



201 S. 7th Street, Emmaus, PA 18049 Phone (610)-965-7662

South Mountain Memory Care is an Equal Opportunity Employer

Date of Application: _____

Which position(s) are you applying:

Caregiver/PCA _____ CNA _____ Med Tech _____ Housekeeping _____ Dietary _____
Maintenance _____ Life Enrichment _____ Clerical _____ LPN _____ Concierge _____

Which Shift / Hours are you available? _____ Part-Time _____ Full-Time _____

Days available: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

PLEASE NOTE: Most positions require every other weekend and holidays

Name of Applicant: _____ Email: _____

Day phone #: (____) _____ Alt./Cell phone #: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Do you have a CPR certification? _____ If so, expiration date: _____

Do you have First Aid certification? _____ If so, expiration date: _____

Other Certifications/Licenses: _____

List any other experiences that you feel would be significant in our evaluation of your capabilities:

List any awards or special recognition you received in your field: _____

South Mountain Memory Care / Employment Application

EDUCATIONAL INFORMATION

Type of School	Name and City/State	Graduated Yes or No	Course or Major
<i>High School</i>			
<i>College</i>			
<i>Business or Trade</i>			

Employment History

Are You Currently Employed? Yes: ___ No: ___ Where: _____
 If yes, when and where? _____

*Starting with your most current employment, list previously held positions:
 (Use back side of application if needed for additional employers.)*

Employer _____ **Position** _____
Address _____
Supervisor _____ **Phone number** _____
List your duties and title _____

Hours worked _____ **Salary** _____ **Yrs of employment** _____
Date of hire _____ **Date employment ended** _____
Reason for leaving position _____

Employer _____ **Position** _____
Address _____
Supervisor _____ **Phone number** _____
List your duties and title _____

Hours worked _____ **Salary** _____ **Yrs of employment** _____
Date of hire _____ **Date employment ended** _____
Reason for leaving position: _____

Employer _____ **Position** _____
Address _____
Supervisor _____ **Phone number** _____
List your duties and title _____

Hours worked _____ **Salary** _____ **Yrs of employment** _____
Date of hire _____ **Date employment ended** _____
Reason for leaving position: _____

Employment References (2)

Name & Title	Address & Phone number	Business	How many yrs. acquainted?
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1. _____

2. _____

Personal References (2) - (DO NOT USE RELATIVES)

Name	Address & Phone number	Relationship	Yrs Known
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1. _____

2. _____

***Have you ever been convicted of a Felony or Misdemeanor?**

YES__ NO__ If the above answer is YES, please explain:

***Have you lived in the state of Pennsylvania for at least two (2) yrs?**

YES__ NO__

(If NO, a Federal Criminal Fingerprint Background Check will need to be performed by applicant.)

In signing this application, you hereby authorize South Mountain Memory Care to conduct investigations including clarification of prior employment history, education and references. Your signature indicates your awareness that false statements or failure to disclose information may be sufficient to disqualify you from your employment, or if employed, may result in your dismissal. In signing this application, you are aware that you may be subject to background checks and random drug and alcohol testing.

I am aware that all the above statements are correct, and that any incorrect statements or omission of material information to try and cover up the truth shall be just cause for dismissal.

I am also aware that I must submit information to the State Police for a Criminal Background Check (SP4-164) as a clearance to work at this facility, and my employment is conditional pending a clear report, and the hiring policies of South Mountain Memory Care. I am aware that the cost of this background check is my responsibility. The amount of the processing fee will be reimbursed to me contingent upon a clear background check, have completed 3 months (90 days) of employment, and appear in good standing.

Applicant's signature below:

Signature: _____

Date: _____



Criminal Record Information and Statement

South Mountain Memory Care identifies the following crimes as crimes that disqualify an applicant or employee from employment. If an applicant's or employee's criminal history record information indicates that the applicant or employee has been convicted of any of the following offenses, he or she is ineligible for employment.

1. Chapter 25 – criminal homicide
2. Section 2702 – aggravated assault
3. Section 2901 – kidnapping
4. Section 2902 – unlawful restraint
5. Section 3121 – rape
6. Section 3122.1 – statutory sexual assault
7. Section 3123 – involuntary deviate sexual intercourse
8. Section 3124.1 – sexual assault
9. Section 3125 – aggravated indecent assault
10. Section 3126 – indecent assault
11. Section 3127 – indecent exposure
12. Section 3301 – arson and related offenses
13. Section 3502 – burglary
14. Section 3701 – robbery
15. Chapter 39 – theft and related offenses (2 or more misdemeanors)
16. Section 4101 – forgery
17. Section 4114 – securing execution of documents by deception
18. Section 4302 – incest
19. Section 4303 – concealing the death of a child
20. Section 4304 – endangering welfare of children
21. Section 4305 – dealing in infant children
22. Section 4952 – intimidation against witnesses or victims
23. Section 4953 – retaliation against witnesses or victims
24. Section 5902 (b) – felony prostitution and related offenses
25. Section 5903 (c) or (d) – obscene and other sexual materials and performances
26. Section 6301 – corruption of minors
27. Section 6312 – sexual abuse of children
28. P.L. 233 – felony under controlled substance, drug, device and cosmetic act
29. A Federal or Out of State offense similar in nature to the crimes listed above.

I swear and affirm that I have been given the opportunity to review the crimes listed above and that I am not disqualified from employment under South Mountain Memory Care policy as a result of having been convicted of the listed offenses. I understand any false statements herein are subject to immediate termination.

Name: _____ Date: _____

SOUTH MOUNTAIN MEMORY CARE

Authorization for Conduction of State and Federal Criminal Background Checks

During the application process and at any time during the tenure of my employment with South Mountain Memory Care, I hereby authorize the PA Criminal Background (PATCH) on behalf of the South Mountain Memory Care. I understand that I may request a complete and accurate disclosure of the nature and score of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Social Security #: _____

First Name: _____

Middle Name: _____

Last Name: _____

Maiden/Other Name: _____

Date of Birth: _____

I understand the list of prohibited offenses under the PA Older Adult Protective Services and I am confirming when a background check is conducted, none of these offenses will show up on my record.

I also understand that if I live in any other state than PA or if I have not resided in PA for at least two (2) years, I will have to undergo an FBI check.

Signature: _____ Date: _____

**SOUTH MOUNTAIN MEMORY CARE
Criminal & FBI Check Clearance Form**

To comply with federal and state regulations (Act 169 as amended by Act 13), all long-term care facilities are required to run criminal background checks on prospective employees through the State Police. FBI Checks are required in cases in which the prospective employee has not resided in PA for the past two continuous years.

All offers of employment at South Mountain Memory Care are contingent upon a clear criminal background check and, if applicable, FBI clearance.

Please check the box that applies then sign and date below.

Yes, I have been a PA resident for the past 24 continuous months (2 years).

No, I have not been a PA resident for the past 24 continuous months (2 years).

I, _____, certify that by signing below, I do not have a history or conviction for violent crime. I also certify that I have never been dismissed from any employment due to abuse of clients or residents.

Print Name

Date

Sign Name