## JOB APPLICATION

## 1st PRESTIGE HOME CARE AGENCY 6425 Living PI Ste 200, Pittsburgh, Pennsylvania 15206 412-450-6043

1st PRESTIGE HOME CARE AGENCY is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information Applicant Name: Address: City, State and Zip Code: Telephone Number: Email Address:  Date of Application:				
Employment Position Position(s) applying for: CA	REGIVER			
How did you hear about this What days are you available What hours or shift are you a	position? for work? vailable for work?			
If needed, are you available to work overtime?  On what date can you start working if you are hired?  Do you have reliable transportation to and from work?  Salary desired:				
Personal Information  Have you ever applied to or work  If yes, when?	worked for 1st PRESTIGE	HOME CARE AGENCY before?	Yes	No
Do you have any friends, rela CARE AGENCY If yes, state name & relations		orking for 1st PRESTIGE HOME	- Yes	No
Are you 18 years of age or ol	der?		- Yes	Nο

Are you a U.S. citizen or approved to work in the United States?			`	⁄es	No
What document can you pro	vide as proof of citizenship	or legal status?			
Do you have any condition v	, ,			⁄es	No
If yes, please describe acco	mmodations required below				
Have you ever been convict If yes, please state the natur	•	•		es the ca	No ise:
(Note: No applicant will be de The date of the offense, th description of the event, and position(s) applied for may, h	ne nature of the offense, ind the surrounding circumsta	ncluding any significa	nt details tha	at affe	ct the
<b>Job Skills/Qualifications</b> Please list below the skills an	d qualifications you possess	s for the position for wh	nich you are a	applyin	g: ——
(Note: 1st PRESTIGE HOME accommodation measures th functions. It is possible that a examination conducted by a	at may be necessary for elig hire may be tested on skill/a	iible applicants/employ	ees to perfor	m esse	ential
Education and Training					
High School					
Name	Location (City, State)	Year Graduated	Degree	Earne	k
College/University	I				
Name	Location (City, State)	Year Graduated	Degree	Earne	t
   Vocational School/Speciali					
Name_	Location (City, State)	Year Graduated	Degree	Earne	k

Military:

What branch of the military did you e	nlist?		
What was your military rank when dis	scharged?		
How many years did you serve in the	military?		
What military skills do you possess th	nat would be	an asset for this position?	
Previous Employment			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			_
Dates Employed:			
Reason for leaving:			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
References			
Please provide 2 personal and profess	sional referer	nce(s) below:	
Reference		Contact Information	
113.0101100			

## <u>Additional Information:</u>

Are you able to submit proof that you are a Resident of PA for 2 years or more?

Who should we contact in the event of an emergency?  **AT-WILL EMPLOYMENT**  The relationship between you and the 1st PRESTIGE HOME CARE AGENCY is referred to as "employment at will." This means that your employment can be terminated at any time for any reason with or without cause, with or without notice, by you or the 1st PRESTIGE HOME CARE AGENCY. Not representative of 1st PRESTIGE HOME CARE AGENCY has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "a will," and that you acknowledge that no oral or written statements or representations regarding you employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.				
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Applicant Signature: Dated:	Applicant Signature:		Dated:	