

**VNA EXTENDED CARE SERVICES, INC.**  
**405 MAIN STREET**  
**P.O. BOX 100**  
**SHIPPENVILLE, PA 16254**  
**(814) 782-3036**

**EMPLOYMENT APPLICATION**

**Applicants are considered for employment without regard to race, creed, religion, color, national origin, sex, age, or non-job-related handicap or disability.**

---

Position Applying For           Date of Application           Referred By

---

**GENERAL INFORMATION**

---

**Name:**          Last                                  First                                  Middle

---

**Address:**          Street                                  City                                  State                                  Zip

---

**Telephone:**    (\_\_\_\_) \_\_\_\_\_          (\_\_\_\_) \_\_\_\_\_          (\_\_\_\_) \_\_\_\_\_  
                                        Home                                  Cell                                  Work

If your former employment, references, education, or military service is under a name other than above, please indicate: \_\_\_\_\_

Are you 18 years or older?     Yes     No

Are you legally eligible for employment in the United States?     Yes     No

Have you ever been convicted of any legal violation, other than a misdemeanor or summary offense?  
 Yes     No

If yes, please describe (Conviction will not necessarily bar employment): \_\_\_\_\_

---

Date Available for work:    \_\_\_\_\_

On what basis are you available?     Full Time     Part Time     PRN-As Needed

Number of hours/week desired: \_\_\_\_\_ Maximum    \_\_\_\_\_ Minimum

**GENERAL INFORMATION (continued)**

Are you available to work weekends or evenings, if necessary?    \_\_\_ Yes    \_\_\_ No

If you are applying for a position that requires traveling, do you have access to the transportation necessary for the job?    \_\_\_ Yes    \_\_\_ No

Have you ever been ticketed for a moving traffic violation? \_\_\_ Yes    \_\_\_ No  
 If "Yes", please explain on back of page.

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?    \_\_\_ Yes    \_\_\_ No    This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

**EDUCATIONAL BACKGROUND**

<b>LEVEL</b>	<b>Name and Address of School</b>	<b>Course of Study / Major</b>	<b>Degree / Diploma / Certificate</b>
<b>High School</b>			
<b>Business / Trade / Technical School</b>			
<b>College(s)</b>			
<b>Graduate School</b>			

Describe any other training you have had that is relevant to the position for which you are applying:

---



---



---

If you are applying for a clerical position:    Typing Speed \_\_\_ wpm

Computer Experience: \_\_\_\_\_

**Military Service**

Have you served in the U.S. Armed forces?  Yes  No Dates: \_\_\_\_\_ Branch \_\_\_\_\_

Please describe any special training you received that is relevant to the position for which you are applying:

---

Rank at entrance: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Were you dishonorably discharged?  Yes  No

---

### Professional Information

Professional License or Certificate number (if applicable) \_\_\_\_\_

Has disciplinary action ever been taken against you by your professional licensing/certifying body?  
 Yes  No If "yes", please explain on back of page.

Please list any professional/community organizations with which you are affiliated (you may exclude organizations that indicate race, color, religion, national origin, handicap, or other protected status):

---

---

---

### Employment History

Please provide a complete employment record. Continue on reverse side if necessary. Begin with your most recent employer or present employer.

EMPLOYER: \_\_\_\_\_

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

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ EMPLOYMENT DATES: \_\_\_\_\_ to \_\_\_\_\_

POSITION/DUTIES: \_\_\_\_\_

RATE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

---

EMPLOYER: \_\_\_\_\_

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

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ EMPLOYMENT DATES: \_\_\_\_\_ to \_\_\_\_\_

POSITION/DUTIES: \_\_\_\_\_

RATE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

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

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ EMPLOYMENT DATES: \_\_\_\_\_ to \_\_\_\_\_

POSITION/DUTIES: \_\_\_\_\_

RATE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Please List any employers we should not contact and why: \_\_\_\_\_

---

**PERSONAL REFERENCES**

**(Please do not list relatives)**

Name	Address	Telephone	Occupation	Relationship

## **VNA EXTENDED CARE SERVICES, INC**

### **NOTICE TO APPLICATIONS**

VNA Extended Care Services, Inc. is committed to providing an equal opportunity to all individuals who are seeking employment. The objective of VNA's hiring procedure is to select the most qualified individual for the job. All applicants are encouraged to provide the company with information that will demonstrate the applicant's qualifications to perform the duties of the job for which the applicant is applying.

Any applicant with a disability who needs reasonable accommodations in any step of the hiring process to assist him/her to demonstrate his/her qualifications to perform the duties of the job for which the applicant is applying should inform the person conducting the interview.

**OLDER ADULTS PROTECTIVE SERVICES ACT**  
**Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13**

May 2011  
 Dept. of Aging

<i>Following Offenses as Contained in PA Crimes Code (18 Pa. C.S.)</i>		
Offense Code	Prohibitive Offense Description	Type/Grading 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
CC2702	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	<div style="border: 1px solid black; padding: 10px; text-align: center;">                     Any                      ONE (1) FELONY                      or                      TWO (2)                      MISDEMEANORS                      within the 3900 Series                      (CC3901-CC3934)                 </div>
CC3921	Theft By Unlawful Taking	
CC3922	Theft By Deception	
CC3923	Theft By Extortion	
CC3924	Theft By Property Lost	
CC3925	Receiving Stolen Property	
CC3926	Theft of Services	
CC3927	Theft By Failure to Deposit	
CC3928	Unauthorized Use of a Motor Vehicle	
CC3929	Retail Theft	
CC3929.1	Library Theft	
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	
CC3929.3	Organized Retail Theft	
CC3930	Theft of Trade Secrets	
CC3931	Theft of Unpublished Dramas or Musicals	
CC3932	Theft of Leased Properties	
CC3933	Unlawful Use of a Computer	
CC3934	Theft From a Motor Vehicle	
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 or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
<i>Offenses as Contained in PA Controlled Substance, Drug, Device &amp; Cosmetic Act (P.L. 233, No. 64)-PARTIAL LISTING*</i>		
Offense Code	Prohibitive Offense Descriptor	Type/Grading of Conviction
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (i), (ii), (iii)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx*	ANY OTHER FELONY DRUG CONVICTION APPEARING ON PA RAP SHEET	

**VNA EXTENDED CARE SERVICES, INC.**

**APPLICATION AFFIRMATION**

I, \_\_\_\_\_, hereby affirm that I have not been convicted of any offense contained in ACT 13. I also affirm that the list of offenses was shared with me prior to this signing.

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

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

**Please Read Carefully Before Signing This Form**

Initial each section and sign/date at bottom

\_\_\_\_\_ 1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.

\_\_\_\_\_ 2. I authorize VNA Extended Care Services, Inc. to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organizations providing information pertaining to me or my employment.

\_\_\_\_\_ 3. I understand that upon receiving a job offer, a pre-employment drug screening will be required.

\_\_\_\_\_ 4. I understand that prior to my employment I may be asked to sign a background check consent form or other documentation in order to facilitate my hiring. I agree to sign these forms.

\_\_\_\_\_ 5. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

\_\_\_\_\_ 6. VNA Extended Care Services, Inc. does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. VNA Extended Care Services, Inc. likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). VNA Extended Care Services, Inc. takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

\_\_\_\_\_ 7. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than the Chief Executive Officer of Clarion Forest VNA, Inc., and then only by means of a signed, written document.

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

\_\_\_\_\_  
Date

**Thank you for your interest in our company. THIS APPLICATION WILL BE RETAINED BY THE VNA FOR ONE YEAR FROM THE DATE OF APPLICATION.**

05/01/2019



**VNA Extended Care Services, Inc.**  
**Employment Availability Statement**

The information provided on this document should reflect the times/days that you are actually available to work and not necessarily the times/days you would prefer to work.

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

1. How many hours are you available to work (check all that apply)?

0-5 \_\_\_\_\_      6-10 \_\_\_\_\_      11-15 \_\_\_\_\_      16-20 \_\_\_\_\_  
 21-25 \_\_\_\_\_      26-30 \_\_\_\_\_      31-35 \_\_\_\_\_      36-40 \_\_\_\_\_

2. What days are you available to work (check all that apply)?

Sunday \_\_\_\_\_  
 Monday \_\_\_\_\_  
 Tuesday \_\_\_\_\_  
 Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_  
 Saturday \_\_\_\_\_

3. What shifts are you available to work (check all that apply)?

Any Shift \_\_\_\_\_      Morning \_\_\_\_\_  
 Afternoon \_\_\_\_\_      Evening \_\_\_\_\_

4. Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signifying below, the employee agrees that he/she is ready and able to work during the times/days provided above. The employee further agrees that he/she is required to notify the office in writing if his/her availability changes. Employees of VNA Extended Care Services, Inc. will be scheduled based off of their availability provided to the agency upon hire and the employee must follow office procedure and the employee handbook when unable to work a shift for any reason.

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

\_\_\_\_\_  
 Date

# IF YOU HAVE THE RIGHT TO WORK



## DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at [8 U.S.C. § 1324b.](#)

The [Immigrant and Employee Rights Section \(IER\)](#) may be able to help if an employer treats you unfairly in violation of this law.

The law that IER enforces is 8 U.S.C. § 1324b. The regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the [Form I-9](#) or using [E-Verify](#) (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law (the law prohibits retaliation at 8 U.S.C. § 1324b(a)(5))

The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

**Immigrant and Employee Rights Section (IER)**

**1-800-255-7688**

**TTY 1-800-237-2515**

[www.justice.gov/ier](http://www.justice.gov/ier)

[IER@usdoj.gov](mailto:IER@usdoj.gov)



U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

*This guidance document is not intended to be a final agency action, has no legally binding effect, and has no force or effect of law. The document may be rescinded or modified at the Department's discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent. For more information, see "Memorandum for All Components: Prohibition of Improper Guidance Documents," from Attorney General Jefferson B. Sessions III, November 16, 2017.*



# SI USTED TIENE DERECHO A TRABAJAR



## NO DEJE QUE NADIE SE LO QUITÉ

**S**i usted dispone de las capacidades, experiencia y derecho legal a trabajar, su estatus migratorio o de ciudadanía no debe representar un obstáculo, ni tampoco lo debe ser el lugar en que usted nació o ningún otro aspecto de su nacionalidad de origen. Existe una parte de las leyes migratorias de los EE. UU. que protegen a los trabajadores que cuentan con la debida autorización legal para trabajar de la discriminación por motivos de su estatus de ciudadanía o nacionalidad de origen. Puede consultar esta ley contenida en la [Sección 1324b del Título 8 del Código de los EE. UU.](#)

**Es posible que la [Sección de Derechos de Inmigrantes y Empleados \(IER, por sus siglas en inglés\)](#) pueda ayudar si un empleador lo trata de una forma injusta, en contra de esta ley.**

La ley que hace cumplir la IER es la Sección 1324b del Título 8 del Código de los EE. UU. Los reglamentos de dicha ley se encuentran en la Parte 44 del Título 28 del Código de Reglamentos Federales.

*Este documento de orientación no tiene como propósito ser una decisión definitiva por parte de la agencia, no tiene ningún efecto jurídicamente vinculante y puede ser rescindido o modificado a la discreción del Departamento, conforme a las leyes aplicables. Los documentos de orientación del Departamento, entre ellos este documento de orientación, no establecen responsabilidades jurídicamente vinculantes más allá de lo que se requiere en los términos de las leyes aplicables, los reglamentos o los precedentes jurídicamente vinculantes. Para más información, véase «Memorándum para Todos Los Componentes: La Prohibición contra Documentos de Orientación Impropias», del Fiscal General Jefferson B. Sessions III, 16 de noviembre del 2017.*

Llame a la IER si un empleador:

No lo contrata o lo despide a causa de su nacionalidad de origen o estatus de ciudadanía (esto podría representar una vulneración de parte de la ley contenida en la Sección 1324b(a)(1) del Título 8 del Código de los EE. UU.)

Lo trata de una manera injusta a la forma de comprobar su derecho a trabajar en los EE. UU., incluyendo al completar el [Formulario I-9](#) o utilizar [E-Verify](#) (esto podría representar una vulneración de la ley contenida en la Sección 1324b(a)(1) o (a)(6) del Título 8 del Código de los EE. UU.)

Toma represalias en su contra por haber defendido su derecho a trabajar al amparo de esta ley (la ley prohíbe las represalias, según se indica en la Sección 1324b(a)(5) del Título 8 del Código de los EE. UU.)

Esta ley puede ser complicada. Llame a la IER para más información sobre las protecciones existentes contra la discriminación por motivos del estatus de ciudadanía o la nacionalidad de origen.

### Sección de Derechos de Inmigrantes y Empleados (IER)

1-800-255-7688

TTY 1-800-237-2515

[www.justice.gov/crt-espanol/ier](http://www.justice.gov/crt-espanol/ier)

[IER@usdoj.gov](mailto:IER@usdoj.gov)



Departamento de Justicia de los EE. UU., División de Derechos Civiles, Sección de Derechos de Inmigrantes y Empleados, enero del 2019



# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

## E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

## E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**

[dhs.gov/e-verify](https://dhs.gov/e-verify)



**E-VERIFY IS A SERVICE OF DHS AND SSA**

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.