

# Maximum Care, Inc. and Lehigh Valley Visiting Nurses, Inc.

## Application for Employment

*An Equal Opportunity Employer*

We consider all applicants for positions without regard to race, color, creed, religion, sex ancestry, national origin, age, marital, familial, pregnancy, veteran status, sexual orientation or preference, gender identity, genetics, military status, physical or mental disability, or any other protected basis regarding a federal state, local, county law, regulation, executive order, etc.

(PLEASE PRINT)

Date of Application: \_\_\_\_\_

### General Information:

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Other Names)

Address: \_\_\_\_\_  
(Street, City, State, and Zip Code)

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other: \_\_\_\_\_

### Person to be notified in Case of Emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Professional License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Full-Time/Part-Time/Other (circle one)

Date Available to Start Work: \_\_\_\_\_

Specific Days and Hours Available to Work:  
\_\_\_\_\_  
\_\_\_\_\_

If hired, what will be your transportation to you work assignments? \_\_\_\_\_

If you plan on driving, can you produce a valid Pennsylvania Driver's License? \_\_\_\_\_

Salary/Compensation Desired: \_\_\_\_\_

Fluency in other languages: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name language \_\_\_\_\_  
(due to diverse client population we service)

**Military Experience:**

Have you ever served in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe any specific job related training received:

**Educational Data:**

School	Name & Address	Degree of Study	Major Course
High School			
College			

Trade, Business, Night or Correspondence School:

Have you ever completed a CNA course, and if so, where and when?

Have you ever applied for a position with us? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" when? \_\_\_\_\_

Under what name? \_\_\_\_\_

Have you ever been employed by us?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" when? \_\_\_\_\_

Under what name? \_\_\_\_\_

Do you have a relative working here?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", state identity and relationship

Have you lived in Pennsylvania for the last two (2) consecutive years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on "lay-off" Status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform in a reasonable and safe manner each essential job function and requirement of the job which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you need a reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If indicated "yes", please discuss the reasonable accommodation with manager.

If employment is offered, can you submit two forms of identification from the choices on Form I-9 Employment Eligibility Verification Department of Homeland Security to indicate your identity and US Work Authorization. \_\_\_\_\_ Yes \_\_\_\_\_ No

### Employment History:

In the following space, give a complete record of your employment, including periods of unemployment, if any. Begin with your MOST RECENT employment and work background. Telephone numbers must be included. If additional space is needed, attach a supplementary sheet.

1. \_\_\_\_\_  
Employer Starting Position

\_\_\_\_\_  
Address Last Position

\_\_\_\_\_ Employed From: \_\_\_\_\_ (Mo/Yr) \_\_\_\_\_ (Mo/Yr)

2. \_\_\_\_\_  
Employer Starting Position

\_\_\_\_\_  
Address Last Position

\_\_\_\_\_ Employed From: \_\_\_\_\_ (Mo/Yr) \_\_\_\_\_ (Mo/Yr)

### References:

In the following space provided below please list at least three references. Please do not include employer or relatives

\* Telephone numbers must be included

<i>Name and Address</i>	<i>Occupation</i>	<i>Telephone</i>

### Special Skills and Qualifications:

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, skills, abilities, articles/books published, activities, foreign languages, accomplishments, professional/trade/business/or civic activities and offices held, etc. You may exclude all information indicative of sex, race, color, creed, religion, sex, ancestry, national origin, age, marital, familial, pregnancy, veteran status, sexual orientation or preference, gender identity, genetics, military status, physical or mental disabilities, or any other protected basis

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Inquires Concerning Employment History**

*(In responding to these inquiries, continue on a separate sheet if you require additional space)*

1. May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your previous employer(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please identify any exceptions and reasons for not contacting any of the above:

\_\_\_\_\_

2. In order to permit a reference check of your work and education records, should we be made aware of any changes of name or assumed name that you previously used?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," identify name(s) and relevant date: \_\_\_\_\_

3. Have you ever been dismissed or asked to resign from any employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please explain: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

I authorize the Company to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employer, references, and academic institutions, and the Company from any liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Company.

I understand that nothing in this employment application, the Company's policy statements, personnel guidelines, or in my communications with any Company official is intended to create an employment contract between the Company and me. I also understand that the Company has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless it is made in writing and signed by the President. I understand that if any employment relationship is established, I have the right to terminate my employment at any time for any reason I think appropriate. I also understand that the Company retains the right to terminate my employment at any time for any reason that the Company believes is appropriate.

\_\_\_\_\_  
Initials

I hereby acknowledge that I have read, understand, and agree to the preceding statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date