



# Application for Employment

625 Robert Fulton Highway, Quarryville PA 17566  
 717-786-7321 • www.quarryville.com

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
 First Middle Last

Address \_\_\_\_\_  
 Street City State Zip

Primary phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Are you authorized to work in the United States? Yes  No

Have you lived in the state of Pennsylvania for the past two years? Yes  No

Have you ever been dismissed from employment due to abuse or neglect? Yes  No

Are you at least 16 years of age or older? Yes  No

Have you ever been convicted, plead guilty or plead no contest to a Felony or Misdemeanor? Yes  No

If **yes**, please explain: \_\_\_\_\_

Referral source (How did you hear about us?) \_\_\_\_\_

Were you referred by an employee? (Please list only one person) \_\_\_\_\_

Have you ever been employed by this facility? Yes  No  If yes, list dates \_\_\_\_\_

Type of employment desired: Full-time  Part-time  Pool  Shift desired 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

## Employment History: Starting with your most **recent** employer, provide the following information:

<b>Employer:</b>	Date employed: From: To:
Street:	Job Title:
City/State/Zip:	Salary:
Telephone #: Fax#	Supervisor's Name:
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	Why did you leave?
<b>Employer:</b>	Date employed: From: To:
Street:	Job Title:
City/State/Zip:	Salary:
Telephone #: Fax#	Supervisor's Name:
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	Why did you leave?

<b>Employer:</b>	Date employed: From: To:
Street:	Job Title:
City/State/Zip:	Salary:
Telephone #: Fax#	Supervisor's Name:
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	Why did you leave?

**References:** Give the names of three persons **not related** to you that you have known at least one (1) year.

<b>Name:</b>	Telephone #:
Email address:	Years Known:
City, State, Zip:	Occupation:
<b>Name:</b>	Telephone #:
Email address:	Years Known:
City, State, Zip:	Occupation:
<b>Name:</b>	Telephone #:
Email address:	Years Known:
City, State, Zip:	Occupation:

**Education:**

High School \_\_\_\_\_  
 Diploma Received Yes  No   
 Years Attended \_\_\_\_\_

College \_\_\_\_\_  
 Degree Received Yes  No   
 Years Attended \_\_\_\_\_

Trade, Business, or Correspondence School \_\_\_\_\_  
 Degree Received Yes  No   
 Years Attended \_\_\_\_\_

**Certifications:**

First Aide certified? Yes  No   
 CPR certified? Yes  No

List any other certifications or skills \_\_\_\_\_

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**For Nursing Staff Only:** Please fill in applicable information:

RN or LPN License    Yes     No     License Number \_\_\_\_\_ from  PA  Other  
CNA Certification    Yes     No     License Number \_\_\_\_\_ from  PA  Other

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## Application Acknowledgment

### Mission

Our mission is to provide for the spiritual, physical, emotional, and social needs of our residents through high quality facilities, services, and personal care in a manner faithful to the Bible and honoring our Lord, Jesus Christ

### Core Values

#### **Serve, Equip and Enrich Everyone**

Spiritually

Physically

Emotionally

Socially

in a **Secure, Caring** environment.

I understand that any false answer, statement, representation or omission of information made by me in this application shall constitute sufficient cause for Quarryville Presbyterian Retirement Community to halt the employment process, rescind a job offer if already extended, or if already employed would be cause for immediate discharge. I confirm that the facts set forth on this application are true and complete.

If offered a job at QPRC, I consent to taking a post offer physical examination with a designated QPRC physician and understand that my employment may be contingent upon the results of this examination. I agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date



**QUARRYVILLE**  
**PRESBYTERIAN**  
RETIREMENT COMMUNITY

625 Robert Fulton Highway, Quarryville, PA 17566  
Phone: 717-786-7321  
Fax: 717-786-5492 or 717-786-5288  
Email: qprchr@quarryville.com

## Reference Check Authorization

By signing this release, I hereby authorize Quarryville Presbyterian Retirement Community to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services, and individuals to release information about my background including, but not limited to, information about employment, education, professional demeanor and character, consumer credit history, driving record, criminal record and general public records history to Quarryville Presbyterian Retirement Community.

I release from all liability all persons, companies, schools, and organizations supplying such information. I indemnify Quarryville Presbyterian Retirement Community against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release. This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

\_\_\_\_\_  
First Name (PRINTED)

\_\_\_\_\_  
Last Name (PRINTED)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date