



# Country Comfort Alternative Living



10546 River Road, New Columbia, PA 17856  
Phone: 570-568-1090 Fax: 570-568-1095

## APPLICATION FOR EMPLOYMENT

Have you been convicted of a felony within the last 7 years?\*  Yes  No  
(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain:

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On what date would you be available for work? \_\_\_\_\_

When are you available to work?  Full Time  Part Time  Shift Work  Temporary

Are you on lay-off and subject to recall?  Yes  No

Are you licensed to operate a motor vehicle?  Yes  No

If yes, give state and License number. State: \_\_\_\_\_ License #: \_\_\_\_\_

Is there any reason you may be unable to perform this job?  Yes  No

If yes, please state reason: \_\_\_\_\_

Do you understand the job which you are applying for will require  
lifting and bending?  Yes  No

## PROVISIONAL EMPLOYMENT

I, \_\_\_\_\_, hereby swear and affirm that a criminal history background clearance has been requested of the Pennsylvania State Policy (PA State Police for in state residents, or the FBI for out of state residents, or less than two years PA residency) on \_\_\_\_\_, and that I have never been convicted of a crime that would prohibit my employment at Country Comfort Alternative Living. I also understand that my employment is provisional and continued employment is based upon information to be received from the criminal justice agency. If the clearance request indicates conviction for crimes that prohibit my employment under Act 13, I understand that my employment must be terminated in compliance with state law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

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### EDUCATION:

	High School				Vocational Training				College/ University				Graduate/ Professional			
<b>School Name</b>																
<b>Years Completed/ Degree</b>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Diploma/Degree</b>																
<b>Describe Course of Study</b>																
<b>Describe Specialized Training, Apprenticeship, Skills and Extra - Curricular Activities</b>																

**Honors Received:** \_\_\_\_\_  
*State any additional information you feel may be helpful in considering your application.*

List professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

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### REFERENCES

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. (You may exclude organization names that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

1.	Employer:		Dates Employed	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason for Leaving:			

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2.	Employer:		Dates Employed		
	Address:		From:	To:	
	Phone Number:		Hourly Rate/Salary		
	Job Title:	Supervisor:	Starting:	Final:	
	Work Performed:				
	Reason for Leaving:				
3.	Employer:		Dates Employed		
	Address:		From:	To:	
	Phone Number:		Hourly Rate/Salary		
	Job Title:	Supervisor:	Starting:	Final:	
	Work Performed:				
	Reason for Leaving:				
4.	Employer:		Dates Employed		
	Address:		From:	To:	
	Phone Number:		Hourly Rate/Salary		
	Job Title:	Supervisor:	Starting:	Final:	
	Work Performed:				
	Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

May we contact your former employer?

Yes  No

Have you lived outside of Pennsylvania in the past two years?

Yes  No

Are you certified in CPR?

Yes  No If yes, expiration date: \_\_\_\_\_

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Are you certified in First Aid?  Yes  No If yes, expiration date: \_\_\_\_\_

### **Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment experience or education.

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I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false information given in my application may result in discharge. I also understand that I am required to abide by all rules and regulations of Country Comfort Alternative Living.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**

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### Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date