



1432 Wilkins Rd Erie, PA 16505 Voice/TTY: (814) 874-0064 Fax (814) 874-3497 www.vficil.org
Seneca Location: 3798 State Rt. 257 Seneca, PA 16346 | St Marys Location: 250 Depot St. St Marys, PA 15857

Employment Application

Date _____

Last Name _____ First Name _____

Maiden/Other _____ (Middle) _____

Home Address _____ P.O. Box # _____

City _____ State _____ Zip Code _____ Preferred Method of Contact _____

Home Phone (landline) # _____ Cell# _____ Alt.# _____

Email Address _____ Date of Birth _____ Age: _____

SS# _____ Male Female

Emergency Contact _____ Emergency Contact # _____

Valid Driver's License? Y / N # _____ State Issued _____

Valid Photo ID# Y / N # _____ State Issued _____

EDUCATION

Did you graduate from High School? Y / N Highest level of education obtained _____

High School _____ Diploma/GED Y / N

College _____ Did you graduate? _____

Trade School _____ Did you graduate? _____

Certified Nurses Asst. Y / N Medical Asst. Y / N Licensed Practical Nurse Y / N Reg. Nurse Y / N

LEGAL HISTORY

Have you been convicted of any offense against the law, or are you now under charges for an offense against the law? **(Failure to answer honestly will result in VFI not considering you for employment)** Y / N
(A conviction will not necessarily bar you from employment)

Please list charges _____

Have you been charged with a DUI (Driving Under the Influence) _____

Was your license suspended? Y / N If currently suspended, until when? _____

Have you had a Criminal Background Check completed in the last year? Y / N Date _____

Have you had a Child Abuse Clearance completed in the last year? Y / N Date _____

Have you had a 2-TB step within the last year? Y / N Date read _____

Have you had a Hepatitis Test in the past Year? Last Injection _____

Schedule Preference – Print Name: _____

Check below to indicated the number of miles that you are willing to travel to get to a job site

5 miles		10 miles		15 miles		20 miles		25 miles		30+ miles	
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Check below to indicate the number of hours per week you are able to work

10 hours or less		10-25 hours		25 hours or more	
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Indicate which circumstances you are able to work:

Holidays		Overnight		Emergency on-call		Short Notice	
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What other languages do you speak? _____

Please provide a detailed schedule of your availability for all days:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Y	N	Transportation	
			Do you have a valid driver's license?
			Do you rely on public transportation?
			Do you own/have use of a personal vehicle?
			Are you willing to use your vehicle on the job?
			Are you willing to drive a consumer owned vehicle?

Y	N	Other Information	
			Do you smoke?
			If you are a smoker, are you willing to smoke outside?
			Will you work with a consumer who smokes?
			Are you allergic or fearful of cats?
			Are you allergic or fearful of dogs?
			Are you willing to work in a household with cats?
			Are you willing to work in a household with dogs?
			Do you have any allergies? If so, list: _____
			Are you willing to use non-scented products?

Please check if you have experience working with these health conditions, individuals, and duties

Health Skills	Experience
Alzheimer's	
Anxiety/Depression	
Arthritis	
Cancer	
Cerebral Palsy	
Closed Head Injury	
Compound Fracture	
Developmental Disability	
Diabetes	
Environmental Illness	
HIV/AIDS	
Mental Illness	
Multiple Sclerosis	
Muscular Dystrophy	
Nutritional Disorders	
Osteoporosis	
Paraplegia	
Parkinson's	
Quadriplegia	
Stroke	
Terminal Illness	
Traumatic Brain Injury	

Personal Skills	Experience
Elderly	
Female	
Male	
Bathing	
Bowel/Bladder	
Braces/Prosthesis	
Cleaning	
Cooking	
Dressing	
Exercise-ROM	
Feeding	
Hoyer Lift	
Laundry	
Medical Assistance	
Oxygen/Nebulizer	
Shopping/Errands	
Transfer-Hands On	
Transfer-Standby	
Transfer-Total Assist	
Wound Care	

Are you applying to work for a specific consumer? Y / N

If yes, who? _____

Comments

 Signature

 Print Name

 Date