes and offenses):
 - a. Chapter 25 (relating to criminal homicide)
 - b. Section 2702 (relating to aggravated assault)
 - c. Section 2901 (relating to kidnapping)
 - d. Section 2902 (relating to unlawful restraint)
 - e. Section 3121 (relating to rape)
 - f. Section 3122.1 (relating to statutory sexual assault)
 - g. Section 3123 (relating to involuntary deviate sexual intercourse)
 - h. Section 3124.1 (relating to sexual assault)
 - i. Section 3125 (relating to aggravated indecent assault)
 - j. Section 3126 (relating to indecent assault)
 - k. Section 3127 (relating to indecent exposure)
 - l. Section 3301 (relating to arson and related offenses)
 - m. Section 3503 (relating to burglary)
 - n. Section 3701 (relating to robbery)
 - o. A felony offense under Chapter 39 (relating to theft and related offenses) or two or more misdemeanors under Chapter 39
 - p. Section 4101 (relating to forgery)
 - q. Section 4114 (relating to securing execution of documents by deception)
 - r. Section 4302 (relating to incest)
 - s. Section 4303 (relating to concealing the death of a child)
 - t. Section 4304 (relating to endangering the welfare of children)
 - u. Section 4305 (relating to dealing in infant children)
 - v. Section 4952 (relating to intimidation of witnesses or victims)

- w. Section 4953 (related to retaliation against witnesses or victims)
 - x. A felony offense under Section 5902(b) (relating to prostitution or related offenses)
 - y. Section 5903 (c) or (d) (relating to obscene and other sexual materials and performances)
 - z. Section 6301 (relating to corruption of minors)
 - aa. Section 6312 (relating to sexual abuse of children) and
3. I have not been convicted of any Federal or Out-of-State offense similar in nature to those crimes listed in Section 2 and
 4. I have not been convicted of a felony under the act of April 14, 1972 (P.L. 233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act

I further acknowledge that TBGHealth will apply:

- a. To the Pennsylvania State Police to determine whether any criminal history record information relating to me is contained in the Pennsylvania State Police Central Repository; and
- b. To the Pennsylvania Department of Human Services for a search to determine whether I am named in the statewide database of alleged perpetrators in a pending child abuse investigation or as a perpetrator of a founded report or an indicated report; and
- c. If I have resided outside of Pennsylvania at any time in the immediate past 5 years, I will submit to a federal criminal history check by submitting a full set of my fingerprints to the FBI for the purpose of verifying my identity and obtaining a current record of any criminal arrests and convictions.

I understand that if any of the above is found to be false, or is any of the information obtained from the above-referenced requests reveals that I am disqualified from employment under the Older Adult Protective Services Act, that I will be immediately dismissed from employment at TBGHealth.

Signature

Date: _____

Print Full Name