

PRE-EMPLOYMENT APPLICATION

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, genetic information or any disability as defined in the Americans With Disabilities Act, or for any other reason protected by State or Federal law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL INFORMATION

Date ____/____/____

Name _____ Home Phone (____) _____

LAST

FIRST

MIDDLE

Cell Phone (____) _____ E-Mail Address _____

Present Address _____

NO.

STREET

CITY

STATE

ZIP

Social Security Number _____ - _____ - _____ Are you 18 years of age or older? Yes NoAre you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes NoHave you been convicted of (or pleaded no contest to) any crime within the last 10 years (excluding minor traffic violations) including driving under the influence of alcohol or drugs? Yes No (NOTE: A conviction will not necessarily disqualify you from employment.)

If Yes, state the offense, location, date and disposition _____

NOTE: Massachusetts applicants may omit convictions for misdemeanors which are more than 5 years old.
Illinois applicants may omit records of convictions which have been expunged or sealed.

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes No

If No, please explain _____

Drivers License: State _____ Type _____ Currently Valid? Yes NoWould you be willing and able to relocate? Yes No

EMPLOYMENT DESIRED

Are you seeking full time part time temporary or summer employment?

Position applied for _____ Salary Desired _____

Date available to start _____

Have you ever applied to our company before? Yes No Have you ever worked for our company before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked. _____

How did you learn of our company and/or position? _____

Are you now, or do you expect to be, working in any other business or job? Yes NoAre there any days or hours you would be unable or unwilling to work? Yes No

If Yes, please specify those days and hours you would be unable or unwilling to work _____

Is there any type of work which you will not perform? Yes No

If Yes, please explain _____

EDUCATION

| Name, Address and Location | Graduate? | Courses Studied |
|----------------------------|---|--------------------------------|
| High School | Circle highest Grade completed 9 10 11 12 <input type="checkbox"/> Yes <input type="checkbox"/> No | Diploma: |
| College | Circle number of years completed 1 2 3 4 4+ <input type="checkbox"/> Yes <input type="checkbox"/> No | Major: Minor: Degree(s): |
| Trade School | Number of months attended _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | Diploma or Certificate: |

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No If so, when, where and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college. (Please exclude those which may reflect race, sex, color, religion, national origin, disability, sexual orientation or other protected status) _____

Please describe any other special courses, seminars or training which could enable you to perform the position for which you are applying. _____

MILITARY

Have you ever served in the military? Yes No

Service Branch _____ Final Rank _____

What duties, training or experience did you have while in the military which may be job related? _____

CAPABILITY / RELIABILITY

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes No

If not, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If Yes, please explain _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If Yes, please explain _____

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Consistent attendance and punctuality are essential requirements of every job in our company. Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes No

If No, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes No

If Yes, please explain. _____

Have you ever been fired, or asked to resign from a job? Yes No If Yes, please explain _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

DO NOT REFERENCE YOUR RESUME

PLEASE GIVE MONTH AND YEAR

| | | | | | |
|---|--|-----------------------------------|--------------------|---------------------------|-------------------------|
| Name of Employer Address City, State, Zip Code | | Name and Title of Last Supervisor | Dates Employed | | Pay |
| Telephone Area Code () | | | Nature of Business | From: Mo:____ Year____ | To: Mo:____ Year____ |
| Title | | Reason for Leaving | | | |
| Describe duties performed, skills used/learned, advancements/promotions earned: | | | | | |

| | | | | | |
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| | | | | | |
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| | | | | | |
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COMMUNITY LIVING CARE, INC.

115 Vannear Ave.,
Greensburg, PA 15601
Phone: (724) 836-8747
Fax: (724) 836-8596

Overview of Community Living Care, Inc.

Community Living care is a private nonprofit corporation founded in 1987 to serve persons with developmental disabilities. CLC provides a full range of community-based services for persons with developmental disabilities and special needs, including residential housing at 20 locations in Greensburg, Jeannette, Unity Township, and Latrobe, day programs, in-home programs, behavioral support and transportation, serving more than 300 special needs individuals in several counties.

CLC offers a comprehensive training program for its employees, including Orientation, Medication Administration, CPR/First Aid/AED, Fire Safety and Prevention, Neglect and Abuse, Positive Approaches, OSHA Bloodborne Pathogens, Hazard Communication, Proper Lifting and Body mechanics, Seizure Recognition, Universal Precautions/Infection Control, Crisis Prevention and Intervention, and Safe Driving.

Eligibility requirements for employment are a valid Driver's License, a High School Diploma or GED, 18 years of age.

CLC offers the following benefits to eligible employees:

- medical insurance,
- dental insurance,
- vision insurance,
- short-term disability,
- long-term disability,
- group term life insurance,
- AFLAC,
- 401(k) retirement plan,
- bereavement leave,
- paid time-off,
- holiday pay,
- leave of absence,
- credit union,
- direct deposit,
- mileage reimbursement,
- Hepatitis B immunization

Please see reverse for Pre-Employment Instructions.
Please keep this sheet when you return your application.

Thank you for your interest in Community Living Care.

SUPPLEMENTAL INFORMATION

If you worked in any of your previous positions under another name, please give that name(s) below: (For reference checking purposes)

Name _____ @ Company _____ Name @ Company _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Please list all periods of time since high school or college during which you were not employed _____

How did you spend this time? _____

What languages do you speak fluently? _____

SPECIAL SKILLS

Do you type? Yes No Words Per Minute _____

Please list all software programs in which you are proficient, indicating how many years work experience you have with each: _____

List other computer skills, programming languages, or computer training you have had: _____

List other technical training, skills or work experience which may qualify you for a job with us: _____

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you or a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employers

| NAME | ADDRESS | PHONE | OCCUPATION |
|------|---------|-------|------------|
| | | | |
| | | | |
| | | | |

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for libel, slander, defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is at-will and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature _____ Date ____/____/____

Company Use Only

Interviewed by:

Interviewers remarks:

Is the operation or a company vehicle a job requirement Yes No

If yes to above, has a request for driver's record been made? Yes No

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To reorder; call 972-492-0895.

Form APP. 110

Whiting & Associates, Inc. has made every effort to insure compliance with Federal and State regulations, however, we assume no responsibility for the use of this form.

COMMUNITY LIVING CARE, INC.

115 Vannear Ave.,
Greensburg, PA 15601
Phone: (724) 836-8747
Fax: (724) 836-8596

PRE-EMPLOYMENT INSTRUCTIONS

(REVISED 07/01/2011)

If you are being considered for employment following your interview, you will be given a packet containing pre-employment forms. You will be asked to complete this packet and return it to the receptionist prior to leaving the office. Your completed packet of pre-employment forms includes:

Employee Emergency Information
Child Abuse Clearance application
W-4
Tax Information
Notice of HBV Vaccinations
Paycheck Distribution Request
Medication Policy
Workers' Compensation Acknowledgement
I-9

Please have your Driver's License, auto insurance card, and either your Social Security card, Birth Certificate, or Passport available to be copied at this time.

You will also be given a Physical form. You should schedule your PHYSICAL as soon as possible. Please notify Charlotte, ext. 1013, when your physical and Mantoux testing is completed. Upon completion of your physical, you will be notified when to come in to the office to begin Orientation.

Please note that Orientation may take 5-7 days in the office followed by 3-4 days of on-site training. PLEASE PLAN ACCORDINGLY.

When you come in for Orientation, you **MUST** bring with you the following documents:

- ✓ CURRENT (less than 1 year old) Clearances (Act 33 Child Abuse and Act 34 Criminal History), or
- ✓ two (2) money orders in the amount of \$10.00 each
- ✓ a money order in the amount of \$30.25 for an FBI Clearance (*only if you have not been a resident of Pennsylvania for the past two (2) years*)
- ✓ your completed Physical and Mantoux test results
- ✓ a 3-year (minimum) Motor Vehicle Report available online from PennDOT at www.dmv.state.pa.us, cost \$5.00 (or from the DOT in the state in which you currently hold a Driver's License)

—NOTE: You cannot begin training if any of the above are not provided to the Human Resources Director on or before the first day of Orientation.

Community Living Care, Inc.

115 Vannear Ave., 2nd Floor

Greensburg, PA 15601

(724) 836-8747

SHIFTS

I. FULL-TIME (Mondays through Fridays):

1:00PM - 9:00PM (Supervisor's shift)

5:00PM - 1:00AM

1:00AM - 9:00AM

II. FULL-TIME (Saturdays and Sundays):

Any two (2) of the following equals
32 hrs., referred to as "doubles"

1:00AM - 9:00AM

9:00AM - 5:00PM

5:00PM - 1:00AM

III. PART-TIME (Saturdays & Sundays):

Any one (1) of the following equals
16 hrs., which is part-time

1:00AM - 9:00AM

9:00AM - 5:00PM

5:00PM - 1:00AM

1. Are you seeking full-time, part-time, or fill-in work? _____

2. If you are seeking part-time, please indicate which shift you prefer: _____

3. Would you be willing to work a double on the weekends? _____

4. If you are seeking fill-in work, please indicate days and times you are
available: _____

DRIVER'S DECLARATION FORM

Violation & Accident History Motor Vehicle Record Release

NAME _____
(Please include first, middle, and last name)

DRIVER'S LICENSE NUMBER: _____ STATE _____

CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic accidents and/or moving violations for which I have been convicted or forfeited bond or collateral during the past 36 months.

| DATE OF CONVICTION | OFFENSE | LOCATION (ex.: city, state, hwy) | TYPE OF VEHICLE OPERATED |
|--------------------|---------|----------------------------------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

In the past 36 months, have you held a Driver's License or permit from any other state?

_____ YES _____ NO If yes, please explain: _____

Has your Driver's License ever been suspended? _____ YES _____ NO

If yes, please explain: _____

Has your auto insurance ever been cancelled? _____ YES _____ NO

If yes, please explain: _____

MOTOR VEHICLE RECORD RELEASE

I understand the importance of safe driving. I also understand that the care and well-being of the individuals served in the main purpose of this employment. Safe driving and safe drivers are an absolute must for employment.

I understand that this report and an actual copy of my Motor Vehicle Record will be used for employment purposes. I understand I will be required to provide a copy of my Motor Vehicle Record and also understand that if my driving record disqualifies me as a permissible driver, I may not be employed. I further understand that if my driving record deteriorates after employment, I may become disqualified as a permissible driver and my employment status may have to be re-evaluated at that time.

I understand that my driving record information is confidential and will only be used for purposes of employment. I understand that Community Living Care is responsible for protecting the confidentiality of this information. If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral because of any accidents or violations during the past 36 months.

I hereby give permission and authorize you to review my Motor Vehicle Record and use the information for employment purposes.

SIGNATURE: _____

DATE: _____

(OVER)

DRIVER REQUIREMENTS

One of the essential functions of this job/position is that you must be able to operate a motor vehicle and be able to aid and assist in the loading and unloading of individuals/clients/consumers/residents to and from motor vehicles in everyday situations. The care and well-being of the individuals served is the main purposes of this employment. Safe driving and safe drivers are an absolute must for employment.

Qualifications and requirements with regard to driving are:

1. must have a valid current driver's license
(if you have a driver's license from another you must apply for a Pennsylvania Driver's license within 60 days of become a resident of Pennsylvania)
2. must have proof of automobile insurance
3. must provide a 3-year (minimum) Motor Vehicle Record
4. must be in compliance with all Pennsylvania Department of Transportation requirements and qualifications at all times
5. must satisfactorily pass driver tests, as required by employer

ACKNOWLEDGEMENT:

I have read and understand the above qualifications and requirements which are part of this job/position and will provide the necessary documentation at the request of the employer. I understand that the failure to provide the necessary documentation in a timely manner (as determined by the employer) will disqualify me for this job-position.

Signed this _____ day of _____, in the year _____

Signature of applicant/employee

Printed or typed name

Signature of CLC witness

Printed or typed name

Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997

| Offense Code | Prohibitive Offense | Type of Conviction |
|--------------|--|----------------------------|
| CC2500 | Criminal Homicide | Any |
| CC2502A | Murder I | Any |
| CC2502B | Murder II | Any |
| CC2502C | Murder III | Any |
| CC2503 | Voluntary Manslaughter | Any |
| CC2504 | Involuntary Manslaughter | Any |
| CC2505 | Causing or Aiding Suicide | Any |
| CC2506 | Drug Deliver Resulting in Death | Any |
| CC2702 | Aggravated Assault | Any |
| CC2901 | Kidnapping | Any |
| CC2902 | Unlawful Restraint | Any |
| CC3121 | Rape | Any |
| CC3122.1 | Statutory Sexual Assault | Any |
| CC3123 | Involuntary Deviate Sexual Intercourse | Any |
| CC3124.1 | Sexual Assault | Any |
| CC3125 | Aggravated Indecent Assault | Any |
| CC3126 | Indecent Assault | Any |
| CC3127 | Indecent Exposure | Any |
| CC3301 | Arson and Related Offenses | Any |
| CC3502 | Burglary | Any |
| CC3701 | Robbery | Any |
| CC3901 | Theft | 1 Felony or 2 Misdemeanors |
| CC3921 | Theft By Unlawful Taking | 1 Felony or 2 Misdemeanors |
| CC3922 | Theft By Deception | 1 Felony or 2 Misdemeanors |
| CC3923 | Theft By Extortion | 1 Felony or 2 Misdemeanors |
| CC3924 | Theft By Property Lost | 1 Felony or 2 Misdemeanors |
| CC3925 | Receiving Stolen Property | 1 Felony or 2 Misdemeanors |
| CC3926 | Theft of Services | 1 Felony or 2 Misdemeanors |
| CC3927 | Theft By Failure To Deposit | 1 Felony or 2 Misdemeanors |
| CC3928 | Unauthorized Use of a Motor Vehicle | 1 Felony or 2 Misdemeanors |
| CC3929 | Retail Theft | 1 Felony or 2 Misdemeanors |
| CC3929.1 | Library Theft | 1 Felony or 2 Misdemeanors |
| CC3930 | Theft of Trade Secrets | 1 Felony or 2 Misdemeanors |
| CC3931 | Theft of Unpublished Dramas or Musicals | 1 Felony or 2 Misdemeanors |
| CC3932 | Theft of Leased Properties | 1 Felony or 2 Misdemeanors |
| CC3933 | Unlawful Use of a Computer | 1 Felony or 2 Misdemeanors |
| CC3934 | Theft From a Motor Vehicle | 1 Felony or 2 Misdemeanors |
| CC4101 | Forgery | Any |
| CC4114 | Securing Execution of Documents by Deception | Any |
| CC4302 | Incest | Any |
| CC4303 | Concealing Death of a Child | Any |
| CC4304 | Endangering Welfare of a Child | Any |
| CC4305 | Dealing in Infant Children | Any |
| CC4952 | Intimidation of Witnesses or Victims | Any |
| CC4953 | Retaliation Against Witness or Victim | Any |
| CC5902B | Promoting Prostitution | Felony |
| CC5903C | Obscene or Other Sexual Materials to Minors | Any |
| CC5903D | Obscene or Other Sexual Materials | Any |
| CC6301 | Corruption of Minors | Any |
| CC6312 | Sexual Abuse of Children | Any |
| CS13A12 | Acquisition of Controlled Substance by Fraud | Felony |
| CS13A14 | Delivery by Practitioner | Felony |
| CS13A30 | Possession with Intent to Deliver | Felony |
| CS13A36 | Illegal Sale of Non-Controlled Substance | Felony |
| CS13A37 | Designer Drugs | Felony |

I have no convictions of the above items. _____

Signature

Date

Produced by:

PA Department of Aging

June 2000