



AT HOME ESSENTIAL ASSISTANCE DELIVERY (*AHEAD*)

800 West State Street, Suite 103, Doylestown, PA 18901 / (215) 348-1800

APPLICATION FOR EMPLOYMENT - ESSENTIAL ASSISTANT

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

Applicant Name _____ Desired Hourly Rate \$ _____

Cell # _____ Home # _____

Physical Home Address _____

City, State, Zip _____

I have lived at this address since _____(year)

Mailing Address (if different) _____

Email Address _____

Have you ever been employed by this Company? Yes No

If Yes, provide dates of employment, location, and reason for separation from employment:

Have you previously applied for employment with this Company? Yes No

If Yes, when and where did you apply?

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

REFERENCES

Please list **work-related references** that we may contact.

Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship	Phone #

Please list **personal** references (not previous employers or relatives) who know you well that we may contact.

Name	# of Years Known	Occupation	City, State	Phone #

WORK HISTORY

Please list employers starting with your most recent employer first:

- List at least the past 10 years of employment. Attach extra sheet if needed.
- If self-employed, supply your company/role info below, plus attach business references.
- You may include any verifiable work performed on a volunteer basis, internships, or military service.
- Your failure to completely respond to each inquiry may disqualify you for consideration from employment.
- You can attach a resume, but you must fill in all sections on this form as well.

From:	Employer Name:	Job Title:	Did you give notice before leaving? <input type="checkbox"/> Yes _____ weeks <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
_____/_____ Month Year	Worksite City, State:	Job Duties:	May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No: Why not:
To:	Employer Phone #:	Final Pay Rate:	What will Employer say was the reason your employment was terminated?
_____/_____ Month Year	Supervisor's Name:	\$_____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week Reason for Leaving:	

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WORK HISTORY

- Have you ever been terminated or asked to resign from any job? Yes No
 Has your employment ever been terminated by mutual agreement? Yes No
 Have you ever been given the choice to resign rather than be terminated? Yes No

If you answered Yes to any of the above three questions, please explain the circumstances of EACH occasion:

EDUCATION

- No High School Diploma Some College Bachelor's Degree
 GED Technical School Diploma Post Graduate Degree (Master's, PhD, etc)
 High School Diploma College Associate Degree

Education	School Name, City, State	Graduated?	Degree/Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/Tech/Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL INFORMATION:

Resume Attached: Yes No

*Even if a resume is submitted, all information must still be completed on this application.
 Information on a submitted resume is considered to be part of this application.*

List any additional information that you would like to have considered as part of your application for this position:

APPLICANT/EMPLOYMENT CERTIFICATION

- 1. TERRITORY ACKNOWLEDGEMENT:** As a potential candidate for employment with AHEAD, I understand that most of the assignments handled by AHEAD are in Upper Bucks County, Central Bucks County, and Eastern Montgomery County, typically within a 20-30 minute drive of the Doylestown office . I understand that I will be required to travel using my own personal vehicle to and from the client's locations in these areas and I agree that will not be an issue or problem for me if offered employment.
- 2. DRIVING:** I understand and agree that if driving is a requirement of this job, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.
- 3. DRUG AND ALCOHOL TESTING:** AHEAD is a drug and alcohol-free work environment and I agree to abide by the established Substance Abuse Policy outlined in its Team Member Handbook. I understand that I may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs and do freely give my consent to be tested. I agree to submit to drug and/or alcohol testing after a conditional offer of employment is made and I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. If this test is positive, and if I am not hired, I understand that I will be given the opportunity to explain the results in writing. If employed, I understand that submitting to alcohol and/or drug testing is a condition of continued employment and I agree to undergo alcohol and drug testing consistent with the company's policies and applicable federal, state, and local law. I agree to submit to drug and/or alcohol testing when the employer has a reasonable suspicion, or as part of unannounced random testing, or following a work-related incident or accident, or as part of return-to-duty or follow-up testing. I agree that this requirement is a condition of continued employment and failure to submit to testing as required is a termination offense. In addition, I understand that test results will become part of my employment record maintained by the company. I hereby authorize these tests to be performed in the office, or results to be released to AHEAD when tests are performed outside of the office by a designated laboratory.
- 4. INVESTIGATIONS:** If employed by the company, I understand and agree that the company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.
- 5. RESTRICTIVE COVENANTS:** I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I will be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.
- 6. AT-WILL EMPLOYMENT:** This means that regardless of any provision in this application, the Company or Employee may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this application or in any document or statement, written or oral, shall limit the right of either party to terminate employment at-will. No officer, employee or representative of the company is authorized to enter into an agreement, express or implied, with me or any applicant for employment for a specified period of time unless such an agreement is in a written contract signed by the CEO of the company. If hired, I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.
- 7. BACKGROUND CHECKS:** I authorize the company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the company's intent to obtain "consumer reports."
- 8. LIABILITY RELEASE:** I authorize and consent to, without reservation, any party or agency contacted by this employer furnishing the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may

have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

9. **ELIGIBILITY FOR EMPLOYMENT:** If hired by this company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this company. I also understand this company employs only individuals who are legally eligible to work in the United States.
10. **ACTIVE APPLICATION/EMPLOYMENT CERTIFICATION:** I understand that if I wish to be considered for employment more than sixty (60) days after the date I sign this application, I must reapply and submit an updated application. If employed by the Company, I agree that by signing below, I continue to be bound by the representations made by me in this Applicant/Employment Certification.
11. **ACCURACY OF EMPLOYEE REPRESENTATIONS:** I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview, as well as any verbal representation made during the interview process, is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

Do not sign below until you have read and understand all of the information contained in this application. If you do not understand the application, an interviewer will take time to explain it to you.

Applicant Signature

Date

I hereby acknowledge that I have been personally interviewed for a potential position at AHEAD.

Applicant Signature

Date

FOR MINOR APPLICANTS ONLY (Under 18 years old):

If the applicant is a minor, the foregoing release and consent must be signed below by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian of all items listed above in the Applicant/Employment Certification, and specifically that the company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to company personnel who need to know, the applicant, and the applicant's legal Guardian.

Parent / Legal Guardian Signature

Date

Witness Signature

Date