

## **EDOMIGHT CARE SERVICES EMPLOYMENT APPLICATION FORM**

Office Phone: (215) 729-3134 Email: [mightybest@hotmail.com](mailto:mightybest@hotmail.com)

### **Dear Applicant**

Thank you for your interest in employment with Edomight Care Services, LLC. We are committed in hiring qualified, skillful, dependable and compassionate caregivers to assist our individuals/clients in maintaining their independence and dignity in the comfort of their homes.

Our mission is to improve the quality of life for people with disabilities through care, comfort and compassion.

Our Vision, a strong health care agency with the capability of sustaining and extending quality health care services to all individuals/clients in Pennsylvania and surrounding states.

In order to pursue employment with us, applicant must be 18 years of age and above, this is the minimum age requirement to be employed by the agency.

Applicant is also required to submit the following documents

- ❖ A high school diploma or GED, or other proof of education
- ❖ Proof of employment eligibility like U.S. Passport, Permanent Resident Card or Alien Registration Card etc.
- ❖ A current Driver's License.
- ❖ A CNA License. (if applicable)
- ❖ References which include: two professional and one personal.

The official offer of employment will be contingent upon the applicant's successful completion of applicable primary source verification of credentials, reference checks, background investigations, service letters, pre-employment drug testing and other relevant screening processes.

There is a \$22.00 non-refundable fee for each request, regardless of outcome. Payment is accepted by cash only. Applicant will be charged for misspelling, duplicate submissions and other user errors.

**Applicant Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

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**Dear Applicant**

Edomight Cares Services subscribes to the Older Adults Protective Services Act in hiring of individuals/staff that have any records in the Criminal Background History (Prohibitive Offenses contained in Act 169 of 1996 as Amended by Act 13).

Therefore, this Act mandates that a person cannot be employed if certain criminal offenses have been committed. Also, employment offer are contingent upon the affirmation that applicants criminal record does not contain any convictions noted in Act 169 of 1996 as Amended by Act 13.

All applicants who have not lived in the State of Pennsylvania for at least 2 years prior to date of application must complete the FBI fingerprinting process.

**Given the above information, kindly confirm your place of residence(s) over the past two years.**

\_\_\_\_\_ Pennsylvania Resident for two consecutive years

\_\_\_\_\_ have resided in a state(s) other than Pennsylvania for two Consecutive years

I \_\_\_\_\_ understand and acknowledge the Prohibitive Offenses contained in Act 169 of 1996 as Amended by Act 13 of 1997 and affirm that I have not been convicted of any of the offenses. I therefore submit my application for employment with Edomight Care Services LLC to process requests for PA Criminal Records, Child Abuse and FBI Clearances.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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### Application for Employment

The offer of hire will be made based on job qualifications and without regard to race, age, color, sex, and religious or political opinion or affiliation, sexual orientation and disability or veteran status. Therefore, the official offer of employment will be contingent upon the applicant's successful completion of applicable primary source verification of credentials, reference checks, background investigations, service letters, pre-employment drug testing and other relevant screening processes.

<b>Applicant Name</b> Last Name _____ First Name _____ Middle Name _____	<b>Applicant home Address</b> Address _____ _____ State _____ Zip Code _____
Cell Phone _____	Position Applying For _____
Home Phone _____	Date Available to Start _____
<b>Are you interested in (Circle all that apply)</b> <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Substitute(PRN)	<b>Preferred hours(Circle all that apply)</b> <input type="radio"/> 1 <sup>st</sup> Shift 8am-4pm <input type="radio"/> 2 <sup>nd</sup> Shift 4pm-12am <input type="radio"/> 3 <sup>rd</sup> Shift 12am-8am
<b>Do you currently posses a valid Driver's License?</b> Yes _____ No _____	<b>Some positions require use of personal vehicle. Would you consider this?</b> Yes _____ No _____
<b>Have you ever been Convicted of a Crime?</b> Yes _____ No _____	<b>Social Security Number</b> _____
<b>Are you prevented from lawfully becoming employed in the United States?</b> <input type="radio"/> Yes                      if Yes please explain _____ <input type="radio"/> No _____	

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Education

<b>Circle High Grade Completed</b>	<b>High School</b> 9 10 11 12	<b>College</b> 1 2 3 4	<b>Graduate School</b> 1 2 3 4	<b>Other</b> 1 2 3 4		
<b>School Name/City, State</b> (You may be required to provide copies of transcripts for verification)			<b>Course/Major</b> Name of Degree or Diploma received		<b>Yes</b>	<b>No</b>
High School _____						
College _____						
Graduate School _____						
Other _____						
<b>Describe any specialized training, apprenticeship, skills and extra-curricular activities you may have acquired</b>						

## Employment Experience

Starting with your present or most recent employment, Include any job-related military service assignment and Volunteer activities.

Date	Employer Name and Address	Position Held and Supervisor	List Major Duties	Salary/Wage	Reason for leaving
From	Name	Your Job Title		Starting	
To	Address	Supervisor		Final	
	Telephone #	Telephone #			
From	Name	Your Job Title		Starting	
To	Address	Supervisor		Final	
	Telephone #	Telephone #			
From	Name	Your Job Title		Starting	
To	Address	Supervisor		Final	
	Telephone #	Telephone #			

**May we contact your current employers?**

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

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Employment References:**

Please provide two Professional references from people that are familiar with your work performance and or academic background and one personal reference

Professional Reference: Reference Name \_\_\_\_\_

Reference Address \_\_\_\_\_  
\_\_\_\_\_

Reference Phone Number \_\_\_\_\_

Professional Reference: Reference Name \_\_\_\_\_

Reference Address \_\_\_\_\_  
\_\_\_\_\_

Reference Phone Number \_\_\_\_\_

Personal Reference: Reference Name \_\_\_\_\_

Reference Address \_\_\_\_\_  
\_\_\_\_\_

Reference Phone Number \_\_\_\_\_

**Applicant Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

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### **Applicant's Statement:**

**Please Read Carefully before signing this application. If you have any questions please feel free to ask anyone.**

**(Please refer to the job description for the position you are applying for before answering the question below.)**

Are you capable of performing in a reasonable manner, and with or without a reasonable accommodation, the activities involved in the job for which you are applying for? (Please Circle one)**Yes OR No**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This may include educational institution, former employers, representatives of organizations and driving record.

I understand that Edomight Care Services LLC. Reserves the right not to extend an offer of employment or retract an offer of employment based on this investigation or results of the post-offer medical exam and drug screening.

**This application for employment shall be considered active for a given period not to exceed 31 days.**

At the conclusion of this time, if I have not heard from Edomight Care Services and still wish to be considered for employment. I understand that I must submit a new application.

Every effort will be made to resolve any conflicts that may arise during the course of employment; therefore, the employee should understand that the employment relationship is not a **"guarantee"** which means that employment may be discontinued at any time with or without probable cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I also understand that am required to abide by all rules and regulations of Edomight Care Services, LLC.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date