

### APPLICATION FOR EMPLOYMENT

#### Please Print.

Last Name	First Name	Middle Initial		Social Security Number		
Street Address	City	State	Zip	Code		
Street Address	City	2	— <b>-</b> r			
Telephone numl Home Telephon	pers and/or email address where you		s Telephone: (	)		
Email Address:	C. ( )	Other:	·	,		
Are you authorized to work in the United States?						
Have you ever b	peen employed by PAHrtners Deaf with Horizons?Yes	Services, Salisbury Beh	avioral Health,,	New Story, G	reen Tree School &	
If yes, which of	fice? Dates	of Employment:	nployment: Position:			
How did you fir	nd out about jobs with PAHrtners (f	or example Facebook, I	Deaf Digest, PA	Hrtners websit	te, etc.)?	
	n employee, list employee name:					
List the position	n(s) for which you are applying:					
Are you fluent i	n American Sign Language (ASL)?	P □ Yes □ No				
Education						
School	Name/Address of School	Course of Study/Major	# of Years Completed	Did you Graduate?	Indicate type of Degree or Diploma (AAS, BA/BS, MA/MS, etc.)	
High School						
Business/ Trade/Tech						
College						
Graduate						
Licenses/Certifications: List any licenses (including driver's license), certificates, or professional associations which relate to, or is a requirement of, the position for which you are applying.						
Type of Licens		License Number	State	Year Issued	Expiration Date	
L				<u> </u>		

# Employment History - Please give accurate, complete full-time and part-time employment record, beginning with your present or most recent employer. Be sure the contact information for the people you list as references is current. Do not write "See resume".

Company Name	Telephone ( )
Company Traine	
A 11	Dates of Employment
Address	From: To:
Name of Supervisor	Reason for Leaving
D. W.	May we contact this employer for a professional
Position	reference?YesNo
	· ·
Job Responsibilities	
Company Name	Telephone ( )
Address	Dates of Employment
	From: To:
	December Locking
Name of Supervisor	Reason for Leaving
Position	May we contact this employer for a professional
	reference?YesNo
X 1 D 1997	
Job Responsibilities	
Commonwy Nome	Telephone ( )
Company Name	refeptione ( )
Address	Dates of Employment
	From: To:
Name of Supervisor	Reason for Leaving
_	
Position	May we contact this employer for a professional
	reference?YesNo
Job Responsibilities	
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## Supervisory/Professional References - List a minimum of three (3) references. Current or former supervisors are preferred. References from family and friends will not be accepted.

	NAME	TITLE	COMPANY NAME & ADDRESS	PHONE & EMAIL	
1					
2					
3					
4					
Have you ever been disciplined or terminated from employment for abuse or neglect of an individual under your care?  YesNo  If yes, please explain:  The information provided on this Application for Employment is true, correct, and complete. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or termination from employment if I am subsequently employed.					
I give PAHrtners Deaf Services the right to investigate all references and to secure additional information about me, including criminal background clearance, child abuse clearance, FBI clearance, motor vehicle records, etc. as deemed necessary and appropriated by the Company for the position(s) for which I am applying. I hereby release from liability PAHrtners Deaf Services, LLC and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.					
PAHrtners Deaf Services is an Equal Opportunity Employer.					
P	PAHrtners Deaf Services participates in E-Verify to confirm employment eligibility.				
S	ignature of Applicant		Date		

### Job Skill Checklist

Do you have a valid driver's license?					Yes	No 🗌		
Are you comfortable working with a personal computer?					Yes 🗌	No 🗌		
Are you comfortable assisting patients with personal hygiene needs?					Yes No [			
Are you ever assisted patients with medications?					Yes No No			
Do you have any physical limitations that would make cleaning tasks difficult?					Yes 🗌 No [			
Have you ever written progress notes on patients?					Yes 🗌	No 🗌		
Describe you	ur strength	ıs as a Hum	an Services	Worker:				
In what area	a do you th	nink you ne	ed the most	t improveme	nt/skill deve	elopment?		
Positions you	are apply	ying for:				***************************************		
Please rate y	our prefe	rence for e	mployment:	•				
[	Full Tim	е	Par	t Time	□ F	lex Time		
For Resident	ial positior	ns, please "x	«" your shift	preferences	or availabil	ity:		
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
8am - 4pm								
2pm - 10pm								
4pm - 12am								
12am - 8am								
9:30am - 9:30pm								
9:30pm - 9:30am								

### **Application Questions**

The following questions relate to situations you may encounter while working with the residents in our program. Please write a brief response to the following questions:

1.	During your shift, John comes to you reporting that he does not feel safe and is afraid someone is trying to hurt him. How do you respond?
2.	Bert tell you that he is leaving the program and going to the bar to get drunk. You know Bert is not suppose to drink due to his liver problems. How do you respond to this?
3	. You have been very busy the entire shift helping residents with cleaning while staff you are working with has been on his/her personal page doing non-work related emails. How do you respond to this staff member?