

PMHFOS

PASSAVANT MEMORIAL HOMES FAMILY OF SERVICES



Dear Applicant:

Thank you for your interest in employment with Passavant Memorial Homes Family of Services. All information requested on the application must be completed in order for us to extend full consideration to you for employment opportunities. Please submit complete addresses of your previous employers (company name, building and/or apartment number, street name, city, state and zip code) as well as a current phone number. Please be sure to provide the names and addresses of ALL human services agencies with whom you have been previously employed.

Your application will be considered along with the others that have been submitted, and decisions about interviews will be based on this comparison. Please note that because of the large number of applications we receive, we will only contact you should we wish to move to the next step in the interview process. Please call our office only if your contact information changed after you submitted your application.

If you are hired, a physical examination and TB test will be required prior to starting employment. You will also be required to comply with Act 33/34 in relation to obtaining a Criminal History Records Check, Child Abuse Clearance, and possibly FBI Clearances, or show proof that these were performed within the last calendar year.

I have read and understand the above statements:

Signature of Applicant

Date of Application

Thank you for applying for a position with Passavant Memorial Homes Family of Services.

Sincerely,

Please sign and date this page. The completed application should be sent to the Passavant office in your region (the offices are listed at the top of the next page).

Please mark it "Attention Human Resources".



PASSAVANT MEMORIAL HOMES FAMILY OF SERVICES



PHARMACY



ACCESSIBLE
Dental Services, Inc.



CORPORATE OFFICE

163 Thorn Hill Road , Warrendale, PA 15086 * Telephone (412) 820-1015 * Fax (412) 820-1025

WEBSITE

www.passavant.org

BRANCH OFFICES

P. O. Box 189, Reno Street Ext.
Rochester, PA 15074
Telephone: (724)-775-0448
Fax: (724) 775-0472

100 Passavant Way
Pittsburgh, PA 15238
Telephone: (412) 820-1010
Fax: (412) 820-9262

89 Liberty Street
Mt. Pleasant, PA 15666
Telephone: (724) 613-5260
Fax: (724) 613-5279

EMPLOYMENT APPLICATION

The Civil Rights Acts of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

PLEASE PRINT OR TYPE IN INK

Referral Source:	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Passavant Website	<input type="checkbox"/> Facebook	<input type="checkbox"/> Indeed	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Mailer
	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	

Last Name	First	Middle	Date of Application
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Street Address	Telephone Number ()
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City, State, Zip	Email Address
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Have you ever been employed by Passavant Memorial Homes Family of Service? Yes No
 If yes, last month and year _____ Location _____

Desired Position	Pay Expected
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Available hours: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On Call	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you prevented from lawfully becoming employed in this country because of Visa or immigration status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Available start date:
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Are you related to any employee or Board Member of Passavant Memorial Homes Family of Services? No Yes
(If yes, explain)

Specialized training, skills, extracurricular activities

School	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Diploma or Degree
Graduate					
College					
Business / Trade/Technical					
High School					

EMPLOYMENT HISTORY

Please give accurate and complete full-time and part-time employment information. Start with present or most recent employer.

1.	Company Name	Telephone: ()
	Address	
	Name of Supervisor	Employed From _____ (mo/day/yr) To _____ (mo/day/yr)
	Job Title : _____ Responsibilities:	Reason for Leaving:
2.	Company Name	Telephone: ()
	Address	
	Name of Supervisor	Employed From _____ (mo/day/yr) To _____ (mo/day/yr)
	Job Title : _____ Responsibilities:	Reason for Leaving:
3.	Company Name	Telephone: ()
	Address	
	Name of Supervisor	Employed From _____ (mo/day/yr) To _____ (mo/day/yr)
	Job Title : _____ Responsibilities:	Reason for Leaving:
4.	Company Name	Telephone: ()
	Address	
	Name of Supervisor	Employed From _____ (mo/day/yr) To _____ (mo/day/yr)
	Job Title : _____ Responsibilities:	Reason for Leaving:

DO NOT CONTACT

We may contact your employer unless you indicate those you do not want us to contact.

Employer:	Reason:
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MILITARY	Have you served in the U.S. Armed Forces?	If 'Yes', what Branch?
Describe any training received relevant to the position for which you are applying: _____ _____		

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS		YES	NO
1.	Have you resided in the state where you are seeking employment for the last ten (10) years?		
2.	Are you at least 18 years of age?		
3.	Do you have a High School Diploma or Equivalent?		
4.	Do you have a valid drivers license? (If yes, please list the Commonwealth or State): _____		
5.	Are you able to perform lifting tasks including "heavy" lifting?		
6.	Based upon the above requirements, do you have the ability to do the job for which you are applying?		
7.	Have you ever been dismissed or left previous employment due to abuse or neglect of a client or resident?		
8.	Have you ever held a occupational license or certification (Nursing, Educational, Pharmacist, etc.)?		
9.	Have you ever had a license or certification suspended, revoked or sanctioned? (If yes, please explain): _____		
10.	Is your occupational license or certification current?		

LIST THREE (3) PERSONAL REFERENCES <u>NOT</u> RELATED TO YOU		
	NAME	PHONE NUMBER
1.		
2.		
3.		

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained on this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Passavant Memorial Homes Family of Services.

Signature

Date

Passavant Memorial Homes Family of Services will retain this application for six months from the date of application. If you have not secured a position with our agency within this time and wish to be active in our file, please call to renew the application.

_____ PASSAVANT MEMORIAL HOMES FAMILY OF SERVICES OFFICE USE ONLY _____

APPROVAL

Human Resources Representative _____

Vice President of Human Resources _____

CEO and President _____