Rose of Sharon Home Inc. - Employment Application

(Use Reverse Side if Additional Space Required for Completion)

"An Equal Opportunity Employer"

Name Soc Sec No* Date Address Phone Date of Birth* ______ Position Applying for: Cook Aide Shift Desired: 7-3 3-11 11-7 Salary Desired? ____/hour Date Able to Start _____ Employed Now? ____ Preference? Full Time Part Time (*Information required for Criminal Background check) High School ______Obtain DIPLOMA? ____ College _____Location _____Highest Yr Completed_____ What subjects have you studied or experiences have you had that you feel would assist you in a position with us? Please list your last five employers (from newest to oldest): Employment Dates _____Name & Address _____ (From and To) Salary ______ Position _____ Reason for Leaving _____ Supervisor Name & Phone Number ______ Employment Dates ___ ___Name & Address ______ (From and To) (From and To)
Salary ______Reason for Leaving _____ Supervisor Name & Phone Number _____ Employment Dates ___ Name & Address _____ Salary ______Position ______Reason for Leaving _____ Supervisor Name & Phone Number ______ Employment Dates _____Name & Address _____ (From and To) Salary ______Position ______Reason for Leaving _____ Supervisor Name & Phone Number ______Name & Address ______ Employment Dates ____ (From and To) Salary ______ Position _____ Reason for Leaving _____

Supervisor Name & Phone Number _____

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- 1. HAVE YOU EVER been convicted of a violent crime or theft? Yes or No.
- 2. HAVE YOU EVER been dismissed from employment due to abuse of clients or residents? Yes or No.

I UNDERSTAND that a criminal history background check will be completed and the results may determine whether or not the Rose of Sharon Home, in accordance with Act 169 of 1996 and Act 13 of 1997, may employ me. A listing of charges deemed ineligible for hire by the above named Acts is as follows:

Unless otherwise indicated, all charges are for ANY conviction:

Criminal Homicide Involuntary Manslaughter Aggravated Assault Rape

Involuntary Deviate Sexual Intercourse

Indecent Exposure

Securing Execution of Documents by Deception

Endangering Welfare of a Child Retaliation Against Witness or Victim

Obscene or Other Sexual Materials to Minors

Possession with Intent to Deliver (felony) Designer Drugs (felony)

Illegal Sale of Non-Controlled Substance (felony) Acquisition of Controlled Substance by Fraud (felony)

ANY other Felony Drug Conviction Appearing on a PA RAP Sheet

Murder I, II, or III Voluntary Manslaughter

Drug Delivery Resulting in Death Causing or Aiding Suicide

Kidnapping Unlawful Restraint Statutory Sexual Assault Sexual Assault Aggravated Indecent Assault Indecent Assault

Arson & Related Offenses Burglary Forgery Incest

Concealing Death of a Child Intimidation of Witnesses or Victims Obscene or Other Sexual Materials

Sexual Abuse of Children

Promoting Prostitution (felony) **Corruption of Minors**

Dealing in Infant Children

Delivery by Practitioner (felony)

All THEFTS are for a conviction of 1 Felony or 2 Misdemeanors within the 3900 Series

I have carefully read the above named charges and do hereby certify, by my signature below, that I have never been convicted of any of the above named charges that would, therefore, prohibit my employment by the Rose of Sharon Home. I further understand that the standards of the Rose of Sharon Home may be above the standards set by the state of PA. The Rose of Sharon Home is not obligated to continue my employment if I have a criminal record.

Date Signature	Date		
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References: Pleas	e list three persons, not r	elated to you, whom yo	ou have known 3 years or more	:
Name		Occupation	Years Known	_
Phone	Address			_
Name		Occupation	Years Known	_
Phone	Address			_
Name		Occupation	Years Known	_
Phone	Address			_
		Rose of Sha	ron Home Inc.	
		Reference (Check Release:	
Due to the natu	are of the position I a	m applying for at th	ne Rose of Sharon Home, I	nc., I understand the
importance of	checking my persona	l references and pr	evious employers. I, the u	indersigned, do
hereby grant n	ny permission for the	Rose of Sharon Ho	me, Inc. to contact and rec	eive information regarding
any previous e	mployment of mine a	and my personal ref	ferences. I do, hereby, rele	ease and hold harmless
the Rose of Sha	aron Home, Inc. for ar	ny information rece	eived by them regarding th	ne above.
		Applican	t's Signature	<u>.</u>
		Ι	Date	