

Gracedale Nursing Home
Gracedale Avenue
Nazareth, PA 18064-9213

Employment Application

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT PRACTICES BECAUSE OF RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, HANDICAP OR DISABILITY. NO QUESTION ON THIS APPLICATION IS ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANTS CONSIDERATION FOR EMPLOYMENT (BECAUSE OF HIS OR HER RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, HANDICAP OR DISABILITY).

PERSONAL DATA

PLEASE PRINT

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____ PHONE: _____
NUMBER STREET CITY STATE ZIP COUNTY

SOCIAL SECURITY NUMBER: _____ ARE YOU 17 YEARS OF AGE OR OLDER? _____

U.S. VETERAN? YES ___ NO ___ BRANCH OF SERVICE: _____

TYPE OF DISCHARGE: _____ DATES OF SERVICE: FROM _____ TO _____

HAVE YOU EVER BEEN EMPLOYED BY NORTHAMPTON COUNTY? YES ___ NO ___ DATES _____

REFERRAL SOURCE: ADVERTISEMENT ___ FRIEND ___ RELATIVE ___ WALK-IN ___ OTHER _____

HAVE YOU EVER PLEADED GUILTY OR HAVE BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES ___ NO ___

IF YES, PLEASE EXPLAIN: _____

(Criminal convictions are not an absolute bar to employment, but will only be considered with respect to the specific requirements of the job for which you are applying)

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____
NAME ADDRESS PHONE

RELATIONSHIP: _____

EMPLOYMENT DESIRED:

POSITION: _____ FULL TIME ___ PART TIME ___

DATE AVAILABLE: _____ ARE YOU CURRENTLY EMPLOYED? YES ___ NO ___

IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? YES ___ NO ___

EDUCATION:

	Elementary School	High School	Undergraduate College/University	Graduate Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

EMPLOYMENT RECORD:

EMPLOYER/ADDRESS	FROM	TO	POSITION	SALARY	SUPERVISOR'S NAME	REASON FOR LEAVING

PERSONAL REFERENCES: (NOT RELATIVES OR FORMER EMPLOYERS)

NAME	ADDRESS	PHONE	OCCUPATION

This information I have furnished on this application is true and correct to the best of my knowledge. I hereby give the County of Northampton the right to investigate my background, criminal history, and personal references. I understand that my employment may be contingent upon the result of an employee physical and that if employed, any false statements or willful deletion of pertinent information on this application will be sufficient cause for dismissal.

DATE: _____ SIGNATURE: _____