

## HOMELAND CENTER EMPLOYMENT APPLICATION INSTRUCTIONS

Please read and follow the instructions **BEFORE** completing an application for employment with Homeland Center.

### **APPLICATIONS MUST BE TAKEN WITH YOU AND COMPLETED IN FULL BEFORE IT IS RETURNED.**

1. Each application includes a request for a Pennsylvania State Police Criminal Background check. This is a requirement of Pennsylvania Law (Act 13 of 1997) for any person wishing to be employed by a long-term care facility.
2. You may choose Option 1 or Option 2 regarding the PSP Criminal Background Check

**Option 1:** Complete the areas marked with an asterisk on the Request For Criminal Record Form and return it along with a \$10.00 money order to Homeland, and the Human Resources Department will complete the request via the Internet. **IF YOU RETURN THE APPLICATION WITHOUT THE MONEY ORDER, YOUR APPLICATION WILL NOT BE PROCESSED.** You will receive a copy of your completed background check by mail.

**Option 2:** Go to the State Police Website: <https://epatch.state.pa.us> and obtain your background check online. Then return a copy of the completed criminal background check with your application.

3. Complete the Authorization for Release of Confidential Information Form. Your completion of and signature on this form will give Homeland permission to verify the employment history that you have listed in the application.
4. Complete the Pre-Interview Questionnaire. **Applications will not be reviewed unless the Questionnaire is complete.**

Your application will be kept on file for a period of one (1) year. Please note that your PSP Criminal Background Check is good for one year from the date the request was completed by the PA. State Police.

**HOMELAND CENTER IS A DRUG FREE WORKPLACE AND REQUIRES POTENTIAL EMPLOYEES TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREEN.**

## Act 169 of 1996

**\*PURPOSE:** Requires criminal history background checks for employees of NH, PCH, Dom Care, Home Health and ADC. Employees with convictions for prohibitive offenses are precluded from working in these facilities.\*

### PROHIBITIVE OFFENSES:

- Criminal Homicide
- Aggravated Assault
- Kidnapping
- Unlawful Restraint
- Rape
- Statutory Sexual Assault
- Involuntary Deviate Sexual Intercourse
- Sexual Assault
- Aggravated Indecent Assault
- Indecent Assault
- Arson and Related Offenses
- Burglary
- Robbery
- Theft (Felony or 2 Misdemeanors)
- Forgery
- Securing Execution of Documents by Deception
- Incest
- Concealing the Death of a Child
- Felony Drug Offense
- Child Endangerment
- Dealing in Infant Children
- Intimidation of Witness
- Retaliation Against a Witness
- Prostitution (Felony Offense)
- Obscene or Other Sexual Materials
- Corruption of Minors

**EMPLOYEES:** An employee is defined as an applicant or new employee, including contract employees with direct contact with residents or unsupervised access to the personal living quarters. Also included are persons employed or contracted to provide care to a care-dependent individual for monetary consideration in the individual's residence.

**FACILITY:** The type of facilities covered by the Act are as follows:

- domiciliary care home
- home health agency
- long-term care nursing facility
- adult daily living center/day care
- personal care home

The Act also includes any private or public organization which provides care to care-dependent persons in their residence.

In addition, PA Department of Public Welfare has determined that the following DPW-licensed and DPW-operated residential facilities for adults are also covered by the Act:

- personal care home
- community residential rehabilitation services
- community homes for individuals with mental retardation
- family living homes
- ICF/MR's (private and state)
- state mental hospitals
- nursing facilities (licensed by DPW)
- long term structured residences

## 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.  
**Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.**

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

|                                 |                         |
|---------------------------------|-------------------------|
| <b>NAME/<br/>REQUESTER</b>      | HOMELAND CENTER         |
| <b>ADDRESS</b>                  | 1901 NORTH FIFTH STREET |
| <b>CITY/STATE/<br/>ZIP CODE</b> | HARRISBURG, PA 17102    |

**FOR CENTRAL REPOSITORY USE ONLY  
CONTROL NUMBER**

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

Local Number 717-425-5546  
1-888-QUERYPA (1-888-783-7972)

**CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)**

|   |  |  |                               |  |  |                                       |  |            |  |             |  |
|---|--|--|-------------------------------|--|--|---------------------------------------|--|------------|--|-------------|--|
|   |  |  |                               |  |  |                                       |  |            |  |             |  |
| <b>NAME/SUBJECT OF RECORD CHECK (FIRST)</b> |  |  | <b>(MIDDLE)</b>               |  |  | <b>(LAST)</b>                         |  |            |  |             |  |
| *   |  |  | *                             |  |  | *                                     |  |            |  |             |  |
| <b>MAIDEN NAME AND/OR ALIASES</b>           |  |  | <b>SOCIAL SECURITY NUMBER</b> |  |  | <b>DATE OF BIRTH<br/>(MM/DD/YYYY)</b> |  | <b>SEX</b> |  | <b>RACE</b> |  |
| *   |  |  | *                             |  |  | *                                     |  | *          |  | *           |  |

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

**REASON FOR REQUEST: All requests \$10.00**

**INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC)<br><input type="checkbox"/> ATTORNEY<br><input type="checkbox"/> BANKING<br><input type="checkbox"/> BAR ASSOCIATION<br><input type="checkbox"/> CHURCH<br><input type="checkbox"/> CHILD CARE<br><input type="checkbox"/> EDUCATION<br><input type="checkbox"/> ELDER CARE<br><input type="checkbox"/> EMERGENCY MANAGEMENT | <input type="checkbox"/> EMPLOYMENT/SCREENING<br><input type="checkbox"/> FOSTER CARE<br><input checked="" type="checkbox"/> HEALTHCARE<br><input type="checkbox"/> HOUSING<br><input type="checkbox"/> INSURANCE LICENSE<br><input type="checkbox"/> MENTAL HEALTH<br><input checked="" type="checkbox"/> NURSE AID TRAINING<br><input type="checkbox"/> OTHER <u>HEALTHCARE</u> | <input type="checkbox"/> PASSPORT<br><input type="checkbox"/> PRIVATE INVESTIGATIONS<br><input type="checkbox"/> SOCIAL SERVICES<br><input type="checkbox"/> TENANT CHECK<br><input type="checkbox"/> VISA<br><input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER<br><input type="checkbox"/> VOLUNTEER |
|---|---|--|

**ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)**

**AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.**

**HOMELAND CENTER**  
**PENNSYLVANIA RESIDENCY, CRIMINAL HISTORY RECORD, AND**  
**RESIDENT ABUSE VERIFICATION**

I, \_\_\_\_\_, have been a resident of  
PRINT YOUR FULL NAME  
Pennsylvania for \_\_\_\_\_ years and/or \_\_\_\_\_ months and verify this  
LIST # OF YEARS LIST # OF MONTHS  
information is true and correct.

I understand that false statements could prevent my employment or cause my discharge from employment if I am hired.

I further acknowledge if I have lived in Pennsylvania for less than two (2) years I will be required to have a FBI background check completed, in addition to a Pa. criminal background check.

Lastly, I attest I have no history of or conviction for a violent crime and have never been dismissed from prior employment because of resident abuse, resident neglect, or misappropriation of resident property.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# HOMELAND CENTER

## Application for Employment

**HOMELAND CENTER** is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

|   |  |  |        |
|---|--|--|--------|
| Position Applying For:  | Name (Last, First, Middle):                              | Other names under which you have attended school or been employed: |        |
| Street Address:   |  | City, State & Zip:   |        |
| Social Security Number:   | Home Phone:  | Cell Phone:  | Email: |
| Are you eligible to work in the United States?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |        |
| Are you 18 years of age or older?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If NO, what is your current age?                                   |        |
| Have you ever been employed by Homeland Center?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, dates of employment & reason for leaving:                  |        |
| Are you related to any current Homeland Center employee?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, their name & their relationship to you?                    |        |
| If required for position, do you have a valid driver's license?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, State of issuance, license #, and expiration date:         |        |
| How did you learn about this employment opportunity at Homeland Center? Check all that apply:   |  |  |        |
| <input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Walk-in <input type="checkbox"/> Website<br><input type="checkbox"/> Referral by employee <input type="checkbox"/> Other: |  |  |        |

### EDUCATION

| Education  | City/State | Did you graduate?  | If No, # of years left to graduate | If Yes, date of Graduation | Degree received | Major |
|--|------------|--|------------------------------------|----------------------------|-----------------|-------|
| High School:   |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                            |                 |       |
| GED:   |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                            |                 |       |
| Other School:  |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                            |                 |       |
| College:   |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                            |                 |       |
| College:   |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                            |                 |       |
| College:   |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                            |                 |       |
| Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying. <b>Example</b> (RN, LPN, CNA, etc.) |            |  |                                    |                            |                 |       |

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

**WORK EXPERIENCE-**Please detail your **entire** work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. **Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE:** HOMELAND CENTER reserves the right to contact all current and former employers for reference information.

|  |  |  |
|--|--|--|
| Dates Employed (most recent position)<br>From:            To | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br><br>If part-time, # hrs./wk: <input type="checkbox"/> | Title:   |
| Starting Salary:   | Organization Name and Address:   |  |
| Final Salary:  |  |  |
| Supervisor's Name, Title and Phone #:                        | Other Reference Name, Title and Phone #:   | Contact my current references:<br><input type="checkbox"/> At any time<br><input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties:  |  | Reason for Leaving:  |
| Dates Employed (most recent position)<br>From:            To | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time<br><br>If part-time, # hrs./wk: <input type="checkbox"/> | Title:   |
| Starting Salary:   | Organization Name and Address:   |  |
| Final Salary:  |  |  |
| Supervisor's Name, Title and Phone #:                        | Other Reference Name, Title and Phone #:   | Contact my current references:<br><input type="checkbox"/> At any time<br><input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties:  |  | Reason for Leaving:  |

**HOMELAND CENTER  
APPLICATION CERTIFICATION**

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION**

1. He/ She has never been suspended from the practice of medicine, nursing (including CNA certification);
2. He/ She has never been suspended or excluded from participation in or as a provider of services to Medicare, Medicaid or any private payer insurance carrier;
3. He/ She has never been convicted of any offense which would disqualify the applicant from participation in the Medicare or Medicaid programs;
4. He/ She has never been required to pay damages or civil penalties a part of any Medicare/Medicaid overpayment; and
5. They are unaware of any current or pending investigation involving the undersigned, whether directly or indirectly, involving allegations of billing fraud, overpayments, and the like.
6. He/ She has never been convicted of a violent criminal act or have been charged with any acts of resident abuse.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. **I authorize {HOMELAND CENTER} to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.** I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of {HOMELAND CENTER} serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis,

**Applicant Signature:** \_\_\_\_\_

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

**HOMELAND CENTER  
 AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION  
 REFERENCE CHECK REQUEST**

I \_\_\_\_\_ SS# \_\_\_\_\_  
 am a candidate for employment with Homeland Center. I hereby authorize, by my signature, the  
 completion of this form for the purpose of assessing my suitability for employment. Upon completion  
 please return by mail or fax to:

**HOMELAND CENTER  
 ATTN: NICOL M. BROWN, HR DIRECTOR/COMPLIANCE-PRIVACY OFFICER  
 1901 NORTH FIFTH STREET  
 HARRISBURG, PA 17102  
 PHONE (717) 221-7900 ext. 2165  
 FAX (717) 221-7904**

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

**SECTION BELOW TO BE COMPLETED BY HOMELAND CENTER**

Company Name and Address to be sent to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Prior position: \_\_\_\_\_ Prior dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Prior Rate of Pay: \$ \_\_\_\_\_ per hour/per year

**SECTION BELOW TO BE COMPLETED BY PRIOR EMPLOYER**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ per hour/per year

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Eligible For Re-Hire: YES or NO (Please Circle One) If not eligible, why? \_\_\_\_\_

| Appraisal Elements     | Above Average | Average | Below Average |
|------------------------|---------------|---------|---------------|
| Attendance             |               |         |               |
| Attitude/Cooperation   |               |         |               |
| Quality of Work        |               |         |               |
| Dependability          |               |         |               |
| Professional Knowledge |               |         |               |
| Interpersonal Skills   |               |         |               |
| Initiative             |               |         |               |
| Supervisory Ability    |               |         |               |

Additional Remarks: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Name and Title of Company Representative

\_\_\_\_\_  
 Date

If reference was completed by phone, the Homeland employee must sign and date their name below:

\_\_\_\_\_  
 Homeland Staff Signature

\_\_\_\_\_  
 Date

**HOMELAND CENTER  
PRE-INTERVIEW QUESTIONNAIRE**

- How do you balance the demands of your job and your personal life?
  
- What situations kept you from fulfilling your job duties or from coming to work on time at your last job?
  
- Describe a recent problem you had with one of your manager's decisions. How did *you* handle it?
  
- Tell me about the most recent problem you had with a co-worker. How did you handle it?
  
- Priorities often change suddenly throughout the day. If you are asked to quickly do another task, how does that affect your mood? What if it's the third time before noon?
  
- What do you feel is an acceptable amount of days to be absent in a calendar year?
  
- How have you responded in the past when your replacement calls in sick and a substitute will take over an hour to come in?
  
- During the last year, when your replacement hasn't shown up and your manager asked you to stay late, what percentage of the time have you stayed late?

- Think about the last time your manager critiqued your work. How did you respond?
  
- Everybody misses work sometimes. What are some legitimate reasons to miss work?
  
- Two hours before you are scheduled to arrive at work, you learn weather is going to be bad and traffic will be worse. How do you respond?
  
- If your shift ends at 3 p.m. and your replacement hasn't arrived by 3:15 p.m., what do you do?
  
- You just discovered it's a snow day and your kids have no school. You are scheduled to work 3–11, how would you handle this dilemma?
  
- It is your lunch break and you see a resident fall. What do you do?
  
- What would you do if you saw another co-worker stealing from a resident?
  
- Why should we choose you for this position?