MERCY CENTER NURSING UNIT, INC.

APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

POSITION APPLYING FOR: _____ **DATE:** _____

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)			SOCIAL SECURITY NO.
ADDRESS	CITY	STATE	ZIP
PHONE	ALTERNATE PHONE		REFERRED BY

GENERAL INFORMATION

ARE YOU OF LEGAL AGE (18) TO WORK?		
WHEN CAN YOU START WORK?	FULL TIME/PART TIME?	WHAT SHIFTS?

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR VIOLENT CRIME? YES_____ NO _____
IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT DUE TO ABUSE OF CLIENTS OR RESIDENTS? YES _____ NO _____
IF YES, PLEASE EXPLAIN:

DO YOU HAVE MEDICAL CONDITIONS THAT WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING?
IF YES, PLEASE EXPLAIN:

HAVE YOU BEEN EMPLOYED BY SISTERS OF MERCY BEFORE? WHEN? WHERE?

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY MERCY CENTER? WHO?

DO YOU HAVE THE RIGHT TO WORK IN THE UNITED STATES? YES _____ NO _____
Federal Laws require that employers hire only individuals who are authorized to be lawfully employed in the United States.

Mercy Center Nursing Unit, Inc. will consider all applicants for employment without regard to race, religion, color, sex, national origin, age, disability, sexual orientation, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, Mercy Center Nursing Unit, Inc. will provide "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

TECHNICAL TRAINING

TYPE OF TRAINING	SCHOOL/TRAINER	WHEN	DID YOU RECEIVE A DIPLOMA OR CERTIFICATE?

PROFESSIONAL INFORMATION (If Applicable)

PROFESSIONAL LICENSURE:		REGISTRY/CERTIFICATION:	
LICENSE NUMBER:		REGISTRATION NO:	
EFFECTIVE DATE:	EXPIRATION DATE:	EFFECTIVE DATE:	EXPIRATION DATE:
OUT OF STATE LICENSE/NUMBER:		OUT OF STATE CERTIFICATION /NUMBER:	

EMPLOYMENT HISTORY

DATES MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	SUPERVISOR	REASON FOR LEAVING
FROM: ____/____	Name: ________ Address: ________	JOB TITLE ________	Name of Supv.: ________	
TO: ____/____	________ ________ Phone:	Salary: Start to Finish $ ______ / $ ______	May we contact present/previous employer? Yes____ No ____ If no, why?	
Describe Duties:				
FROM: ____/____	Name: ________ Address: ________	JOB TITLE ________	Name of Supv.: ________	
TO: ____/____	________ ________ Phone:	Salary: Start to Finish $ ______ / $ ______	May we contact present/previous employer? Yes____ No ____ If no, why?	
Describe Duties:				
FROM: ____/____	Name: ________ Address: ________	JOB TITLE ________	Name of Supv.: ________	
TO: ____/____	________ ________ Phone:	Salary: Start to Finish $ ______ / $ ______	May we contact present/previous employer? Yes____ No ____ If no, why?	
Describe Duties:				

RESIDENT HISTORY

HAVE YOU BEEN A RESIDENT OF THE STATE OF PA FOR TWO YEARS PRIOR TO FILLING OUT THIS APPLICATION? YES _____ NO_____	
IF NO, PLEASE PROVIDE YOUR PREVIOUS ADDRESSES AND THE DATES YOU RESIDED THERE.	
ADDRESS: CITY, STATE, ZIP	DATES YOU RESIDED THERE: FROM ______/_______ TO ______/______
ADDRESS: CITY, STATE, ZIP	DATES YOU RESIDED THERE: FROM ______/_______ TO ______/______

PROFESSIONAL REFERENCES- Please list three professional references we may contact who are able to evaluate your job related knowledge and abilities.

Name and Address	Occupation	Company	Phone
			( )
			( )
			( )

IMPORTANT! READ CAREFULLY!

Mercy Center Nursing Unit, Inc., in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background including my permission to do a complete criminal background check.

I understand that Mercy Center Nursing Unit, Inc. has a commitment to maintain an alcohol/drug free workplace and that Mercy Center Nursing Unit, Inc. may require an alcohol/drug testing under circumstances during my employment.

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired I will be able to resign at any time, for any reason. Likewise, Mercy Center Nursing Unit, Inc. can terminate my employment at any time with or without cause.

I authorize and request that all of my present and former employers and those individuals I have listed as professional references furnish information about my employment record, including a statement of reason for termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the required information.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the Mercy Center Nursing Unit, Inc. I further understand that no manager or representative of Mercy Center Nursing Unit, Inc. other than the administrator has the authority to enter into any agreement with me for employment for any specific period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the administrator of Mercy Center Nursing Unit, Inc.

I UNDERSTAND, AGREE, AND ACCEPT ALL OF THE TERMS AND CONDITIONS SET FORTH ON THIS APPLICATION:

APPLICANT'S SIGNATURE: ____________________ **DATE:** ____________

MERCY CENTER NURSING UNIT, Inc.
Human Resources Dept. -
Box 370 Lake Street
Dallas, PA 18612
Phone: (570) 675-2131 Fax: (570) 674-3132

Date: _____

TO: _____

_____

_____

RE: _____ Social Security # _____

The above individual has applied for a position with our company and informs us of having been in your employ. The nature of our business requires that we use every precaution in the selection of employees. Therefore, we would appreciate your opinion as to the character and reliability of this individual. Please be assured that your comments will be held in confidence.

Thank you for your anticipated cooperation and prompt response to this inquiry.

Very truly yours,

Laudenslager

Tasha Laudenslager
Human Resources Director

I authorize all former employers to furnish any information concerning my background and release them from all liability in connection with their doing so.

_____ _____
Date Signature

SP 4-164 (2-2013)

PENNSYLVANIA STATE POLICE

REQUEST FOR CRIMINAL RECORD CHECK

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*

TRY OUR WEBSITE FOR A QUICKER RESPONSE
https://epatch.state.pa.us

NAME/ REQUESTER	MERCY CENTER NURSING UNIT INC
ADDRESS	BOX 370 LAKE STREET
CITY/STATE/ ZIP CODE	DALLAS PA 18612

FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER

AFTER COMPLETION MAIL TO:

PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

1-888-QUERYPA (1-888-783-7972)

DO NOT SEND CASH OR PERSONAL CHECK

CHECK ONE BLOCK

☐ INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF $10.00, PAYABLE TO: "*COMMONWEALTH OF PENNSYLVANIA*"
THE FEE IS NONREFUNDABLE

☐ NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF $15.00, PAYABLE TO: "*COMMONWEALTH OF PENNSYLVANIA*"
THE FEE IS NONREFUNDABLE

☐ FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

5	7	0	-	6	7	5	-	2	1	3	1

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information *contained in the files of the Pennsylvania State Police Central Repository only*

FEES FOR REQUESTS - $10.00. NOTARIZED FEE REQUESTS - $15.00.
******MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA ******
◄◄◄◄◄◄CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST►►►►►►

REASON FOR REQUEST

☐ **INTERNATIONAL ADOPTION** - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. ($15.00 FOR REQUEST)

☐ ADOPTION (DOMESTIC)	☒ EMPLOYMENT/SCREENING	☐ PASSPORT
☐ ATTORNEY	☐ FOSTER CARE	☐ PRIVATE INVESTIGATIONS
☐ BANKING	☐ HEALTHCARE	☐ SOCIAL SERVICES
☐ BAR ASSOCIATION	☐ HOUSING	☐ TENANT CHECK
☐ CHURCH	☐ INSURANCE LICENSE	☐ VISA
☐ CHILD CARE	☐ MENTAL HEALTH	☐ VOLUNTEER AMBULANCE/FIREFIGHTER
☐ EDUCATION	☐ NURSE AID TRAINING	☐ VOLUNTEER
☒ ELDER CARE	☐ OTHER _____	
☐ EMERGENCY MANAGEMENT		

☐ **ACCESS & REVIEW** - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY WITH A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID, SEE TERMS & CONDITIONS)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT AND REQUIRED COPY OF GOVERNMENT PHOTO ID ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919