

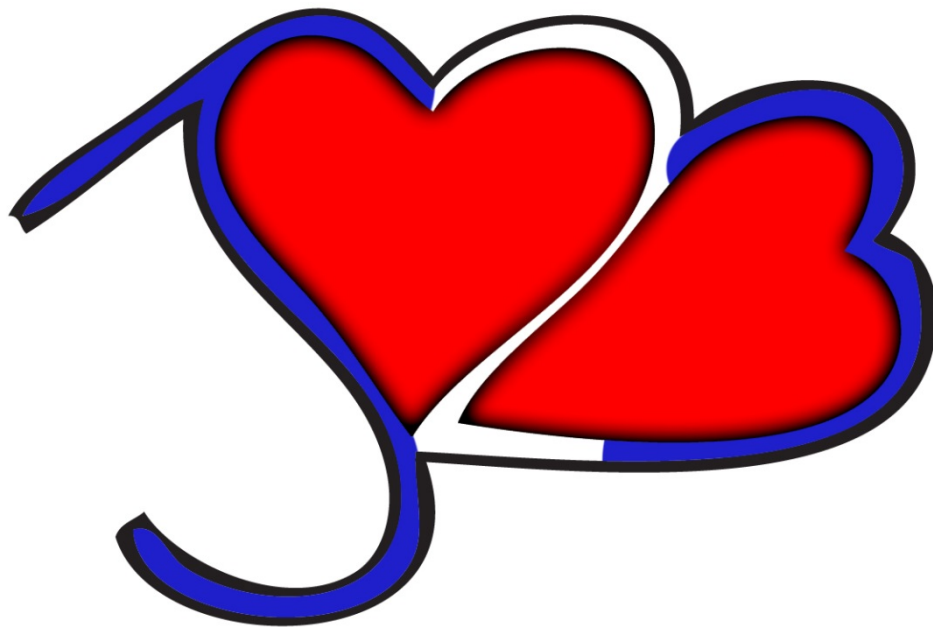
APPLICANTS NAME: _____

POSITION: _____

DATE: _____

SAINT JOHN XXIII HOME
2250 Shenango Valley Freeway, Hermitage, PA 16148
724-981-3200

-JOB APPLICATION-



EDUCATION

High School Undergraduate College/University Graduate/ Professional

Years Completed: 10 11 12 1 2 3 4 1 2 3 4 Diploma/Degree

State any additional information you feel may be helpful to us in considering your application; (honors received, specialized training, apprenticeship skills, or extra-curricular activities)

REFERENCES

Give name, address and telephone number of three references who are not related to you.

- | | | |
|---------|---------|------------------|
| 1. Name | Address | Telephone Number |
| 2. Name | Address | Telephone Number |
| 3. Name | Address | Telephone Number |

PHYSICAL AUTHORIZATION

I understand that, after an offer of employment is made by Saint John XXIII Home, or at any time during my employment with the Home, I may be required to submit to and pass a physical examination as well as a pre-employment drug test. The Home reserves the right to designate the medical institution and licensed physician of its choice to conduct the examination. Expenses related to such examinations will be paid for by the Home. I further understand and agree that, when requested to do so by the Home, I will execute document authorizing the Home to obtain, for its internal use, medical record and information pertaining to any physical examination. I release and discharge Saint John XXIII Home and any physician or medical institution which performs the physical examination from any claim of liability arising out of such examination or arising out of the release of any information or documents pertaining to such examination.

Applicant's Signature

Date

Signature of Parent/Guardian (if under the age of 18)

Date

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related, military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

May we contact your present employers ? Yes No

1. Employer _____ Dates Employed: From _____ To _____

Worked Performed:

Address _____

Hourly Rate/ Starting Rate _____ Final Rate _____

Telephone Number: _____ Job Title: _____ Supervisor's Name: _____

Reason for leaving: _____

2. Employer _____ Dates Employed: From _____ To _____

Worked Performed:

Address _____

Hourly Rate/ Starting Rate _____ Final Rate _____

Telephone Number: _____ Job Title: _____ Supervisor's Name: _____

Reason for leaving: _____

3. Employer _____ Dates Employed: From _____ To _____

Worked Performed:

Address _____

Hourly Rate/ Starting Rate _____ Final Rate _____

Telephone Number: _____ Job Title: _____ Supervisor's Name _____

Reason for leaving: _____

SAINT JOHN XXIII HOME

**2250 Shenango Freeway
Hermitage, PA 16148
Phone: (724) 981-3200
Fax: (724) 981-1677**

INFORMATION RELEASE AND WAIVER AGREEMENT

I hereby authorize release of the requested information regarding my past and present employment (e.g. job performance, employment history, etc.) to Saint John XXIII Home. In consideration of your honoring my request, I agree to release my past and present employers and its employees from and hold it harmless against, any and all claims of whatever nature that I might have now or in the future as a result of this information being provided. In addition, I also release Saint John XXIII Home and any disclosures of information from any liability as a result of the contents of the response to this information request.

Signature of Applicant _____

Date _____

Signature of Parent/Guardian _____

Date _____ (If under the age of 18)

(This information can be released for 90 day after the above date. After 90 days this information release and waiver agreement is void.)

**SAINT JOHN XXIII HOME
2250 SHENANGO VALLEY FREEWAY
HERMITAGE, PA. 16148
PHONE: 724-981-3200
FAX: 724-981-1677**

CRIMINAL BACKGROUND CHECK

I have been advised and understand that, as a condition of my employment with Saint John XXIII Home, a criminal background clearance must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigations. I understand that Act 169 of 1996, and Act 13 of 1997 prohibit the employment of persons convicted of certain crimes, and that this information is being obtained in compliance with this act.

Applicant's Signature

Date

Signature of Parent/guardian (if under the age of 18)

Date

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

TYPE: STATE: DATE ISSUED: DATE EXPIRED: NUMBER:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application, resume, or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulation of the employer.

Signature of Applicant:

Date:

I attest that I have no history of or conviction for violent crime and was never dismissed from employment due to abuse of clients or residents.

Signature of Applicant:

Date:

*******FOR OFFICE USE ONLY*******

REFERENCE VERIFICATION

EMPLOYER REFERENCES TO BE COMPLETED BY SAINT JOHN XXIII

**HOME
NAME**

COMMENTS

NAME

COMMENTS

NAME

COMMENTS

PERSONAL REFERENCES TO BE COMPLETED BY SAINT JOHN XXIII
HOME

NAME

COMMENTS

NAME

COMMENTS

NAME

COMMENTS

DEPT. HEAD

SIGNATURE: _____

DATE _____