



Pedia Manor

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: All applications must be typed or printed legibly in ink. Incomplete or illegible application will not be considered. All documents submitted become the property of Pedia Manor and will not be returned. Make copies of any information you submit and wish to keep. Resumes are highly encouraged. **When completed please save on your computer, and e-mail as an attachment to jobs@pediamanor.org** along with your resume and any additional application items.

SECTION I:

Demographics		
First Name	Last Name	Middle Name
Mailing Address (Street/P.O. Box, City, State, Zip)		Social Security Number
Home Phone	Cell Phone	E-mail Address

Position Applied For: Staff Nurse PCA/CNA RCP Other
 Type of Employment: Full Time Part-Time PRN/Per Diem Other
 Shift Preference: Day (7a-7p) Night (7p-7a) Weekend Other
 Do you possess a valid PA drivers license: Yes No License #: _____ Class: A B C
 Are you currently, or have you ever been, employed by Pedia Manor: Yes No

*If yes, please indicate dates of employment, classification, or former names under which you were employed:

Do you have any relatives currently employed at Pedia Manor? Yes No

*If yes, please indicate their name and relationship:

Were you ever terminated, discharged, rejected during probationary period, or have ever resigned under threat of termination or unfavorable circumstances from any employer: Yes No

*If yes, please offer details:

As an adult, have you ever been convicted of a misdemeanor or felony? Yes No

*If yes, please indicate nature of offense, when, where, and disposition of case:

Do you have any scheduling limitations (i.e. school, alternate employment, etc) that will affect you availability over the course of the upcoming year? Yes No If Yes, please explain:

SECTION II: Education & Training *This section is required to prove you meet the minimal requirements for this position. You will be asked to produce a copy of your degree, diploma, license, etc during the interview process. Please do not submit a resume in lieu of this section of the application.*

Education and Training, (Please include High School or GED equivalent)

School	City, State	Dates	Graduated	Degree	Subject/Major

Licensure/Certification (State, Professional, Nursing, Trade, etc, required for this position)

Description/Certificate Number	Issued By	Expiration Date

Milford Square
2326 Milford Square Pike
Quakertown, Pa 18951

Old Bethlehem Pike
2440 Old Bethlehem Pike
Quakertown, Pa 18951

Thatcher Rd
290 W. Thatcher Rd
Quakertown, Pa 18951

Durham Rd. I & II
6095 Durham Rd.
Pipersville, Pa 18947



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SECTION III: Employment History

Professional/Volunteer Experience (Please list most current experience first)

Employer Information	Job Responsibilities/Title	Employment Information
Name/Address of Employer:	Job Title:	Dates of Employment:
Telephone:	Duties:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Supervisor:	Supervised Others <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Hourly Rate: Reason for Leaving:
Name/Address of Employer:	Job Title:	Dates of Employment:
Telephone:	Duties:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Supervisor:	Supervised Others <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Hourly Rate: Reason for Leaving:
Name/Address of Employer:	Job Title:	Dates of Employment:
Telephone:	Duties:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Supervisor:	Supervised Others <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Hourly Rate: Reason for Leaving:

Additional Employment History is Attached Resume is Attached
 May we contact your employers: Yes No - If no, who do you wish we not contact:

SECTION IV: Professional References

18. List three professional references. Upon successful completion of an interview, you will be required to produce two written references for your employee file.

Name	Title/Relationship	Phone Number	Email Address

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SECTION V: Equal Employment Opportunity/Affirmative Action Questionnaire

The information on this questionnaire is voluntary but requested in Federal, State, and County requirement. It is handled separately on a confidential basis for statistical purposes and not retained with your application. It will not be used to discriminate against or give preference to any individual in a personnel transaction.

- Gender Male Female
- Ethnic Category: White (includes Indo-European, Pakistani, and East Indian)
 Black (Includes African, Jamaican, Trinidadian, and West Indian)
 Hispanic (Includes Mexican, Puerto Rican, Cuban, Latin American, or Spanish)
 American Indian (Includes persons who identify themselves, or are known as such, by virtue or tribal association)
 Other:

Do you have a disability that requires reasonable accommodation: Yes No

If yes, what accommodations would you need?

Note for applicants with disabilities: If you require testing accommodations, please contact the Personnel Office at the time you submit this application. Reasonable adjustments to testing facilities will be made to accommodate you.

Age Group: Under 18 Under 21 21-39 40-65 65 or older

Please indicate how you became aware of this job opportunity:

- | | |
|--|--|
| <input type="checkbox"/> Newspaper: | <input type="checkbox"/> Pedia Manor Employee: |
| <input type="checkbox"/> Internet: | <input type="checkbox"/> Friend/Relative: |
| <input type="checkbox"/> Bulletin Board: | <input type="checkbox"/> Other Publication: |

SECTION VI: Privacy Statement and Certification of Application *Please read carefully before signing*

I understand that the information I provide on this form will be used to determine whether I meet the requirements for this position only, and this application may serve as the basis for arriving at my final rating. I also understand and agree that providing the requested information is voluntary and that omission or distortion of any item may result in my qualifications not receiving full consideration, may disqualify me from participating further in the employment process, or may result in my termination from employment. I understand that my employment is contingent upon verification of my U.S. citizenship or legal right to remain permanently in the United States. I further understand that my employment may be contingent on passing a physical examination and providing proof of legal minimum age that may be required by certain positions.

Signature:

Date:

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