

APPLICATION FOR EMPLOYMENT

[Armstrong Care, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.]

Personal Information

NAME: _____ DATE: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 NUMBER & STREET CITY STATE ZIP CODE

POSITION DESIRED: _____ DATE AVAILABLE: _____

SALARY DESIRED: _____ PHONE NUMBER: _____

ARE YOU 18 YEARS OR OLDER? ___ YES ___ NO

Are you legally eligible for employment in the United States? ___ Yes ___ No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Education

HIGH SCHOOL:
NUMBER OF YEARS COMPLETED (circle one) 1 2 3 4
Diploma: ___ Yes ___ No G.E.D.: ___ Yes ___ No

SCHOOL(S): _____ CITY/STATE: _____

COLLEGE AND/OR VACATIONAL SCHOOL:
NUMBER OF YEARS COMPLETED (circle one) 1 2 3 4

SCHOOL(S): _____ CITY/STATE: _____

MAJOR: _____ DEGREE EARNED: _____

OTHER DEGREES OF STUDY:

SCHOOL(S): _____ CITY/STATE: _____

COURSE: _____ DEGREE OR CERTIFICATE EARNED: _____

SPECIAL TRAINING/SKILLS: _____

Employment (List the last two employers, last one first.)

MAY WE CONTACT YOUR PRESENT EMPLOYER? ___ YES ___ NO
IF ANY EMPLOYMENT WAS UNDER A DIFFERENT NAME, INDICATE NAME _____

EMPLOYER: _____ ADDRESS: _____

PHONE NUMBER: _____ POSITION: _____ SALARY: _____

DATES OF EMPLOYMENT: FROM _____ TO _____ SUPERVISOR: _____
Mo/Yr Mo/Yr

MAY WE CONTACT SUPERVISOR? ___ YES ___ NO PHONE NUMBER: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ ADDRESS: _____

PHONE NUMBER: _____ POSITION: _____ SALARY: _____

DATES OF EMPLOYMENT: FROM _____ TO _____ SUPERVISOR: _____
Mo/Yr Mo/Yr

MAY WE CONTACT SUPERVISOR? ___ YES ___ NO PHONE NUMBER: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

Service Record

BRANCH OF SERVICE: _____ DISCHARGE DATE: _____

NATIONAL GUARD OR RESERVES: _____ OBLIGATION ENDS: _____

References (Give below the name of 3 persons not related to you, whom you have known at least 1 year.)

	NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Who referred you? _____

Other

HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT DUE TO ABUSE OF CLIENTS OR RESIDENTS? ___ YES ___ NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED FOR A CRIME(S)? ___ YES ___ NO

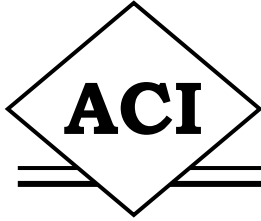
IF YES, PLEASE EXPLAIN: _____

Have you been a resident of Pennsylvania at least two years prior to the date of which you are applying? ___ Yes ___ No

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

SIGNATURE: _____

DATE: _____



Armstrong Care, Inc.

401 Ford Street Suite 1
Ford City, PA 16226
Phone: 724-902-7396
Fax: 724-763-1494

Criminal Background Check

I _____ give Armstrong Care, Inc. permission to run an Act 33/34 criminal background check and to also run a motor vehicle report.

Date of Birth _____ Social Security Number _____

Signature _____ Date _____

Witness _____ Date _____



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Motor Vehicle Record Release

In conjunction with my ongoing employment at Armstrong Care, Inc. I, _____ consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties related to the position I hold. I also consent to the review, evaluation, and other use of my MVR I may have provided to the company. This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq. "Federal Drivers Privacy Protection Act", and this is intended to constitute "written consent" as required by this Act.

Signature _____ Date _____

Driver's License Number _____ State _____