

**55 New Street, Ste 5, Ephrata, PA 17522**

EMPLOYMENT APPLICATION FORM

Thank you for your interest in Diana Care Services (DCS). We are glad that you are interested in joining our company of smart, passionate, and caring people interested in making a difference in the lives of others. DCS is an Equal Opportunity Employer (EOE) and promotes a Drug Free Workplace. All prospective candidate will be required to successfully compete pre-employment drug testing and series of background checks.

Qualified candidates will receive consideration for employment without regard to age, race, color, religion, sex, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, veteran status or any other characteristic protected by law.

DCS is committed to offering reasonable accommodations to job applicants with disabilities. If you need assistance or an accommodation due to a disability, please contact us prior to arrival.

**AN APPLICANT MAY ALSO SUBMIT A RESUME FOR GENERAL CONSIDERATION**.

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| **EMPLOYMENT - AT - WILL NOTICE**  Employees are free to resign their employment at any time and for any reason, and DCS is legally free to terminate employment at any time and for any reason, with or without cause. An exception to this is in the case of formal written employment contracts with select employees, which might be signed by the CEO.    At DCS, the employment application, employee handbook, policy and procedure manuals, performance evaluations, counseling notices, memos and any other written material, electronic communications or verbal statements, are not meant to serve as a promise or contract of employment.    DCS has the right to add, terminate or change any policy or procedure, benefit or any other term of employment or working conditions at any time, with or without prior notice, and to apply or not apply policies at its sole discretion.    Any oral, written or electronic statements by anyone, either past or future, that differ from this are not valid, and should not be relied upon.  . |

Signature

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| **APPLICAION FOR EMPLOYMENT** | | | | | |
| PERSONAL INFORMATION | | | | | |
| Last Name, First Middle | | | | Social Security Number  (Last 4) xxx-xx-\_\_ \_\_ \_\_ \_\_ | |
| Address: | | | | | |
| City, State, Zip | | | | | |
| Email Address: | | Cell Phone: | | Home Phone: | |
| Position Applied For: | | | | Expected Salary: | |
| Days you are available for work:  Mon | Tues | Wed |Thursday | Friday | Saturday | Sunday | | | | Shift You Are Available For Work: 7-3 | 3-11 | 11-7 | |
| Can you work over time? Yes | No | | | | | |
| Special Skills, Trainings, Certificates/Licenses: | | | | | |
| **EDUCATION** | | | | | |
| High School 1 2 3 4  Graduated? Yes | No | Name Of High School | | | | Credential |
| College: 1 2 3 4  Graduated? Yes | No | Name Of College | | | | Degree |
| College: 1 2 3 4  Graduated? Yes | No | Name Of College | | | | Degree |
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| **EMPLOYMENT HISTORY** | | | | | |
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| 1. COMPANY NAME: | | | ADDRESS: | | |
| Employed (Month & Year)  From: To: | | | Type Of Employment:  Full-Time | Part-Time | Temporary/As Needed | | |
| Name Of Supervisor: | | | Supervisor Telephone: | | |
| Staff Job Title: | | | | | Rate Of Pay  Start: Last: |
| Staff Job Function: | | | | | |
| Reason For Leaving: | | | | | |
| 1. COMPANY NAME: | | | ADDRESS: | | |
| Employed (Month & Year)  From: To: | | | Type Of Employment:  Full-Time | Part-Time | Temporary/As Needed | | |
| Name Of Supervisor: | | | Supervisor Telephone: ( ) | | |
| Staff Job Title: | | | | | Rate Of Pay  Start: Last: |
| Staff Job Function: | | | | | |
| Reason For Leaving: | | | | | |
| 1. COMPANY NAME: | | | ADDRESS: | | |
| Employed (Month & Year)  From: To: | | | Type Of Employment:  Full-Time | Part-Time | Temporary/As Needed | | |
| Name Of Supervisor: | | | Supervisor Telephone: ( ) | | |
| Staff Job Title: | | | | | Rate Of Pay  Start: Last: |
| Staff Job Function: | | | | | |
| Reason For Leaving: | | | | | |

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| **CANDIDATE QUESTIONS**  **PLEASE ANSWER THE FOLLOWING QUESTIONS** |
| Have you ever been convicted of a crime or disorderly persons offense under any state or federal law?\*required. Yes | No. If Yes, please explain for each crime and offense? |
| Have you ever been held adjudged civilly or criminally liable for abuse of a person served by, or a developmentally disabled person receiving services from, the Department of Human Service, or placed in a community residence regulated under Laws of the State of Pennsylvania.\*required.  Yes | No. If so, please explain |
| Are you at least 18 years of age?\*required.  Yes | No |
| Have You Served In The Military? Were you honorable discharge?  Yes | No |
| Do you have a valid, non-provisional and non-probationary driver’s license? \*required.  Yes | No |
| Are you able to provide legal documentation establishing your identity and eligibility to be legally employed in the United States? \*required.  Yes | No |
| Are you able to perform the essential function for the job for which you are applying with or without reasonable accommodation? \*required.  Yes | No |
| Have you ever been employed at DCS in the past?\*required.  Yes | No |

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| **Pre-Employment Observer Confidentiality Agreement** | | | | | |
| I understand that as part of the interview process with DCS I will be permitted to observe in a direct care environment, where persons served will be present and where services are rendered.  As a condition of my participation in this phase of the interview process I understand and agree to the following:   1. The safety of the persons served at DCS is of utmost priority, and I must adhere to all direction and guidance provided by DCS personnel; 2. I may be provided access to sensitive, private and/or confidential areas and information. I will not at any time during or after my observation period with DCS disclose any information, including demographic, medical or other information, of any person served, to anyone in any form; 3. I shall not take pictures of or record (audio, video or print) any persons served or any documents or other notes regarding my observation, during my observation experience or any time thereafter; 4. I shall not make any physical contact with any person served nor shall I treat or attempt to provide any type of therapeutic assistance to any person served; 5. I will not be permitted any access to treatment records in any form (paper, electronic or photographic images), nor will I be permitted to view treatment or other confidential records; 6. While engaged in the observer role, I shall comply with all relevant laws and regulations including without limitation those regarding patient confidentiality such as, but not limited to, Health Insurance Portability and Accountability Act of 1996 (HIPAA), DCS policies, and accreditation standards; 7. DCS may, at its sole discretion, immediately terminate this experience without recourse as to due process or appeal process; and 8. I understand that while on-site as an observer I will not be an employee, joint employee, contractor or agent of DCS, and that I will not perform any compensable work. Further, I understand that I will not be covered by workers’ compensation.   I understand the terms of this agreement and shall abide by these terms. | | | | | |
| *Please sign to Acknowledge you have read the above statement.*  **Observer Signature** | | | | | |
| I understand and agree that my previous employers may be contacted. I fully consent to and understand that DCS may request information from public and private sources about any of the information noted in this application.  I hereby authorize, without reservation, any financial, healthcare institution, credit agency, information service bureau, school, employer or insurance company contacted by DCS to furnish the information described herein at any time during the application process and/or during any employment. I release them from all liability for doing so.  I certify that all the statements herein are true and accurate and understand that any falsification or omission shall result in dismissal. | | | | | |
| Your Signature: | | | Date: | |  |
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| **FOR OFFICE USE ONLY** | | | | | |
| DATE HIRED | START DATE | POSITION: | | | FULL TIME  PART TIME | |
| LOCATION: | | | | PAY RATE | |
| EMERGENCY CONTACT (NAME, RELATIONSHIP) | | | | | |
| PHONE NUMBER: | | ADDRESS: | | | |