



## Application for Employment

Thank you for your interest in a career at The Hickman. We consider our employees our greatest asset and carefully review each potential team member to ensure that he or she will be a great fit with our community.

**INSTRUCTIONS:** If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form, or the Human Resources Manager, and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read Applicant Note
- Complete all pages of this application, even if you are attaching a resume
- Print clearly. Incomplete or illegible applications may not be accepted
- If more space is needed to complete any question/section, use comments section at end document
- Application will be valid for 60 days

**Applicant Note:** Please answer all appropriate questions completely and accurately. This application form is intended for use in evaluating your qualifications for employment with us. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. The Hickman is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, sexual preference, disability, or any other legally protected status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

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

Current Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Have you ever submitted an application to The Hickman before?  YES  NO If yes, when? \_\_\_\_\_

Have you ever been employed by The Hickman before?  YES  NO If yes, when? \_\_\_\_\_



Have you lived outside of Pennsylvania in the past two years?  YES  NO If yes, where? \_\_\_\_\_

Type of employment desired (check all that apply):  Full Time  Part Time  Per Diem/Pool

Are you eligible to work in the United States?  Yes  No (Proof of eligibility will be required before you can be employed)

Have you ever been dismissed from employment due to abuse of residents?  Yes  No

Have you even been convicted of/or pleaded guilty to a crime (other than minor traffic violations)?  Yes  No

If yes, please explain: \_\_\_\_\_

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

*Note: Conviction will not necessarily disqualify you for employment. Please see back of application for Prohibited Offenses.*

**REFERRAL SOURCE**

How did you hear about The Hickman?  Relative  Walk-in  Internet (specify site) \_\_\_\_\_

Employee (please add name of employee) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**EMPLOYMENT HISTORY** *Note: Your application will not be considered unless all questions in this section are answered.*

**Most Recent Employer** – Are you currently working for this employer?  Yes  No May we contact?  Yes  No

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

Company Phone Number: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor/Manager's Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Second Most Recent Employer**

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

Company Phone Number: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor/Manager's Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



**Third Most Recent Employer**

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

Company Phone Number: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor/Manager's Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Note: If there is additional employment history you want to share, please put in additional comment section at the end.

**AVAILABILITY**

What date would you be available to begin work? \_\_\_\_\_

Please check all areas of availability

- Mornings
- Afternoons
- Evenings
- Weekdays
- Weekends

Days of the week available, if applicable: \_\_\_\_\_

**TELL US ABOUT YOU**

Why are you interested in employment with us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any training or life experience/skills you have that apply to caring for an older adult: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you like most (or think you would like most) about working with older adults? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CREDENTIALS**

Highest level of education completed to date (i.e., high school diploma, college degree): \_\_\_\_\_

\_\_\_\_\_



Licenses/Certifications held, please note license number and state: \_\_\_\_\_

REFERENCES

Please indicate if personal or professional. Include at least two references other than friends or relatives.

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

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ADDITIONAL COMMENTS/INFORMATION YOU WOULD LIKE US TO KNOW**

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

I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I affirm that I read and understand the applicant note on the first page of this form.

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from this employer within 60 days, this application is no longer active, and I will need to reapply if I wish to be considered for employment.

I authorize the employer and/or its agents to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but is not limited to, criminal conviction records, motor vehicle driving records, and previous employment history.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



The Older Adult Protective Services Act (OAPSA) requires The Hickman to ensure the safety of our residents in part by ensuring potential employees do not have a history of criminal activity. A facility could be prohibited from hiring an applicant or retaining an employee if the criminal history report reveals a felony conviction under The Controlled Substance, Drug, Device, and Cosmetic Act (35 P.S. § § 780-144). Other potential barriers include felony and/or misdemeanor convictions in the following areas:

<u>OLDER ADULTS PROTECTIVE SERVICES ACT</u>			May 2011
Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13			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	<b>Any ONE (1) FELONY OR TWO (2) MISDEMEANORS within the 3900 Series (CC3901-CC3934)</b>	
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 Description	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		