

Date\_\_\_\_\_

Employee#\_\_\_\_\_

**PLEASE PRINT**

Desired Position:     RN         LPN         HHA         PT         OT         ST        Other:\_\_\_\_\_

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Applicant (Last Name, First Name)

## SOUTHEASTERN HEALTH SERVICES EMPLOYMENT APPLICATION



Bristol  
215-826-0900  
FAX: 215-826-8300

Downingtown  
610-269-9876  
FAX: 610-269-9566

New Britain  
215-348-7174  
FAX: 215-348-7197

Telford  
215-703-3522  
FAX: 215-703-3528

1-866-285-2007  
1-866-674-9189

Southeastern Health Services is committed to fair and equal  
employment and access to home care services.

**PLEASE PRINT**

PERSONAL INFORMATION					
Street Address		Apt. No.	City	State	Zip
Township	Telephone Number		Cell Number		
Social Security Number		E-mail Address			
Languages Spoken		Other Names for Education or Employment Purposes			
Are you over the age of 18 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you lived at the above address for 2 or more yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of or plead guilty to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details.					
Have you ever had a Workers' Compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details.					
Have you ever worked for Southeastern Health Services before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?					
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How did you hear about Southeastern Health Services? <input type="checkbox"/> SEHS Employee <input type="checkbox"/> Friend/Neighbor/Relative <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other					
Emergency Contact Name	Relationship		Phone Number		
EDUCATION					
Name of School	Address/City/State		Yr. Completed	Degree Received	
Name of School	Address/City/State		Yr. Completed	Degree Received	
PROFESSIONAL LICENSURE, CERTIFICATION, OR TRAINING					
License	State of Issue		License Number	Expiration Date	
Certification	State of Issue		Certificate Number	Expiration Date	
	CPR Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		IV Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Training	Type		Where Obtained?		
EMPLOYMENT INFORMATION					
Please provide information on all employers for the last 5 years, starting with the most recent first.					
Employer 1					
Name of Employer	Address		City	State	Zip
Telephone Number	Supervisor Name		Supervisor Telephone Number		
Position Held	Employment Dates		Ending Pay Rate (per hour)		
Reason for Leaving			Type of Position <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem		
Employer 2					
Name of Employer	Address		City	State	Zip
Telephone Number	Supervisor Name		Supervisor Telephone Number		
Position Held	Employment Dates		Ending Pay Rate (per hour)		
Reason for Leaving			Type of Position <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem		

**PLEASE PRINT**

Employer 3				
Name of Employer	Address	City	State	Zip
Telephone Number	Supervisor Name	Supervisor Telephone Number		
Position Held	Employment Dates	Ending Pay Rate (per hour)		
Reason for Leaving		Type of Position <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem <input type="checkbox"/>		

PERSONAL REFERENCE  
(no relatives)

Name	Address	City	State	Zip
Telephone Number	Years Known?			

***If additional space is needed, please request a blank sheet of paper.***

ASSIGNMENT PREFERENCES

Keep in mind that Southeastern Health Services of PA, Inc. provides client services 24 hours a day, 7 days a week. Your flexibility is greatly appreciated.

Please check the days and time of day that you would like to work.	Specify Actual Times
SUNDAY <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	to
MONDAY <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	to
TUESDAY <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	to
WEDNESDAY <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	to
THURSDAY <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	to
FRIDAY <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	to
SATURDAY <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	to

How many hours per day are you willing to work?

Are you interested in working  Full-Time  Part-Time  Per Diem?

*(Every other weekend is required to work, if needed)*

Patient Preference?  Pediatric  Geriatric

Are you willing to cover call-outs?  Yes  No

Are you willing to work holidays?  Yes  No

Do you have reliable transportation?  Yes  No

Do you have pet allergies?  Yes  No If yes, please explain.

Do you have other allergies that would make it difficult to go into a client's home?  Yes  No

If yes, please explain.

Do you have a fear of pets?  Yes  No If yes, please explain.

*Please note: If hired, Southeastern Health Services cannot guarantee work or give assurance that you will only be offered cases within the preferences that you gave. We use the information to try to accommodate your requests.*

- 1 STANDARDS OF CONDUCT:** I understand that Southeastern Health Services expects a professional code of conduct at all times.
- a. I will treat clients, coworkers and supervisors in a caring manner and speak to them with a respectful tone of voice.
  - b. I will refrain from the use of profanity, gossip or aggressive physical contact.
  - c. I will notify SEHS immediately when unable to go to an assignment as scheduled.
  - d. I will be punctual and in attendance as scheduled, avoiding lateness and absenteeism.
  - e. I will demonstrate honesty in all actions, communications, and documentation (including time cards and notes).
  - f. I will respect the client's home and property, by not taking objects or money that belong to them, or accepting any money or gifts from them or their caregivers/families.
  - g. I will perform all duties and only those duties assigned on the care plan in a satisfactory manner.
  - h. I will maintain a healthy work environment in all clients' homes, refraining from smoking and from being under the influence of drugs/alcohol while on assignment and in their homes
  - i. I will abide by the rules of confidentiality at all times and not discuss clients or fellow employees with anyone outside of SEHS.
  - j. I will not take an authorized person (such as child, family member or friend) to my assignments.
  - k. I will practice safety awareness and adhere to safety procedures at all times.
  - l. I will follow SEHS policies and procedures.

I agree to comply with these standards and all applicable laws and regulations. I understand that if a reasonable suspicion exists that I have breached these standards or any other rules and regulation of SEHS that relate to my position, SEHS may initiate disciplinary actions of separation of employment;

**2 RELEASE OF INFORMATION:** I hereby authorize SEHS to seek any information from my previous employers, references, and schools and to complete a background investigation. I release all of these and SEHS from any and all liability arising from their giving or receiving information about me and my suitability for employment with SEHS.

**3 COMPETITIVE SELECTION PROCESS:** I understand and agree that any offer of employment I may receive is contingent upon my successful completion of SEHS' post-offer, pre-employment screening, and the availability of work. SEHS only offers work assignments as they are available. I also understand that if there is more than one qualified candidate for a position, SEHS retains sole discretion to offer employment to the applicant who it believes is most qualified for the position.

**4 SUSPICION OF DRUG/ALCOHOL ABUSE:** If hired, I understand that my employment may be terminated for suspected use or for being under the influence of drugs and/or alcohol at work. I agree to submit to drug and/or alcohol testing within the guidelines of the law or SEHS' policies.

**5 UNEMPLOYMENT BENEFITS:** If hired, I understand that my state unemployment benefits may be denied for: separation from SEHS; failing to accept a suitable job; or failing to contact my supervisor at the end of each assignment and on a regular basis thereafter to indicate that I am willing and able to accept new assignments.

**6 RELEASE OF EMPLOYMENT RECORDS:** If hired, I understand SEHS is bound by law to report accurate information related to the work history of its employees to federal, state or local agencies when authorized to do so in writing.

**7 WORKING DIRECTLY FOR SEHS CLIENTS IS NOT PERMITTED:** If hired, I agree that in consideration of my employment with SEHS, I will not, for any reason, seek or accept employment from or directly/indirectly provide services to any client of SEHS to whom I have rendered services during my employment with the company and for a period of one hundred and eighty (180) days after the separation of my employment. I further agree that if I breach the foregoing, damages or compensation will not be an adequate remedy and that SEHS may implement any or all legal remedies available.

**8 AT WILL EMPLOYMENT:** If hired, I understand and agree that my employment by SEHS would be at will and that either party may terminate our employment relationship at any time and for any reason.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO EACH OF THE PRECEDING PARAGRAPHS AND THAT NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME. I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON SEHS UNLESS MADE IN WRITING.**

**By signing below, I verify that all information provided about my background, education, licensure, employment history, and skills is true, complete and correct. I authorize SEHS to verify this information and understand that any off of employment may be withdrawn or terminated if discrepancies are found.**

Applicant \_\_\_\_\_  
 Signature \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_  
 Signature \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_