



## EMPLOYMENT APPLICATION



The Atrium is dedicated to making a positive difference in the lives of those entrusted to our care. Thank you for your interest in joining our team! Our goal is to hire the best-qualified candidates – those with the skills and abilities to provide the highest level of care to our residents.

The Atrium is an Equal Opportunity Employer. All applicants are considered for positions without regard to race, color, religion, creed, sex/gender (including pregnancy, childbirth and related medical conditions), sexual orientation, national origin, ancestry, age, disability, genetic information, use of a guide or support animal, military/veteran status, GED status, or any other characteristic protected under federal, state or local law.

The Atrium provides reasonable accommodation / modification to disabled individuals to assist in the hiring process and to qualified individuals with disabilities in the performance of essential job functions, as required by federal, state and local law. Any individual requiring accommodation / modification to complete this application for employment, or to participate in the interview process, should contact the Administrator at The Atrium at the phone number below.

**The Atrium / 216 Main Street / Johnstown, PA 15901 / Phone: 814-535-5347 / Fax: 814-539-4460**

### Personal Information

<b>Your Name</b>		<b>Today's Date</b>	
<b>Street Address</b>		<b>City / State / Zip Code</b>	
<b>Email Address</b>		<b>Phone Number</b>	
<b>Have you been a continuous resident of Pennsylvania for the past two (2) years prior to the date of submitting this application?</b>			___ YES    ___ NO
<b>Have you ever been employed by The Atrium? If YES, what year: _____</b>			___ YES    ___ NO

### Eligibility

<b>Have you ever been dismissed from employment due to abuse of a client / resident?</b> Including physical, mental, sexual abuse, neglect, abandonment or exploitation.	___ YES    ___ NO
<b>Are you legally authorized to work in the United States?</b> The Immigration Reform and Control Act of 1986 requires all applicants who are offered employment to produce documents establishing their identity and authorization for work in the United States no later than seventy-two (72) hours after employment begins. All new hires will be required to verify their employment authorization via a Form I-9 upon commencing employment.	___ YES    ___ NO
<b>Are you under 18 years of age?</b> If YES, a valid work permit will need to be presented prior to the start of employment.	___ YES    ___ NO

### Position Information

<b>Position(s) of Interest</b>			
<b>Date Available to Start</b>		<b>Desired Rate / Salary</b>	
<b>Desired Status</b>	___ Full Time	___ Part Time	___ Casual/PRN    ___ Other: _____
<b>Desired Shift</b>	___ Daylight	___ Evening	___ Night    ___ Other: _____
<b>Referred By</b>			

## Work Experience & Skills

Please include details for employment for the past ten (10) years, starting with your MOST RECENT job.

**Please be thorough; this information will be used to determine your starting rate if an offer is extended.**

Start Date (mo, yr)	End Date (mo, yr)	Employer Name & City, State	Position	Employer Phone#	Salary	Reason for Leaving
If the above (most recent) employer is your CURRENT employer, may we contact as a reference? _____ YES _____ NO						
Other work, skills or volunteering that relates to this position.						

## Education, License & Certification

Education	School Name / City, State	# of Years	Degree Rec'd	Subjects / Major
High School / GED				
College				
Other Education				
License / Certification	Type: _____ State: _____ Number: _____			

## References

Please provide three (3) work-related references. These should not be family or friends.

Reference Name	Employer	Title	Phone#	Yrs Known
1.				
2.				
3.				

## Applicant Statement

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination of my employment with The Atrium.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that an offer of employment is contingent upon the receipt of satisfactory reference statements from previous and/or current employers and/or professional references.

I understand that, if hired, my employment is "at will" and for no definite period of time and may be terminated at any time without prior notice. I consent to a pre-employment physical, which may include drug / alcohol testing, and agree that my employment or continued employment is contingent upon the results of that examination as permitted by law. I understand that I will not be asked to submit to an examination unless I am offered a position of employment. Further, I consent to employment background checks including criminal record satisfaction.

<b>Applicant Signature</b>		<b>Today's Date</b>	
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