



EMPLOYMENT APPLICATION

Lifeway Services, LLC does not discriminate on the basis of race, color, national origin, ancestry, religious creed, handicap, or age as stated in the Pennsylvania Human Relations Act of 1955.

PLEASE PRINT AND COMPLETE THE ENTIRE APPLICATION

IF ANY OF THE FOLLOWING QUESTIONS ARE NOT ANSWERED IN A COMPLETE AND ACCURATE FASHION, A SIGNIFICANT DELAY AND / OR THE INABILITY TO PROCESS THIS APPLICATION MAY OCCUR.

DATE ___ / ___ / ___ LAST NAME _____ FIRST NAME _____

MAIDEN/PRIOR ALIASES _____

ADDRESS _____ EMAIL _____

CITY, STATE, ZIP _____

HOME PHONE _____ MOBILE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

AVAILABLE TO WORK ___ FULL TIME ___ PART TIME ___ TEMPORARY/EXPLAIN _____

ARE THERE ANY DAYS OR HOURS YOU WOULD BE UNABLE OR UNWILLING TO WORK? ___ NO ___ YES
IF YES, SPECIFY _____

DATE AVAILABLE TO START _____

HOW DID YOU HEAR ABOUT LIFEWAY SERVICES? _____

HAVE YOU LIVED OUTSIDE THE STATE OF PENNSYLVANIA WITHIN THE LAST 2 YEARS ___ NO ___ YES

HAVE YOU EVER FILED AN APPLICATION OR BEEN EMPLOYED WITH ANOTHER PROVIDER SERVICE AGENCY? ___ NO ___ YES. IF YES, GIVE ENTITY AND DATE(S) _____

DO YOU HAVE THE LEGAL RIGHT TO BE EMPLOYED IN THE UNITED STATES? ___ NO ___ YES.



WORK HISTORY

LIST THE NAMES OF ALL EMPLOYERS, GIVING THE MOST RECENT POSITION FIRST. PLEASE GIVE THE MONTH AND YEAR FOR EACH POSITION LISTED. IN ADDITION, BE SURE TO LIST ALL HEALTH OR HUMAN SERVICE PROVIDERS FOR WHICH YOU HAVE WORKED. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON ANOTHER SHEET OF PAPER.

EMPLOYER NAME _____
ADDRESS _____
PHONE () _____ JOB TITLE _____
SUPERVISOR _____ REASON FOR LEAVING _____
DATES EMPLOYED FROM (MO/YR) _____ TO (MO/YR) _____
SALARY STARTED _____ SALARY ENDED _____
DUTIES _____

EMPLOYER NAME _____
ADDRESS _____
PHONE () _____ JOB TITLE _____
SUPERVISOR _____ REASON FOR LEAVING _____
DATES EMPLOYED FROM (MO/YR) _____ TO (MO/YR) _____
SALARY STARTED _____ SALARY ENDED _____
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EMPLOYER NAME _____
ADDRESS _____
PHONE () _____ JOB TITLE _____
SUPERVISOR _____ REASON FOR LEAVING _____
DATES EMPLOYED FROM (MO/YR) _____ TO (MO/YR) _____
SALARY STARTED _____ SALARY ENDED _____
DUTIES _____

[Handwritten signature]

HAVE YOU SIGNED A RESTRICTIVE COVENANT/NON-COMPETE AGREEMENT OR CONFIDENTIALITY STATEMENT AT A PRIOR JOB? NO YES. IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED BY AN EMPLOYER FOR CLIENT ABUSE OR NEGLIGENCE? NO YES. IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED, (OR PLEAD GUILTY) OF ANY CRIME (FELONY, MISDEMEANOR, OR SUMMARY OFFENSE)? PLEASE INCLUDE ANY INCIDENCE OF DRIVING WHILE INTOXICATED. NO YES. IF YES, PLEASE EXPLAIN _____

(INFORMATION REGARDING CONVICTIONS WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT, BUT WILL BE REVIEWED IN LIGHT OF THE DUTIES AND RESPONSIBILITIES OF THE POSITION BEING SOUGHT)

DRIVER'S LICENSE, NUMBER & STATE _____ CURRENTLY VALID? NO YES.

A VALID LICENSE, GOOD DRIVING HISTORY & PROOF OF INSURANCE ARE REQUIRED FOR MANY POSITIONS

EDUCATION

HIGH SCHOOL

NAME _____

ADDRESS _____

YEARS COMPLETED 1 2 3 4 GRADUATED? NO YES

MAJOR _____ DEGREE _____

UNDERGRADUATE COLLEGE

NAME _____

ADDRESS _____

YEARS COMPLETED 1 2 3 4 GRADUATED? NO YES

MAJOR _____ DEGREE _____

GRADUATE / PROFESSIONAL

NAME _____

ADDRESS _____

YEARS COMPLETED 1 2 3 4 GRADUATED? NO YES

MAJOR _____ DEGREE _____



PROFESSIONAL LICENSE AND/OR CERTIFICATIONS

LIST ANY PROFESSIONAL LICENSES _____

LICENSE NUMBER _____

HAS YOUR PROFESSIONAL LICENSE EVER BEEN SUSPENDED OR REVOKED? ____ NO ____ YES

IF YES, PLEASE EXPLAIN _____

PLEASE LIST ANY OTHER QUALIFICATIONS, PROFESSIONAL ORGANIZATIONS, AND/OR VOLUNTEER EXPERIENCES THAT ARE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING. YOU MAY EXCLUDE ANY WHOSE NAME WOULD INDICATE THE RACE, RELIGION, CREED, COLOR, NATIONAL ORIGIN, OR ANCESTRY OF ITS MEMBERS.

EMERGENCY CONTACT

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____ RELATIONSHIP _____

REFERENCES

IF YOU WORKED FOR PREVIOUS EMPLOYERS UNDER ANOTHER NAME, PLEASE GIVE THAT NAME: _____

ARE YOU CURRENTLY EMPLOYED? ____ NO ____ YES. IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? ____ NO ____ YES

GIVE TWO WORK-RELATED REFERENCES:

REFERENCE #1

NAME _____

ADDRESS _____

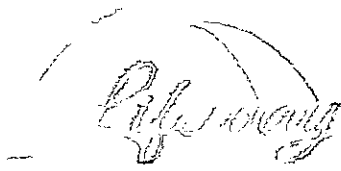
PHONE _____ OCCUPATION _____

REFERENCE #2

NAME _____

ADDRESS _____

PHONE _____ OCCUPATION _____



DIRECT CARE WORKER AGREEMENT OF HOURS TO WORK

If offered a position as a Direct Care Professional, I agree to be available for scheduling the following days and times. I understand that I must work a minimum number of hours (agreed upon by management) to maintain employment status at Lifeway Services LLC, as a Direct Care Professional.

I understand that by committing to and signing this agreement, I will be given a schedule that is suitable to what I have indicated below as a new employee with Lifeway Services LLC.

I also understand that if I refuse to accept a schedule that I have stated I am available for, I will risk not being assigned any hours to work for an unspecified period of time as it may also lead to being separated as a Lifeway Services LLC employee if there are no available hours.

I understand that I cannot request a change of my availability during the 90 day probationary period.

After the 90 probation period, as a Direct Care Professional, if my schedule availability were to change (i.e., for reasons such as school, scheduling, another job, etc.) I understand that a formal request must be made and approved by management. However, I would continue to remain committed to work the schedule that I would be given initially until such changes would be approved.

AVAILABILITY

Number of hours per week minimum / maximum that I am willing to work: _____ / _____.

_____ Check if available all days and hours.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

A face-to-face interview will be conducted on all potential employees prior to being hired. Additional interviews may be required before a position may be offered to an applicant.

Please provide a copy of the following;

- _____ Social Security Card
- _____ Driver's License / Photo Id
- _____ Auto Insurance card / level of coverage
- _____ Any training certificates/competency trainings
- _____ Prior work related experiences
- _____ Intellectual Disability work experience



Signature of Interviewee _____

Signature of Administrator / Interviewer _____