

Name : \_\_\_\_\_

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

**Mission Statement:**

The mission of Reliable Supportive Home Care LLC is rooted in a set of core values and our unique purpose is draped around reliability and an excellent support team of empathetic Direct Support Professionals and a phenomenal heritage of great customer service and excellence.

**Please check off the qualifications for employment :**

- ☐ Are you at least eighteen years of age?
- ☐ Are you a U.S. citizen or approved to work in the United States?
- ☐ Will you consent to a criminal background check?
- ☐ Do you have reliable transportation ?
- ☐ Are you comfortable assisting men and women with toiletry needs?
- ☐ Do you have a reliable means of communication (i.e. house phone or cell phone)?
- ☐ Are you willing to undergo a PPD (tuberculosis) skin testing?



*Reliable Supportive Home Care*  
*We Change Lives and Provide Hope*

**This application must be completed in its entirety with a verification signature and date. A resume may be attached to further expand on qualifications, but it does not absolve the requirement of a completed application.**

## EMPLOYMENT APPLICATION

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Position Applying \_\_\_\_\_

Available to Work

- ☐ Temporary
- ☐ Part Time
- ☐ Full Time

Date Available to Start \_\_\_\_\_

Acceptable Salary Range \_\_\_\_\_

How Did You Hear about Reliable Support Home Care ? \_\_\_\_\_

Have You Ever Been Employed by Reliable Support Home Care ? \_\_\_\_\_

If yes, please give entity and date(s)

\_\_\_\_\_

Including work and volunteer experience how many years of experience do you have working with individuals' with disabilities \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Do you have documentation to support the above statement ? YES or NO

Do you have a valid driver's license ? YES or NO What State? \_\_\_\_\_

## WORK HISTORY

### Previous Employment

**Employer Name :** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Supervisor Name :** \_\_\_\_\_  
**Employer Address :** \_\_\_\_\_  
**City, State, ZIP Code :** \_\_\_\_\_  
**Employer Telephone:** \_\_\_\_\_  
**Dates Employed :** \_\_\_\_\_  
**Reason for Leaving :** \_\_\_\_\_

**Employer Name :** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Supervisor Name :** \_\_\_\_\_  
**Employer Address :** \_\_\_\_\_  
**City, State, ZIP Code :** \_\_\_\_\_  
**Employer Telephone:** \_\_\_\_\_  
**Dates Employed :** \_\_\_\_\_  
**Reason for Leaving :** \_\_\_\_\_

**Employer Name :** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Supervisor Name :** \_\_\_\_\_  
**Employer Address :** \_\_\_\_\_  
**City, State, ZIP Code :** \_\_\_\_\_  
**Employer Telephone:** \_\_\_\_\_  
**Dates Employed :** \_\_\_\_\_  
**Reason for Leaving :** \_\_\_\_\_

**Employer Name :** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Supervisor Name :** \_\_\_\_\_  
**Employer Address :** \_\_\_\_\_  
**City, State, ZIP Code :** \_\_\_\_\_  
**Employer Telephone:** \_\_\_\_\_  
**Dates Employed :** \_\_\_\_\_  
**Reason for Leaving :** \_\_\_\_\_

**Military :**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist into? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

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Have you resided in Pennsylvania for the last two years ?

☐ Yes

☐ No

If not, when did you move to Pennsylvania ? \_\_\_\_\_

Have you ever been investigated, disciplined, or discharged by an employer for client abuse or neglect ?

☐ Yes

☐ No

If yes, please explain :

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Have you ever plead guilty or convicted of a crime ?

☐ Yes

☐ No

If yes, please explain :

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**EDUCATION :**

**High School**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Years Completed : \_\_\_\_\_  
Graduated :        YES    or NO  
Major \_\_\_\_\_  
Degree \_\_\_\_\_

**Undergraduate College**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Years Completed : \_\_\_\_\_  
Graduated :        YES    or NO  
Major \_\_\_\_\_  
Degree \_\_\_\_\_

**Graduate / Professional**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Years Completed : \_\_\_\_\_  
Graduated :        YES    or NO  
Major \_\_\_\_\_  
Degree \_\_\_\_\_

## **PROFESSIONAL LICENSE AND / OR CERTIFICATIONS**

**List any Professional License :** \_\_\_\_\_

**License Number :** \_\_\_\_\_

**Has Your Professional License Ever Been Suspended or Revoked ? YES or NO**

**If yes, please explain:**

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**LIST any Relevant Certifications:**

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## **REFERENCES**

**Name :** \_\_\_\_\_

**Relationship :** \_\_\_\_\_

**Address :** \_\_\_\_\_

**City, State, ZIP** \_\_\_\_\_

**Telephone :** \_\_\_\_\_

**Name :** \_\_\_\_\_

**Relationship :** \_\_\_\_\_

**Address :** \_\_\_\_\_

**City, State, ZIP** \_\_\_\_\_

**Telephone :** \_\_\_\_\_

**Name :** \_\_\_\_\_

**Relationship :** \_\_\_\_\_

**Address :** \_\_\_\_\_

**City, State, ZIP** \_\_\_\_\_

**Telephone :** \_\_\_\_\_

## CRIMINAL BACKGROUND DISCLOSURE

Please check any if applied :

- ☐ Convicted of criminal homicide
- ☐ Convicted of kidnapping and false imprisonment
- ☐ Convicted of indecency with minor
- ☐ Convicted of sexual assault
- ☐ Convicted of aggravated assault
- ☐ Convicted of injury to a minor, elderly or disabled individual
- ☐ Convicted of abandoning or endangering a minor
- ☐ Convicted of aiding suicide
- ☐ Convicted of agreement to abduct from custody
- ☐ Convicted of sale or purchase of a minor
- ☐ Convicted of arson
- ☐ Convicted of robbery
- ☐ Convicted of aggravated robbery

I also, understand that prior to an offer of employment at Reliable Supportive Home Care LLC will conduct a criminal background check within the State of Pennsylvania and search the nurse aide registry and employment misconduct registry to determine eligibility for employment.

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

Witnessed By : \_\_\_\_\_ Date \_\_\_\_\_

## SKILLS AND QUALIFICATIONS

**Please list any other qualifications, professional organizations, and/or volunteer experiences that are applicable to the position for which you are applying for. You may exclude any whose name would indicate the race, religion, creed, color, national origin, or ancestry of it's members**

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## AUTHORIZATION AND RELEASE OF INFORMATION

I hereby give Reliable Supportive Home Care LLC, and any of its affiliates and divisions, the right to thoroughly investigate my past employment, education, police record, activities, and I release from all liability all persons, companies, and corporations supplying such information. I indemnify RSHC against any liability which might result from conducting such an investigation. I understand that any false answers or statements or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between RSHC and myself for either employment, contract work, or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon RSHC unless made in writing by the President and Chief Executive Officer. I acknowledge by signing below that I fully understand that I am applying to the agency as a contracted Lifesharing provider and not one particular home or individual.

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