



PBH RESIDENTIAL CARE HOMES APPLICATION FOR EMPLOYMENT

Personal Information

Date _____

PRINT Name: _____ Social Security #: _____ Male _____ Female _____
Last First Middle

Present Address: _____ DOB: _____
City State Zip

Phone #: _____ Secondary Phone #: _____ E-Mail: _____

Employment Desired

Position: _____ Date You Can Start: _____ Desired Rate of Pay: _____

Shift Desired: Monday - Friday:	1st = 6 a.m. - 2 p.m.	2nd = 2 p.m. - 10 p.m.	3rd = 10 p.m. - 6 a.m.	Food Handler: YES NO
Weekend Saturday & Sunday:	1st = 6 a.m. - 6 p.m.	2nd = 6 p.m. - 6 a.m.	PRN	TB Test: YES NO
				CPR: YES NO
				CNA: YES NO

If PRN, applicant can work these days / hours: _____

Are You Employed Now? Yes / No If no, why? _____ If yes, where? _____

If yes, may we inquire about you from your current employer? Yes / No If yes: Employer Contact Name & Phone #: _____

How did you hear about us? _____ Are you legally authorized to work in the US? Yes / No

Education History

High School: _____ Years Attended: _____ Did You Graduate? Yes / No
Name Location

College: _____ Years Attended: _____ Did You Graduate? Yes / No
Name Location

Trade, Business or Vocational School: _____ Years Attended: _____ Did You Graduate? Yes / No
Name Location

List certifications you have earned: _____ Memory Care Experience? Yes / No How many years? _____

Special Training: _____ Special Skills: _____

General Information

Resume Attached: Yes / No

Have you worked with the elderly before? Yes / No Why do you want to work with elderly people? _____

Have you worked in a **Residential Care Home** before? Yes / No If yes, what did you like about it? _____

Dislike about it: _____ Why? _____

Have you worked in a **Nursing Home** before? Yes / No If yes, what did you like about it? _____

Dislike about it: _____ Why? _____

Do you have a **Food Handling License**? Yes / No Can you cook? Yes / No Rate your cooking from **1 (poor) - 10 (Excellent)** _____

Describe your personality in 2 words: _____ Describe your work ethic in 2 words: _____

Hobbies? _____ Do you have reliable transportation? Yes / No

PBH expects staff to be **ON TIME EVERY TIME.** If hired, would you commit to being **PUNCTUAL and DEPENDABLE** to coming to work? Yes No

Professional References - Former Employers (List below last three employers, starting with last one first)

Date Month / Year Company Name, Supervisor Name & Contact # of Employer Rate of Pay Position Reason for Leaving

From: _____

To: _____

From: _____

To: _____

From: _____

To: _____

Personal References (Give below the names of two (2) persons not related to you whom you have known at least one year.)

Name Under what circumstances do you know this person? Contact # Years Known

1. _____

2. _____

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Acknowledgment:

By signing below, you acknowledge your understanding of the qualifications, duties, responsibilities, and physical requirements of the job for which you have applied and that you represent that you possess the required qualification and would be able to perform the essential functions of the job, if offered to you, with or without reasonable accommodations.

Signature: _____

Date: _____

Do Not Write Below This Line

Interviewed by: _____ Date: _____

Remarks Regarding Interview: _____

Position: _____ Shift _____ Location: _____

Hired? Yes / No Date & Time Will Report: _____ Rate of Pay: _____ Accountable to: _____



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STRENGTHS – list two of your strengths that you believe will benefit you in this position.

WEAKNESSES – list two weaknesses you have and how would you overcome them in this position?

In a few words, summarize why you qualify for this position.
