



MENNONITE HOME COMMUNITIES

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

Name _____
(First) (Middle) (Last)

Date _____

Street Address _____

E-mail address _____

City, State, Zip _____

Home Phone _____

County _____

Alternate phone to leave message _____

Township/Borough _____

Date available for work _____

Are you legally eligible for employment in this country? _____ No _____ Yes
 (Documents to establish identity and employment eligibility will be required upon employment.)

Have you been a PA resident for the past two consecutive years? _____ No _____ Yes

If you are under 18 years of age, do you have a work permit? _____ No _____ Yes _____ N/A

Have you ever been convicted of a crime? Felony/Misdemeanor/DUI _____ No _____ Yes If yes, please explain. _____

(Responding "yes" to the above statement does not automatically prohibit you from employment)

Have you been excluded from working in a Medicare / Medicaid facility? _____ No _____ Yes

Type of employment desired: __ Fulltime only __ Part time only __ Fulltime or Part-time __ Pool __ Temporary

If you were referred by a Mennonite Home Communities employee, who referred you? _____

Position(s) desired: _____ Shift(s) –day, evening, and/or night: _____ Pay expected: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# of YEARS COMPLETED	DID YOU GRADUATE	DEGREE/ DIPLOMA
HIGH SCHOOL				____ Yes ____ No	
COLLEGE				____ Yes ____ No	
OTHER				____ Yes ____ No	

Special training or skills (related to the job for which you are applying) _____

Professional License and/or Certification Number _____

Have you been Licensed or Certified in any other state? (Please list) _____

EMPLOYMENT RECORD: Please give accurate, complete fulltime and part-time employment record. Start with present or most recent employer. **COMPLETE ALL AREAS.**

Employer	Telephone	From	To
Street Address		Position/Job Title	
City, State, Zip		Circle: Fulltime or Part-time	
Summarize Job Responsibilities		Supervisor's Name/Title	
Reason for leaving		Starting Hourly Rate	Final Hourly Rate
Employer	Telephone	From	To
Street Address		Position/Job Title	
City, State, Zip		Circle: Fulltime or Part-time	
Summarize Job Responsibilities		Supervisor's Name/Title	
Reason for leaving		Starting Hourly Rate	Final Hourly Rate
Employer	Telephone	From	To
Street Address		Position/Job Title	
City, State, Zip		Circle: Fulltime or Part-time	
Summarize Job Responsibilities		Supervisor's Name/Title	
Reason for leaving		Starting Hourly Rate	Final Hourly Rate

PERSONAL REFERENCES: Use this space to give us at least two personal references not related to you, whom you have known at least one year. **COMPLETE ALL AREAS.**

Name	Relationship	Years Known	Telephone

May we contact your present employer? _____ No _____ Yes

Were you previously employed by us? _____ No _____ Yes If yes, when? _____ &
Under what name? _____

MENNONITE HOME COMMUNITIES IS AN EQUAL OPPORTUNITY EMPLOYER. FACILITY POLICY PROHIBITS DISCRIMINATION IN EMPLOYMENT ON ANY BASIS CONSIDERED UNLAWFUL UNDER FEDERAL, STATE, AND/OR LOCAL LAWS, INCLUDING, BUT NOT LIMITED TO SEX, AGE, RACE, RELIGION, COLOR, NATIONAL ORIGIN, ANCESTRY, FAMILIAL STATUS, CITIZENSHIP, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES OR DISABILITY.

APPLICANT STATEMENT

I understand that any employment is provisional for up to 60 days for those residing in Pennsylvania for a minimum of two years prior to making application or 90 days for those with less than two years of continued residency in the state of Pennsylvania and the results of criminal records check(s) could effect eligibility for continued employment. In addition, I understand that any employment will be subject to a 60-Day (125 Minimum Hours) Adjustment Period and that my employment may be terminated with or without cause or notice, at any time, at either my option or that of Mennonite Home Communities. I understand that no management representative has any authority to enter into any agreement, either oral or written for continuing employment for any specific period of time or which is contrary to the foregoing except the Chief Executive Officer and me.

After a conditional offer of employment has been made by Mennonite Home Communities, I agree to have: 1) A pre-employment drug screening test, 2) criminal record check(s) processed by Mennonite Home Communities and 3) a medical examination, including tests for active tuberculosis and authorize the examining physician to disclose the findings to the Directors and Supervisors of Mennonite Home Communities, who need to be informed of the results. I understand that any offer of employment is conditioned upon receipt of satisfactory completion of the drug screen, medical examination and satisfactory references. I understand that continued employment is conditioned upon satisfactory criminal record check(s).

I have no history or conviction of a crime involving abuse (i.e., verbal or physical abuse or misappropriation of property) and I was never dismissed from employment because of any abuse-related reasons. I affirm that I have never been convicted of any of the prohibitive offenses contained in Act 169 of 1996 as amended by Act 13 of 1997.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I understand that there may be times when I will be required to work overtime hours to ensure quality services are rendered to residents.

I give Mennonite Home Communities permission to process criminal background check(s), and contact my current or previous employer and personal references. I authorize my present and former employers and personal references to release information requested concerning my employment record and my reason for leaving their employ. I hereby release my personal references, my current and former employers, and all individuals connected therewith, from any liability for any damage whatsoever for furnishing this information.

3/27/02 rev 08/08 rev 7/09 dcp

APPLICANT'S SIGNATURE

Date