

Print Full Name _____ Date _____

ERIE HOMES FOR CHILDREN & ADULTS, INC.

Application Pre-Screen Questions

Do you have a current, valid driver's license? _____ YES _____ NO

Are you 18 years of age or older? _____ YES _____ NO

Do you have (at the minimum) a high school diploma or GED? _____ YES _____ NO

Can you work both weekends and on Holidays? _____ YES _____ NO

Can you consistently lift up to 50 pounds, with or without an accommodation? _____ YES _____ NO

If you need an accommodation, how would you perform the task, and with what accommodation?

Have you ever been convicted of a felony or misdemeanor offense?

YES NO If yes, please explain

(A conviction will not necessarily serve as a bar to possible employment. However, omission of a conviction, if discovered, may result in refusal to employ or dismissal.)

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY BELOW (EVEN IF YOUR ANSWER IS NO).

Do you prefer full time, part time or Substitute position (specify number of hours you would like to work if applicable)?
(Direct Support Professional positions must be willing to work Saturdays, Sundays and holidays)

Will you consider working part time in order to gain full time employment at EHCA? Yes / No

*Please see hours of shifts on back of this page.

Are there any days and/or hours you are unable to work?

Do you have any limitations as to how far you are able to drive within the city / county?

EHCA provides care to individuals with various levels of mental and physical disabilities. Why would you be a good addition to the EHCA working team?

EHCA SHIFT HOURS

RESIDENTIAL

8 Bed Homes

1 st shift (Full Time)	5 am – 3 pm	Monday – Friday
1 st shift (Full Time)	7 am – 3 pm	Monday - Friday
1 st shift (Part Time)	9 am – 3 pm (4 days) &	5a – 3pm 1 day Monday – Friday
2 nd shift (Full Time)	3–11 pm	includes every other weekend 3-11 pm
2 nd shift (Full Time)	2-10 pm	includes every other weekend 3-11 pm
2 nd shift (Part Time)	5 pm – 9 pm	includes every other weekend 11 am – 9 pm
3 rd shift (Full & Part Time)	11 pm – 9 am	includes every other weekend 11 pm – 9 am
Every other weekend	9 am – 3 pm (6 hour)	8 am – 4 pm (8 hour) 1– 9 pm (8 hour)
Every weekend (Part Time)	9 am – 9 pm	every weekend
	Every other weekend includes Saturday and Sunday	

4 Bed Homes

1 st shift (Part Time)	6 am – 9 am	includes every other weekend 7 am – 3 pm
2 nd shift (Full Time)	3 pm – 11 pm	includes every other weekend 3 pm – 11 pm
	2 pm – 10 pm	includes every other weekend 2-10 pm or 3-11 pm
3 rd shift (Full & Part Time)	11 pm – 9 am	includes every other weekend (9-3 pm or 1–9 pm)
Every weekend (Part Time)	9 am – 9 pm	every weekend
	Every other weekend includes Saturday and Sunday	

Adult Day Program

1 st shift (Full Time)	8 am – 4 pm	Monday - Friday
1 st shift (Part Time)	9 am – 3 pm	Monday - Friday

Apartments

1 st shift (Full Time)	6 am – 2 pm	includes every other weekend 6 am - 2pm
1 st shift (Part Time)	6 am – 9 am	includes every other weekend 6 am – 2 pm
1 st shift (Part Time)	6 am – 2 pm	includes every other weekend 6 am – 2 pm
2 nd shift (Full Time)	2 pm – 10 pm	includes every other weekend 2-10 pm
3 rd shift (Full & Part Time)	10 pm – 6 am	includes every other weekend (2-10 pm or 6 am – 2 pm)
	Every other weekend includes Saturday and Sunday	

COMMUNITY PROGRAMS

Full time and Part time hours - dependent on the needs of the client.

NURSING

1st, 2nd and 3rd shift (Full time and Part time) RN & LPN

ADMINISTRATIVE

First shift hours apply.

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION



ERIE HOMES FOR CHILDREN AND ADULTS, INC.

EHCA's Application Form must be completely filled out in order for you to be considered for employment.

In order to successfully process your application, you must provide accurate references.

Applications are filed according to job title. Be as specific as possible in stating the job for which you are applying.

Due to the large number of applications we receive and the competitive nature of our employment process specific reasons for employment decisions will not normally be released.

During our Application Process you will be subject to the following checks:

- **Employment reference checks from 3 former employers/supervisors, or equivalent**
- **A minimum of a High School Diploma or GED is required for many positions**
- **Criminal history record check (act 34)**
- **Child abuse history check (act 33)**
- **FBI fingerprints criminal history check (act 73)**
- **Completed and successful post-offer, pre-employment physical**
- **Completed and successful mantoux (tb test) or chest x-ray**
- **Post-offer, pre-employment drug screening**

EHCA will contact you in one of two ways: either by phone or by mail. We make every effort to efficiently review your information to make the best selection for the Agency.

Thank you.



ERIE HOMES FOR CHILDREN AND ADULTS, INC.

APPLICATION FORM

Thank you for your interest in Erie Homes for Children and Adults (EHCA).

Please fill out this form in **INK** and **PRINT** your answers. Please answer all questions completely. An incomplete application will **not** be considered.

Applicants are considered for all positions, and applicants are treated without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, or disability. We comply with applicable government regulations and affirmative action responsibilities.

Applications will be on file for 6 months, after which you must re-apply to be considered for employment

NOTE: State law provides that no person under 18 years of age may be employed unless he/she has an employment certificate obtained from an authorized school.

Date of Application: _____ **Referred by:** Newspaper Ad
 Sign/Banner
 CareerLink
 EHCA Staff: (name) _____
 Internet
 Other _____

NAME: _____
(First) (Last)

ADDRESS: _____

CITY **COUNTY** **STATE** **ZIP CODE**

HOME PHONE: _____

DAY-TIME PHONE: (if different from above) _____

CELL PHONE: _____

EMAIL ADDRESS: _____

Position applied for: Direct Support Professional Other: _____

Please check preference for:

A. Full-Time _____
Part-Time _____
Substitute _____
No Preference _____
B. Weekends _____
Float _____
1st Shift _____
2nd Shift _____
3rd Shift _____

Are you related to a staff person or resident of EHCA? YES NO If yes, who? _____

Have you ever worked at EHCA? YES NO If yes, when? _____

Are you authorized to work in the United States? YES NO

Have you resided **outside** of the Commonwealth of Pennsylvania in the last two years? YES NO

References: Please provide the information below of (3) three people we may contact who have **supervised** you or **overseen** your work. References should be people we may contact who know you well and can verify your work history and work quality.

Do not list friends or relatives.

1) _____

Name	Phone		
Company	Title		
Address	City	State	Zip Code

2) _____

Name	Phone		
Company	Title		
Address	City	State	Zip Code

3) _____

Name	Phone		
Company	Title		
Address	City	State	Zip Code

Education / Training

Level	Name of School	# of Years Completed	Course of Study	Degree Earned
High School				
College				
Other Training/Certification				

Work Experience:

Please list your current or most recent job first:

Employer:	Position:	Reason for leaving:
Dates of Employment From: To:	Salary:	
Supervisor: Phone: () Cell ()		Address:

Employer	Position	Reason for leaving:
Dates of Employment From: To:	Salary:	
Supervisor: Phone: () Cell ()		Address:

Employer	Position	Reason for leaving:
Dates of Employment From: To:	Salary:	
Supervisor: Phone: () Cell ()		Address:

CRIMINAL RECORDS: Have you ever been convicted of a felony or misdemeanor offense? (Omit non-moving traffic violations or any offense finally adjudicated in a Juvenile Court or under a Youthful Offender law):

YES NO If yes, please explain _____

A conviction will not necessarily serve as a bar to possible employment. However, omission of convictions, if discovered, may result in refusal to employ or dismissal.

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that the answers given by me to the foregoing questions and statements and in any interview are true and correct without material omissions of any kind whatsoever. I agree that EHCA shall not be liable in any respect if I am not hired or if my employment is terminated because of falsity of statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed would be cause for termination. I understand that I may be required to undergo a pre-employment physical examination and/or drug test as a condition of employment. I understand that any false answers or statements made by me in the pre-employment physical examination and/or drug test, whether by omission or otherwise, will be sufficient grounds for immediate discharge if I am employed. I agree to wear protective clothing or devices as required by EHCA and to comply with all safety rules. I will comply with all rules and regulations of EHCA. I understand that my failure to comply with all rules and regulations of EHCA will subject me to discipline, up to and including discharge

I understand that the employment relationship is “At Will” and may be terminated by either party for any reason.

Furthermore, I understand that upon completion of this application there is no guarantee of a job offer or job interview. My application form will be considered with others who have submitted applications and decisions about interviews will be based on this comparison and my meeting specific job qualifications.

Signature

Date



**ERIE HOMES FOR CHILDREN AND ADULTS, INC.
AFFIRMATIVE ACTION – NON-DISCRIMINATION**

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, veteran's status, disability, or any other legally protected status. As an employer with an Affirmative Action Program, we comply with government regulations, including affirmative action responsibilities where applicable.

The purpose for this Questionnaire is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Questionnaire is optional. If you choose to volunteer the requested information, please note that all information is kept in a Confidential File and is not a part of your Application for Employment or personnel file. **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

IF YOU CHOOSE NOT TO COMPLETE THIS QUESTIONNAIRE, YOU MUST SIGN BELOW

Election Not to Complete Questionnaire

VOLUNTARY QUESTIONNAIRE

NAME: _____

DATE: _____

POSITION APPLYING FOR: _____

Check One Of The Following (Gender):		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Check One Of The Following (Ethnic Origin):		
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Multi-Racial Origins	<input type="checkbox"/> Other Origins	
Check If Any Of The Following Are Applicable (Military Information):		
Are You A U.S. Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Please Check Appropriate Status:		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	

ERIE HOMES FOR CHILDREN AND ADULTS, INC.

**AUTHORIZATION TO CONDUCT REFERENCE CHECKS
AND TO RELEASE INFORMATION**

I hereby give my consent to **ERIE HOMES FOR CHILDREN AND ADULTS, INC.** or the bearer hereof to conduct reference checks on my previous employment, schooling, volunteer work and the like. Additionally, any corporation, college, school, organization, person or other party is hereby authorized and directed to furnish to **ERIE HOMES FOR CHILDREN AND ADULTS, INC.** or the bearer hereof any and all information, records and correspondence which it may have in its possession or within its knowledge with respect to my employment, character, qualifications, performance, wages, earnings, income, compensation, school and college records or any other information relating thereto. I hereby release said companies, colleges, schools, persons or other parties from any and all liability for any damage or injury to me arising out of the release of such information.

A reproduced copy of this Authorization shall be as valid as the original.

Any exceptions to the above are noted below. I do not give my permission to check with the following people or organizations for references:

Signature

Date

Printed Name