



IT IS THE POLICY OF BLOUGH HEALTHCARE CENTER, LLC. TO CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, DISABILITY (QUALIFIED INDIVIDUAL WITH A DISABILITY), VIETNAM ERA OR OTHER VETERAN STATUS, OR SEXUAL ORIENTATION.

*Please complete all items and **print in INK**. Information is checked carefully, so please make sure it is accurate.*

Position(s) applied for : _____ Date of Application: _____

SOCIAL SECURITY NO: _____

NAME: _____ TELEPHONE () _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY STATE ZIP CODE

Former Address: _____

How long have you lived in the State of PA? _____

Is there any other name that you have used which Blough Healthcare Center should be aware of in order to adequately check your educational or employment history, such as maiden name, etc.? _____

OTHER NAMES

If you are under 18, do you have a work permit? Yes No

Have you ever been employed here before? Yes No

Do you know anyone employed at Blough HCC? No Yes -If yes, name _____

Are you legally eligible to work in the United States? Yes No

Date Available _____ Shift Preferred _____ Salary Preferred _____

TYPE OF EMPLOYMENT DESIRED: (please circle) FT - PT - TEMPORARY - SEASONAL - FLEX POOL

REF. SOURCE: Advertisement Govt. Agency Walk-in Employment Agency Employee _____

Do you have any condition that may limit your ability to perform this job? No Yes
If yes, please explain _____

Have you ever been convicted of a crime? No Yes Was it a: Misdemeanor Felony
If yes, please complete the following for each conviction: Date: _____ Where: _____
Explanation of conviction(s): _____

NOTE: DISCLOSURE OF A CRIMINAL RECORD WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. THIS INFORMATION WILL BE EVALUATED IN RELATION TO THE CONVICTION. PLEASE DISCLOSE ANY/ALL CONVICTIONS, AS YOUR FAILURE TO DISCLOSE SUCH INFORMATION MAY DISQUALIFY YOU FOR EMPLOYMENT OR RESULT IN TERMINATION OF EMPLOYMENT.

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From: (date)	To: (date)	EMPLOYER:	Telephone Number:
Job Title:		Address:	
Immediate Supervisor / Title		Summarize Nature of Work and Duties:	
Reason for Leaving:			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Hourly Rate / Salary:	Final Pay:
From: (date)	To: (date)	EMPLOYER:	Telephone Number:
Job Title:		Address:	
Immediate Supervisor / Title		Summarize Nature of Work and Duties:	
Reason for Leaving:			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Hourly Rate / Salary:	Final Pay:
From: (date)	To: (date)	EMPLOYER:	Telephone Number:
Job Title:		Address:	
Immediate Supervisor / Title		Summarize Nature of Work and Duties:	
Reason for Leaving:			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Hourly Rate / Salary:	Final Pay:

SKILLS AND QUALIFICATIONS/CERTIFICATIONS

Summarize special skills, qualifications, certifications acquired from employment, training, or other experiences that may qualify you for work with our facility.

LICENSE AND CERTIFICATION INFORMATION

List all applicable licenses and certifications that you have and their expiration dates.

LICENSE/CERTIFICATION	# IF APPLICABLE	DATE ISSUED	EXPIRATION DATE

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE		MAJOR DEGREE	
OTHER			
OTHER (ie. ADVANCED, VOCATIONAL, BUSINESS, TECHNICAL, SECRETARIAL, ETC.)			

REFERENCES:

List name and telephone number of **THREE BUSINESS/WORK REFERENCES** who are not related to you and are not previous supervisors. If not applicable, list THREE SCHOOL OR PERSONAL REFERENCES who are not related to you.

NAME	TELEPHONE	RELATIONSHIP	YEARS KNOWN

I hereby certify that the statements contained in this Application for Employment are true and correct to the best of my knowledge and belief and hereby grant Blough Healthcare permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or for termination of employment if such false statement is discovered subsequent to my employment.

I authorize Blough Healthcare Center, LLC. to investigate my education, work experience and performance, character and criminal conviction record and verify any information contained in this Application for Employment. I authorize all current and former employers, schools, persons, government agencies, and organizations having relevant information or knowledge to provide it to Blough Healthcare Center, LLC. for its use in deciding whether or not to offer me employment. I release all employers, schools, persons, government agencies from any liability that may arise as a result of responding to inquiries in connection with this Application for Employment.

I understand that Blough Healthcare Center does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that nothing in this Application for Employment or in granting of an interview is intended to create an employment contract between Blough Healthcare Center and me for either employment or for provision of any other benefit. If an employment relationship is established I agree to comply with Blough Healthcare Center policies, procedures and guidelines and I understand that my employment may be terminated , at any time, with or without cause by Blough Healthcare Center or me. I understand Blough Healthcare Center has the right to change, modify and interpret its policies, procedures and guidelines at any time, with or without notice.

I understand that my signature certifies that I was never dismissed from employment due to abuse of clients or residents.

I understanding that in making application for employment to Blough Healthcare Center, LLC., an investigation of my background for criminal convictions is required, which I will be responsible to obtain from the Pennsylvania State Police or Federal Bureau of Investigation, in accordance with Act 169. I also understand that Blough Healthcare Center, LLC. is prohibited by law from employing persons with certain criminal convictions.

By signing below, I certify that I have read and fully understand accept all of the questions and statements in this Application for Employment.

Signature of Applicant

Date

**BLOUGH HEALTHCARE CENTER, LLC.
MISSION STATEMENT OF CARE**

It is the mission of Blough Healthcare Center, LLC. to provide quality care and service to our residents, families and community reflective of dignity, compassion, support and customer satisfaction. Our continuum of care will encompass every aspect of resident life, with the goal to maintain and enhance the living experience of our residents and the confidence of families and support systems.