

# EMPLOYMENT APPLICATION

**Welsh Mountain Home  
567 Springville Road  
New Holland, PA 17557**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ S.S. # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Hours Available:     Full Time         Part Time         Occasional

Please circle appropriate answer

I have been accused or found guilty of a felony.	Yes	No
Have you been accused or found guilty of any crime?	Yes	No
I have been found guilty of resident abuse.	Yes	No
I am legally able to work in the United States.	Yes	No
I have a current driver's license.	Yes	No
I have worked for this facility before.	Yes	No
I have been a resident of Pennsylvania for the past 2 years.	Yes	No
Are you related to a current employee or resident?	Yes	No
	If yes, who: _____	

The information submitted on this application is true and complete to the best of my memory and knowledge. Discovery of falsified information will result in my not being considered for a job and/or may result in my discharge from employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EDUCATION:

School Name	Years Attended	Year Graduated	Degree Received	Major

## SPECIAL TRAINING/SKILLS:

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**EXPERIENCE:** Please complete with most recent employment first.

#1

Employer: \_\_\_\_\_

Name

City

State

Telephone Number: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Position Held: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

#2

Employer: \_\_\_\_\_

Name

City

State

Telephone Number: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Position Held: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

#3

Employer: \_\_\_\_\_

Name

City

State

Telephone Number: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Position Held: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES:** List three people not related to you.

#1 Name: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Type of Reference:  Personal  Professional

#2 Name: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Type of Reference:  Personal  Professional

#3 Name: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Type of Reference:  Personal  Professional