

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

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



## EPHS EMPLOYMENT APPLICATION FORM

### EOE STATEMENT

East Penn Human Services is an Equal Opportunity Employer and does not discriminate in employment, recruitment, hiring, training, promotion, and other conditions of employment against any employee or job applicant based on race, color, religious creed, disability, ancestry, national origin, age or sex or any other status or condition protected by applicable state or federal laws.

### EPHS MISSION STATEMENT

The mission of East Penn Human Services is to provide support systems that empower individuals with intellectual and developmental disabilities to have meaningful life choices and opportunities. Informed by person-centered planning and practices, our mission focuses on supporting individuals to increase their self-determination and independence and to be able to make their own choices as to what is important to them to achieve a fulfilling life.

### Please check the qualifications for employment at East Penn Human Services

- Are you at least eighteen years of age?      YES    NO
  
- Do you have a valid driver's license?      YES    NO
  
- Do you have a reliable means of personal transportation?      YES    NO
  
- If you do not have a reliable means of personal transportation, when was the lasttime that you drove a vehicle:.....
  
- Do you have car insurance?      YES    NO
  
- Do you have a means of communication? (i.e., house phone, cell phone)      YES    NO
  
- Are you comfortable assisting men and women with toiletry needs?      YES    NO



## EPHS EMPLOYMENT APPLICATION FORM

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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POSITION APPLIED FOR \_\_\_\_\_

AVAILABLE TO WORK  FULL TIME  HALF TIME  TEMPORARY

DATE AVAILABLE TO START \_\_\_\_\_

ACCEPTABLE SALARY RANGE \_\_\_\_\_

HOW DID YOU HEAR ABOUT EAST PENN HUMAN SERVICES? (PLEASE BE SPECIFIC)

\_\_\_\_\_

HOW MANY YEARS OF HUMAN SERVICES EXPERIENCE DO YOU HAVE WORKING WITH INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND/OR AUTISM? \_\_\_\_\_

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

DO YOU HAVE DOCUMENTATION TO SUPPORT THE ABOVE?  YES  NO

# 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 SERVICES PROVIDERS FOR WHICH YOU HAVE WORKED. **A resume may be attached to further expand on qualifications, but it does not absolve the requirement of a completed application.**

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 : \_\_\_\_\_  
DUTIES: \_\_\_\_\_

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

HAVE YOU RESIDED IN PENNSYLVANIA FOR THE LAST TWO YEARS?  YES  NO

IF NOT, WHEN DID YOU MOVE TO PENNSYLVANIA \_\_\_\_\_

HAVE YOU EVER BEEN INVESTIGATED, DISCIPLINED, OR DISCHARGED BY AN EMPLOYER FOR INDIVIDUAL ABUSE OR NEGLECT  YES  NO

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER PLEAD GUILTY OR BEEN CONVICTED OF ANY CRIME?  YES  NO

IF YES, EXPLAIN \_\_\_\_\_

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

DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO IN WHAT STATE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY DRIVING RELATED OFFENSES?  YES  NO

IF YES, EXPLAIN \_\_\_\_\_

(A VALID DRIVER'S LICENSE AND ACCEPTABLE DRIVING RECORD ARE REQUIRED FOR ALL POSITIONS)

**Vehicle Insurance Disclaimer**

One of an employee's main job functions is transporting individuals being supported to various community activities. Each employee is responsible for advising their automobile insurance company of the use of their automobile. The employee will be responsible for any additional insurance cost of any amending of such a use classification. It is anticipated that employees will comply with state law and insurance company inquiries in providing information on the use of their personal automobile. This is urged since there are insurance fraud statutes in the commonwealth of Pennsylvania. Failure to abide by these requirements may jeopardize the employee's insurance coverage with their insurer.

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**EDUCATION**

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**HIGH SCHOOL:**

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

YEARS COMPLETED : \_\_\_\_\_ GRADUATED:  YES  NO

MAJOR : \_\_\_\_\_ DEGREE: \_\_\_\_\_

**UNDERGRADUATE COLLEGE:**

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

YEARS COMPLETED : \_\_\_\_\_ GRADUATED:  YES  NO

MAJOR : \_\_\_\_\_ DEGREE: \_\_\_\_\_

**GRADUATE / PROFESSIONAL:**

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

YEARS COMPLETED : \_\_\_\_\_ GRADUATED:  YES  NO

MAJOR : \_\_\_\_\_ DEGREE: \_\_\_\_\_

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**PROFESSIONAL LICENSE AND /OR CERTIFICATIONS**

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LIST ANY PROFESSIONAL LICENSES: \_\_\_\_\_

LICENSE NUMBER : \_\_\_\_\_

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

IF YES, EXPLAIN \_\_\_\_\_

LIST ANY RELEVANT CERTIFICATIONS: \_\_\_\_\_

In accordance with Department of Public Welfare and the Office of Aging, the following is a list of Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997

OFFENSE CODE	PROHIBITIVE OFFICE	TYPE OF CONVICTION
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2507	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Service	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3933	Unlawful Use of a Computer	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene and Other Sexual Materials to Minors	Any
CC5903D	Obscene and Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CC13A12	Acquisition of Controlled Substance by Fraud	Felony
CC13A14	Delivery by Practitioner	Felony
CC13A30	Possession with Intent to Deliver	Felony
CC13A36	Illegal Sale of Non-Controlled Substance	Felony
CC13A37	Designer Drugs	Felony

I do swear / affirm that I have not been convicted of any of the offenses listed above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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**RELATED INFORMATION**

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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.

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**AUTHORIZATION AND RELEASE OF INFORMATION**

I hereby give East Penn Human Services, LLC. and any of its affiliates and divisions, the right to thoroughly investigate my past employment, education, police record, activities, and I release from all liability all persons, companies, and corporations supplying such information. I indemnify East Penn Human Services, LLC. against any liability which might result from conducting such an investigation. I understand that any false answers or statements or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between East Penn Human Services, LLC. and myself for either employment, contract work, or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon East Penn Human Services, LLC. unless made in writing by the Chief Executive Officer. I acknowledge by signing below that I fully understand that I am applying to the agency and not to one particular home or individual.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Your application will be considered for any vacancies for 30 days after it is received.