

**HOMELAND CENTER  
EMPLOYMENT APPLICATION**

**FEDERAL AND STATE LAW REQUIRE THAT ALL APPLICATIONS BE CONSIDERED  
WITHOUT REGARD TO RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR DISABILITY.**

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

PHONE NO# (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

IF PART TIME, PLEASE SPECIFY DAYS AND HOURS \_\_\_\_\_

SALARY DESIRED \$ \_\_\_\_\_ PER HOUR DATE AVAILABLE FOR WORK \_\_\_\_\_

PLEASE INDICATE ANY SPECIAL CERTIFICATES, LICENSES, OR REGISTRATIONS THAT RELATE TO THE POSITION THAT YOU ARE APPLYING FOR (PLEASE INCLUDE CERTIFICATE OR REGISTRATION NUMBERS) \_\_\_\_\_

HAVE YOU EVER WORKED FOR HOMELAND BEFORE? YES OR NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

DATES OF EMPLOYMENT : FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENSE? (DO NOT INCLUDE TRAFFIC VIOLATIONS) YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

(A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)

ARE YOU OVER 18 YEARS OF AGE \_\_\_\_\_ IF NOT, PLEASE LIST AGE \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

EDUCATION	NAME/ADDRESS OF SCHOOL	YEARS	GRADUATE	COURSE/MAJOR
ELEMENTARY				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS				

ARE YOU A MEMBER OF THE US ARMED FORCES? YES \_\_\_ NO \_\_\_  
IF YES, BRANCH \_\_\_\_\_ RANK \_\_\_\_\_

**PRIOR EMPLOYMENT**  
**(PLEASE LIST MOST CURRENT EMPLOYER FIRST)**

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_ Starting Wage/Final Wage \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_ Starting Wage/Final Wage \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Duties \_\_\_\_\_

Reason For Leaving \_\_\_\_\_ Starting Wage/Final Wage \_\_\_\_\_

**REFERENCES**

**PLEASE LIST TWO PEOPLE (NOT RELATED TO YOU) WHO KNOW YOU PERSONALLY**  
**(Examples include Homeland Employee, Minister, Caseworker, Teacher, etc.)**

Name	Address	Years Known	Telephone Number
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The information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed by Homeland Center, misrepresentation or any false statements will be considered cause for dismissal. I hereby authorize you to investigate all statements made on this application as may be necessary.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**OPTIONAL  
AFFIRMATIVE ACTION REVIEW DATA SHEET  
HOMELAND CENTER**

**NAME** \_\_\_\_\_  
**POSITION APPLYING FOR** \_\_\_\_\_

*This document is not a part of the official employment application for Homeland Center. You may choose to include any, all or none of the information requested below. Any information you choose to include will be used solely for mandated Affirmative Action and Program Review reporting.*

*Under no circumstances will any information furnished on or through this Data Sheet be used in or for the employment selection process. The Data Sheet will be removed and reviewed apart from the Application and all other documents associated with employment selection.*

**DATE OF BIRTH** \_\_\_\_\_

**SEX** \_\_\_\_\_

**RACE** \_\_\_\_\_

**NATIONAL ORIGIN** \_\_\_\_\_

**REMEMBER: YOUR OPPORTUNITIES FOR EMPLOYMENT WILL NOT BE AFFECTED BY YOUR DECISION TO COMPLETE OR NOT COMPLETE THIS DATA SHEET.**

**THANK YOU.**

**HOMELAND CENTER  
APPLICATION CERTIFICATION**

**The undersigned employee applicant hereby certifies that:**

- 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.**

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**Applicant Signature**

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**Date**

**PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY  
(LEAVE BLANK)**

TYPE OR PRINT LEGIBLY WITH INK

**PART I: TO BE COMPLETED BY REQUESTER**

DATE OF REQUEST:

(INFORMATION WILL BE MAILED TO REQUESTER ONLY)

NAME OF REQUESTER:

ADDRESS:

CITY:

STATE:

ZIP:

AREA CODE:

CONTACT TELEPHONE NUMBER:

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REQUESTER IDENTIFICATION: (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.
- FEE - EXEMPT NONCRIMINAL JUSTICE AGENCY
- \*\*\*DO NOT SEND CASH OR PERSONAL CHECK\*\*\***

NAME/SUBJECT OF RECORD CHECK: (LAST)

(FIRST)

(MIDDLE)

MAIDEN NAME AND/OR ALIASES:

SOCIAL SECURITY NUMBER (SOC):

DATE OF BIRTH (DOB):

SEX:

RACE:

REASON FOR REQUEST: (CHECK ONE BLOCK)

- EMPLOYMENT
- FIREARMS PROHIBITION CHALLENGE
- INDIVIDUAL ACCESS AND REVIEW BY SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE (AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)
- OTHER (SPECIFY) \_\_\_\_\_

NOTE: A "NO RECORD" RESPONSE MAY TAKE THREE WEEKS TO PROCESS; A "RECORD" RESPONSE TAKES LONGER THAN A "NO RECORD" RESPONSE.

IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER.

REQUESTER CHECKLIST:

DID YOU ENTER THE FULL NAME, DOB, AND SOC?

DID YOU ENCLOSE THE \$10.00 FEE? (CERTIFIED CHECK/MONEY ORDER)

**\*\*\* DO NOT SEND CASH/PERSONAL CHECK\*\*\***

DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?

AFTER COMPLETION MAIL TO:

**PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY-164  
1800 ELMERTON AVENUE  
HARRISBURG, PENNSYLVANIA 17110-9758  
(717) 783-9973**

**PART II: CENTRAL REPOSITORY RESPONSE**

**\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\***

INFORMATION DISSEMINATED:

- NO RECORD       CRIMINAL RECORD ATTACHED

INQUIRY/DISSEMINATED BY:

SID NO:

THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED SOLELY ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.

- NAME       SOCIAL SECURITY NUMBER
- DATE OF BIRTH       RACE
- SEX       MAIDEN/ALIAS NAME

CERTIFIED BY:

(DIRECTOR, CENTRAL REPOSITORY)

The response is based on a comparison of data provided by the requester in Part I against information contained in the files of the Pennsylvania State Police Central Repository only. The Pennsylvania State Police response does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.