



# Garvey Manor and Our Lady of the Alleghenies Residence

*Our Mission is to promote and provide personal and professional quality of care in an atmosphere which reflects Christ's compassion, love and concern for the elderly.*

# Employment Application

1037 South Logan Boulevard Hollidaysburg, Pennsylvania 16648 Phone: (814) 695-5571 Fax: (814) 695-8516

Garvey Manor offers equal employment opportunity to all applicants for employment and to all employees regardless of race, color, religion, sex, national origin, age, disability, or any characteristic protected by law.

### PERSONAL INFORMATION

Name (First, Middle, Last)			Date:		
Current Address:			Telephone Number: ( )		
City:	State:	Zip:	E-Mail Address:		
Other names under which you have worked:			US Citizen or permitted to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you previously employed by Garvey Manor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give dates of employment and position(s) held:			
Names of relatives employed by Garvey Manor:			How did you become aware of position for which you are applying?		
If you are considered for employment, when would you be available for work?			Do you have a reliable method of transportation that can be utilized to commute to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### EMPLOYMENT DESIRED

Position(s) applied for:					
Desired status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> First Available					
Hours you will consider (check all that apply): <input type="checkbox"/> Day Time <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotation <input type="checkbox"/> Weekends					

### EDUCATION AND TRAINING

SCHOOL	NAME OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				LIST DIPLOMA, DEGREE, OR CERTIFICATION
			1	2	3	4	
High School			1	2	3	4	
College			1	2	3	4	
Nursing School			1	2	3	4	
Other (Specify)			1	2	3	4	

### REGISTRATION/LICENSE/CERTIFICATION

#### Professional position-related registration, licensure, and/or certification:

Type:	State:	License/Certification No.	Expiration Date:
Type:	State:	License/Certification No.	Expiration Date:

**EMPLOYMENT HISTORY**

**Must be completed in full. List your present or more recent employer first. Account for complete work history.  
Use additional pages if necessary.**

From Mo.____ Yr.____	Employer Name:	Name/Title of Last Supervisor:	
To Mo.____ Yr.____	Employer Address:		
Telephone Number: ( )	Position Held:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift:
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:		

From Mo.____ Yr.____	Employer Name:	Name/Title of Last Supervisor:	
To Mo.____ Yr.____	Employer Address:		
Telephone Number: ( )	Position Held:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift:
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:		

From Mo.____ Yr.____	Employer Name:	Name/Title of Last Supervisor:	
To Mo.____ Yr.____	Employer Address:		
Telephone Number: ( )	Position Held:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift:
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:		

From Mo.____ Yr.____	Employer Name:	Name/Title of Last Supervisor:	
To Mo.____ Yr.____	Employer Address:		
Telephone Number: ( )	Position Held:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift:
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:		

From Mo.____ Yr.____	Employer Name:	Name/Title of Last Supervisor:	
To Mo.____ Yr.____	Employer Address:		
Telephone Number: ( )	Position Held:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift:
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:		

**REFERENCES (Please do NOT list relatives)**

Name: _____	Phone Number: (____) _____
Occupation: _____	<input type="checkbox"/> Personal Reference <input type="checkbox"/> Professional Reference
Name: _____	Phone Number: (____) _____
Occupation: _____	<input type="checkbox"/> Personal Reference <input type="checkbox"/> Professional Reference
Name: _____	Phone Number: (____) _____
Occupation: _____	<input type="checkbox"/> Personal Reference <input type="checkbox"/> Professional Reference

**ACKNOWLEDGEMENT**

**APPLICANT: PLEASE READ CAREFULLY BEFORE SIGNING.**

- I hereby certify that the information I have provided in this employment application is true and complete and agree to have any of the statements verified by Garvey Manor unless I have indicated to the contrary. I understand and accept that there will be no consideration of this application to the extent that I fail to supply job-related information, such as unexplained gaps in my employment history. I understand that any misrepresentation or falsification of the information I have provided will be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentation herein or in conjunction with the application process will result in termination of employment.
- As part of Garvey Manor’s procedure for processing employment applications, I understand that there will be a job-related reference check. This inquiry may include information regarding my character, work habits (including reasons for past terminations from employment), attendance, punctuality, ability to relate to and work with co-workers and individuals served by the businesses for which I worked to the extent they bear on my ability to perform the essential functions of the position for which I have applied. I authorize and encourage Garvey Manor to conduct such an investigation and to make whatever inquiries it considers necessary in connection with my application for employment or in the course of review of my employment. I authorize and encourage all individuals and organizations, including but not limited to companies, corporations, departments of motor vehicles, and law enforcement agencies, to supply job-related information concerning my background to Garvey Manor and its agents. I release Garvey Manor, its employees and agents, and all persons and entities that provide information concerning me to Garvey Manor, its employees or agents, from liability for any damages arising out of supplying, receiving, or acting upon such information.
- In exchange for Garvey Manor’s agreement to receive, process and consider my application for employment, I hereby release Garvey Manor and any and all persons or organizations contacted by Garvey Manor from any and all claims or causes of action arising out of Garvey Manor’s verification of the information I have provided in this application and/or its determination of my qualifications and abilities.
- I understand that employment is contingent upon satisfactory reference and work history verification. Should a job offer be made, I consent to having a post-offer physical examination by the physician of Garvey Manor’s choosing and such future examinations as may be required by Garvey Manor. I hereby consent to undergo that physical examination that may include any and all tests and procedures determined by Garvey Manor to be helpful in evaluating my suitability for employment including, without limitation, TB testing, urinalysis, x-rays, controlled substance and/or alcohol testing. I understand that any job offer or my continuing employment, if hired, is contingent upon my being physically, mentally, and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job.
- I understand and accept that, if an offer of employment is made to me, the offer shall be contingent upon receipt of a satisfactory criminal history clearance and verification that I am not excluded from participation in federally funded healthcare programs, including Medicaid and Medicare.
- I understand and accept that, if an offer of employment is made to me, the offer shall be contingent upon my obtaining influenza immunization prior to commencing employment if hired during flu season (October-March) or agreeing to obtain influenza immunization when required if hired outside of flu season. If unable to obtain a flu immunization due to a documented medical condition from a physician that contraindicates receipt of the vaccine or a bona fide religious reason supported by a written statement from a verified leader of the religious organization, an exemption will be considered.
- I understand and accept that, if an offer of employment is made to me, the offer shall be contingent upon my providing documentation of a COVID-19 vaccination/series prior to or upon commencing employment. If unable to obtain a COVID-19 vaccination due to a documented medical condition from a physician that contraindicates receipt of the vaccine or a bona fide religious reason supported by a written statement from a verified leader of the religious organization, an exemption will be considered.
- I understand and accept that, if hired, Garvey Manor may provide me with use of its property, including a desk, locker, telephone, pager, computer hardware/software, keys, etc. To ensure that this property is used only for business purposes and not in violation of facility policy, I understand and accept that such equipment remains Garvey Manor property, to be used only for legitimate business, and that they may be subject to announced or unannounced searches, including any electronic mail or voice mail created or received by me. I authorize and encourage Garvey Manor to conduct any such search to verify my compliance with policy.
- I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures, if hired.
- I understand that nothing in this employment application is intended to lead to or to create an employment contract between Garvey Manor and myself which would in any way restrict the right of the facility to terminate my employment at-will. I further understand and agree that the employment relationship that may result from my application will be employment at-will, and either I or Garvey Manor may terminate that relationship at any time.

Do you believe you would be able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?  Yes  No

Applicant’s Signature: \_\_\_\_\_

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

**IF APPLICANT IS UNDER AGE 18:**

Signature of Parent/Guardian: \_\_\_\_\_

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

I, \_\_\_\_\_, hereby swear and affirm that I am not disqualified from employment with Garvey Manor and/or Our Lady of the Alleghenies Residence under Section 503 of the Older Adults Protective Services Act, 35 P.S. 10225.503. I understand that the Act prohibits employment of any applicant who has been convicted of one of the following enumerated crimes and I certify that I have not been convicted of any of these crimes nor have I been convicted of similar crimes in states other than Pennsylvania or in Federal Court. The crimes are as follows:

Offense Code	Prohibitive Offense	Type of Conviction
CC2200	Criminal Homicide	Any
CC2502A,B,C	Murder I, II, III	Any
CC2503; CC2504	Voluntary Manslaughter; Involuntary Manslaughter	Any
CC2505; CC2506	Causing or Aiding Suicide; Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC2901; CC2902	Kidnapping; Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125-CC3127	Aggravated Indecent Assault; Indecent Assault; Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901 CC3921-CC3929.3 CC3930-CC3934	Theft; Theft By Unlawful Taking; Theft By Deception; Theft By Extortion; Theft By Property Lost; Receiving Stolen Property; Theft of Services; Theft By Failure to Deposit; Unauthorized Use of a Motor Vehicle; Retail Theft; Library Theft; Unlawful Possession of Retail or Library Theft Instruments; Organized Retail Theft; Theft of Trade Secrets; Theft of Unpublished Dramas or Musicals; Theft of Leased Properties; Unlawful Use of a Computer; Theft from a Motor Vehicle	Any One Felony or Two Misdemeanors within the 3900 Series (CC3901-CC3934)
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302-CC4305	Incest; Concealing the Death of a Child; Endangering the Welfare of Children; Dealing in Infant Children	Any
CC4952; CC4953	Intimidation of Witnesses or Victims; Retaliation Against Witnesses or Victims	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35i,ii,iii	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx	Any Other Felony Drug Conviction Appearing on a PA Rap Sheet	Felony

I further understand that the Act permits me to be employed for a period of 30 days if I am a resident of Pennsylvania and 90 days if I am a non-resident of Pennsylvania pending receipt of the criminal history background check which I have applied for under the Act.

I further understand that if I do not receive the results of the criminal background check within the applicable times my employment may be suspended pending receipt of the clearance. I also understand that, if the criminal background checks reveal information that would prohibit me from employment, my employment will be suspended or terminated.

Please check one:

- I have been a resident of the Commonwealth of Pennsylvania (PA) for the past two years.  
 I am not or, for the two years immediately preceding the date of this application, have not been a resident of the Commonwealth of PA.

My signature to this document verifies the above information and also indicates that I was never dismissed from employment due to abuse or neglect of clients or residents.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF APPLICANT IS UNDER AGE 18:**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_