

HOMELAND CENTER EMPLOYMENT APPLICATION INSTRUCTIONS

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

Each application includes a request for a Pennsylvania State Police Criminal Background check. This is a requirement of Pennsylvania Law (**Act 169 of 1996 and Act 13 of 1997**) for any person wishing to be employed by a long-term care facility.

You may choose Option 1 or Option 2 regarding the PSP Criminal Background Check.

Option 1: Attach a \$10.00 money order, payable to Homeland, to your completed application and the Human Resources Department will complete the request via the Internet. 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 the background check yourself. Return a copy of the completed criminal background check with your application.

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

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, sexual orientation, or gender identity.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you are still required to complete all questions or your application will be deemed incomplete and may not be considered. Please complete each box (do not just indicate "See Resume.") Applications with missing or invalid job contact information will not be considered for any position.

Position Applying For and Shift Preferred:	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(s)?	<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 <i>newspaper</i> <input type="checkbox"/> Walk-in <input type="checkbox"/> Website _____ <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other: _____		

EDUCATION

Name of School	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				
Technical/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				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying. Example (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)

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WORK EXPERIENCE Please provide a **10 year** 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. **You may write "See Resume" when completing the "Primary Duties" section ONLY. All other areas are required to be completed.** **PLEASE NOTE:** HOMELAND CENTER reserves the right to contact all current and former employers for reference information.

Employer #1	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Dates Employed From: To	If part-time, # hrs./wk: <input type="checkbox"/>	
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Employer #2	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Dates Employed From: To	If part-time, # hrs./wk: <input type="checkbox"/>	
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Employer #3	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Dates Employed From: To	If part-time, # hrs./wk: <input type="checkbox"/>	
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

APPLICANT CERTIFICATION

PLEASE READ EACH CAREFULLY AND ANSWER AS REQUIRED. CIRCLE YOUR ANSWER

- T/F** 1. I have never been suspended from the practice of medicine, nursing (including CNA certification).
- T/F** 2. I have never been suspended or excluded from participation in or as a provider of services to Medicare, Medicaid or any private payer insurance carrier.
- T/F** 3. I have never been convicted of any offense which would disqualify the applicant from participation in the Medicare or Medicaid programs.
- T/F** 4. I have never been required to pay damages or civil penalties a part of any Medicare/Medicaid overpayment.
- T/F** 5. I am unaware of any current or pending investigation involving the undersigned, whether directly or indirectly, involving allegations of billing fraud, overpayments, and the like.
- T/F** 6. I have no history of, nor any conviction of, a violent criminal act. Nor have I been charged with any acts of resident, patient, or client abuse.
- 7. I have been a resident of Pennsylvania for _____ **years** and/or _____ **months** and verify this information is true and correct.
- Y/N** 8. I understand that false statements could prevent my employment or cause my discharge from employment if I am hired.
- Y/N** 9. I further acknowledge and understand 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.
- T/F** 10. I have never been dismissed from prior employment because of resident, patient, or client abuse, neglect, or misappropriation of resident, patient, or client property.
- T/F** 11. I understand Homeland is a drug free workplace and requires potential employees to submit to a pre-employment physical and drug screen.
- Y/N** 12. I authorize HOMELAND to investigate, without liability, all statements contained in this application and supporting materials
- Y/N** 13. 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.
- Y/N** 14. 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 employees of HOMELAND 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.
- Y/N** 15. If employed, I understand I will be required to furnish proof of eligibility to work in the United States, and to comply with HOMELAND and departmental regulations.
- Y/N** 16. I understand that if I have any Prohibitive Offenses as listed in **Act 169 of 1996 and Act 13 of 1997**, I will not be permitted to work with HOMELAND in any capacity

PRINT NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: ____/____/____

MAIDEN NAME/OTHER NAMES _____

SS#: ____-____-____

LICENSE OR CERTIFICATION NUMBER (IF APPLICABLE) _____

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} 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, for any or no reason, other than a reason prohibited by law.

APPLICANT SIGNATURE

DATE

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

I _____ SS# _____
PRINT NAME

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: Tracey Jennings, Asst. Director of Human Resources
 1901 NORTH FIFTH STREET
 HARRISBURG, PA 17102
 PHONE: (717) 221-7900 ext. 2169
 FAX: (717) 221-7904**

Applicant's Signature _____
Date

SECTION BELOW TO BE COMPLETED BY HOMELAND CENTER

Company Name and Address to be sent to:

Phone _____ **Fax** _____

Position Candidate is applying for: _____ **Hiring Dept:** _____

SECTION BELOW TO BE COMPLETED BY PRIOR EMPLOYER

Candidate's last position confirmed as: _____

Candidate's Dates of Employment Confirmed as: From _____ To _____

Rate of Pay: \$ _____ per hr. or annual salary

End of employment reason confirmed as: _____

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 Relationship Development			
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