

*Qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual preference, national origin, age, marital status, or physical or mental handicap.*

**The Thorne Group, Inc. - Home Health Services**

302 North 5<sup>th</sup> Street • Youngwood, PA 15697 • 724-755-2109 • Fax 724-755-0829 • email: info@thethornegroup.com

**APPLICATION FOR EMPLOYMENT**

(PLEASE PRINT)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Date of Application \_\_\_\_\_

Date you are available to start \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: Advertisement Friend/Relative Other: \_\_\_\_\_

Are you a citizen of the United States? .....Yes  No  
(Proof of U.S. citizenship or immigration status will be required if hired)

Have you ever been employed here before?  Yes  No If YES, indicate dates: from \_\_\_\_\_ to \_\_\_\_\_

Have you lived in the state of Pennsylvania at least two years? .....Yes  No

Have you ever been convicted of a crime? ..... Yes  No

If YES, explain: \_\_\_\_\_

Do you have relatives working here?..... Yes  No

If YES, list names: \_\_\_\_\_

Are you available for work: ..... Full-time  Part-time  Shift Work

What days/hours are you available for work? (please check days and list hours):

Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thu \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_  Sun \_\_\_\_\_

Are you willing to travel? .....Yes  No approximate miles .....

To what areas/towns? \_\_\_\_\_

Are you a certified Home Health Aide? .....Yes  No *If yes, expiration date*

Are you currently certified in CPR? .....Yes  No *If yes, expiration date*

Are you currently certified in First Aid? ..... Yes  No

Do you have transportation available for work? ..... Yes  No

**EDUCATION**

	School Name & City	Years Completed	Diploma or Degree Earned	Course of Study
<b>High School</b>				
<b>College</b>				
<b>Trade School</b>				
<b>Other</b>				

Describe any specialized training, skills, activities or previous work experience you have which are pertinent to this position:

**EMPLOYMENT**

Employer _____	Telephone No.:	Dates Employed:
Address	Work Performed:	From _____
		To _____
Supervisor:	Hourly Rate or Salary	
Job Title:	Starting _____ Ending _____	
	Reason for leaving:	
Employer _____	Telephone No.:	Dates Employed:
Address	Work Performed:	From _____
		To _____
Supervisor:	Hourly Rate or Salary	
Job Title:	Starting _____ Ending _____	
	Reason for leaving:	
Employer _____	Telephone No.:	Dates Employed:
Address	Work Performed:	From _____
		To _____
Supervisor:	Hourly Rate or Salary	
Job Title:	Starting _____ Ending _____	
	Reason for Leaving:	

**May we contact the above employers?** .....  Yes  No

**REFERENCES**

List names, addresses and phone numbers of three references not related to you. Indicate title or position.

*(Suggestions: Former or current teacher, priest/minister, volunteer supervisor, etc.)*

NAME	ADDRESS	PHONE	RELATIONSHIP

**STATEMENT**

I certify that the information herein is true and complete to the best of my knowledge. I authorize investigation by the Employer of all information and references contained in this Application for Employment as may be necessary in arriving at a decision concerning my employment. I hereby release the Employer, its agents and representatives, from any and all liability for such investigation and all previous employers, companies/corporations, organizations, and other persons for cooperating with such investigation.

In the event of employment, I understand that any false or misleading information or representation given in my application or interview(s) will result in my discharge at any time. I agree that, if I am employed, I am required to abide by all policies, rules, and regulations of the Employer.

I understand that my employment is "at-will" and may be terminated by myself or by the employer at any time for any reason at all, with or without prior notice.

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

\_\_\_\_\_  
Date of Application