

**Effraim Home Care Agency LLC**  
 780 W. Lancaster Avenue, Suite 204, Bryn Mawr, Pa 19010  
 Telephone (484) 270-8725

**Application for Employment**

We are an equal opportunity employer who provides equal access to programs, services, and employment to all persons. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, marital status, sexual orientation, age, physical or mental disability, or covered veteran status. Those applicants requiring reasonable accomodation to the application and/or interview process should notify Effraim Home Care Agency LLC.

Personal Information							
Last Name			First			M.I.	Date
Street Address					Apartment/Unit #		
City				State		ZIP	
Phone			E-mail Address				
Date Available		Social Security No.					
Position Specific Information							
Position Applied For		<input type="checkbox"/> RN License # _____			<input type="checkbox"/> CNA Registration # _____		
<input type="checkbox"/> Home Health Aide		<input type="checkbox"/> Homemaker			<input type="checkbox"/> Companion		
<input type="checkbox"/> Other: _____							
Has your license ever been suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain							
<input type="checkbox"/> Part Time		<input type="checkbox"/> Full Time		<input type="checkbox"/> Live-In		12-Hour Shifts: <input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>Time Availability:</b> (check all times you are available for work; times noted are approximate)							
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 am to 12							
12 pm to 4							
4 pm to 8							
8 pm to 12							
12 am to 4							
4 am to 8							
Are you a citizen of the United States?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you lived in the state of Pennsylvania for the past two consecutive years?		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever worked for this company?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If so, when?			
Have you ever been convicted of a felony or misdemeanor?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, detail			
Languages Spoken		<input type="checkbox"/> Spanish <input type="checkbox"/> French		<input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese		<input type="checkbox"/> Korean	
Other _____							

Education			
<b>High School</b>		Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
<b>College</b>		Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
<b>Other</b>			Address
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree

Please List Three Professional References:	
<b>Full Name</b>	Relationship
Company	Phone (     )
Address	
<b>Full Name</b>	Relationship
Company	Phone (     )
Address	
<b>Full Name</b>	Relationship
Company	Phone (     )
Address	

Previous Employment		
<b>Company</b>	Phone (     )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Company</b>	Phone (     )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**Previous Employment, Continued**

Company Phone ( )

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference?  YES  NO

**Military Service**

Branch From To

Rank at Discharge Type of Discharge

If other than honorable, explain

**Employment Application Disclosure and Authority to Release Information**

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING.  
I understand that in processing my application with Effraim Home Care Agency LLC, a background check will be conducted. Information may include, but is not limited to employment history, education, criminal records, national sex offender check, child abuse clearance, motor vehicle records, personal references, and any data provided on this application or during the interview process.  
If currently employed: My current employer may be contacted YES  NO   
I authorize the appropriate individuals, companies, institutions, or agencies to release information and I release them from any liability as a result of such inquiries or disclosures.  
I have read, understand, and by my signature consent to these statements. I hereby certify that all the statements and answers set forth on the application form, my resume and interview are true and complete to the best of my knowledge. If this application leads to employment, I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection of my application or termination of my employment.

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Legal Middle Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please list any additional addresses you have lived, worked and attended schools in during the past 7 years:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Other Name(s) Used and Date(s)

Changed: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize a photocopy of this release to be accepted with the same authority as the original and if employed by Effraim Home Care Agency, this release will remain in effect throughout such employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN APPLICATION TO:**

Effraim Home Care Agency LLC  
780 W. Lancaster Avenue, Suite 204, Bryn Mawr, Pa 19010