

# Getz Personal Care Home Application For Employment

An Equal Opportunity Employer

Pre-employment questionnaire

## Personal Information

Name		Date	
Present Address		City	State
Permanent Address		City	State
Phone	Township	Are you 18 years or older?	
Are you either a U.S. Citizens or an Alien authorized to work in the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Last

First

Middle

## Employment Desired

Position	Date you can start	Hourly wage desired		
Are you available to work	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Shift preferred	Day shift <input type="checkbox"/>
Are you employed now?	If so, may we inquire of your present employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ever applied to Getz PCH before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When?	
Ever worked for Getz PCH before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When?	
Reason for leaving				
Who referred you to Getz PCH?				

## Education

School Level	Name and Location of school	No. of years attended	Did you graduate?	Subjects studied
High School				
College				
Trade or Business School				

## General

Special Training			
Special skills			
Are you certified in CPR? If yes, expiration date:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you certified in First Aid? If yes, expiration date:
			Yes <input type="checkbox"/> No <input type="checkbox"/>



## References

Below, give the names of three persons you are not related to, whom you have known at least one year.

	Name	Address	Business	Years acquainted
1				
2				
3				

## Emergency Contact

Name	Address	Phone

In the space below please describe your view of a day in the life of a personal care home resident.

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## Provisional Employment

I certify that I have no history of or conviction for a violent crime and I was never dismissed from employment due to abuse of a resident or client. I also understand that, if hired, my employment is provisional and continued employment is based upon information received from the required criminal background check. If the criminal background check indicates convictions for crimes that prohibit my employment under Act 169 of 1996 as amended by Act 13 of 1997, I understand that my employment must be terminated in compliance with state law.

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Date

Signature

## Authorization

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 dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Getz PCH has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Getz PCH representative.

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Date

Signature

Interviewed by		Date	
Comments			
Neatness		Ability	
Hired	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Position
Hourly wage		Shift	
		Date reporting to work	