



Foxdale Village

A Quaker-Directed Continuing Care Retirement Community

500 East Marylyn Avenue
State College, PA 16801
Phone: 814.238.3322
Fax: 814.238.2920
www.foxdalevillage.org

Employment Application

Position(s) for which you are applying: _____

Name _____ Social Security Number _____

Local Address _____
Street City State Zip

Telephone () _____ Borough or Township of Residence _____

Students and Applicants in Temporary Housing:

Please supply an address where mail will always reach you.

Permanent Address _____
Street City State Zip

Telephone _____ Borough or Township of Residence _____

Are you 18 years of age or older? ____ Yes ____ No If no, birth date: _____

Have you been a continuous Pennsylvania resident for at least the previous 2 years? ____ Yes
____ No

Were you previously employed by Foxdale Village? ____ Yes ____ No

If yes, which department _____ Date(s) _____

What is your employment availability?

___ Full Time ___ Part Time ___ Day ___ Evening ___ Night ___ Weekend ___ Holidays
(3-11) (11-7)

Indicate any hours or days you are routinely unable to work _____

If temporary employment, give dates available: _____

Date available to begin work: _____

EDUCATION:

High School _____ City, State _____

Did you receive your High School Diploma? ___Yes ___No G.E.D. ___Yes ___No

College: Number of years completed: 1 2 3 4 5 6 7 8 (circle one)

College _____ City, State _____

Major _____ Degree earned _____

College _____ City, State _____

Major _____ Degree earned _____

College _____ City, State _____

Major _____ Degree earned _____

OTHER TRAINING: (Business, Trade, Certificate, Correspondence Schools)

School _____ City, State _____

Course of Study _____

License, Certificate, or Degree Earned _____

VOLUNTEER EXPERIENCE:

Please list volunteer experience, especially those utilizing similar skills as those in the job for which you have applied. List any special skills or talents that qualify you for this position.

PROFESSIONAL INFORMATION:

Professional Licensure _____

Registry, License or Certification held _____

State _____ Number _____ Year Effective _____ Expiration Date _____

EMPLOYMENT HISTORY: (Begin with most recent employer. **Do not use “see resume.” Please complete in full. Incomplete applications will not be considered.**)

Employer _____ Start Date _____ End Date _____
Address _____ Phone _____
Position _____ Salary _____
Name & Title of last Supervisor _____
Brief description of duties _____
Reason for leaving _____

Employer _____ Start Date _____ End Date _____
Address _____ Phone _____
Position _____ Salary _____
Name & Title of last Supervisor _____
Brief description of duties _____
Reason for leaving _____

Employer _____ Start Date _____ End Date _____
Address _____ Phone _____
Position _____ Salary _____
Name & Title of last Supervisor _____
Brief description of duties _____

Reason for leaving _____

PERSONAL INFORMATION:

Have you ever been convicted of a felony or misdemeanor that might be related to the position for which you are applying? Yes No

Have you ever been dismissed from employment due to abuse of clients or residents?
 Yes No

Have you ever been placed on the Medicare/Medicaid exclusion list, including but not limited to healthcare fraud or resident abuse? Yes No

If yes for any of the above, please explain.

Note: Convictions will not necessarily disqualify applicants from employment.

PERSONAL REFERENCES: (Please do not include family members.)

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Does Foxdale Village have permission to consult with your current/former employers and personal/professional references? Yes No

APPLICANT STATEMENT:

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in termination of employment or revocation of employment offer.

Foxdale Village serves as an Equal Opportunity Employer and has a policy of hiring without regard to race, color, religion, disability, ancestry, national origin, age or sexual orientation. I agree to uphold this policy if I am employed by Foxdale Village.

Should an employment relationship be established, I understand that Foxdale Village has the right to terminate my employment with or without cause for any reason at any time. I retain a similar right. Foxdale Village is willing to make reasonable accommodations as business necessity permits in accordance with the Americans with Disabilities Act.

Signature of Applicant _____ Date _____



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CONFIDENTIAL CLASSIFIED REFERENCE FORM

To: _____

Date: _____

Applicant's Name: _____

Position Desired: _____

Please supply Foxdale Village with the requested information below. I consent to the release of all reference information and specifically release you from all liability arising from your giving the requested information about me. I waive all rights that I may have to examine this reference information.

Applicant's Signature

Date

The above named applicant has applied for a position with Foxdale Village and has listed you as a reference. This reference form will be included with the applicant's file for review of qualifications for employment. This reference is confidential and will not be shared with the applicant. Thank you for your assistance. Your time is greatly appreciated.

Traits	Top 5% Excellent	Top 20% Good	Middle 50% Average	Low 20% Fair	Bottom 5% Poor	Not Observed
Good attendance/punctuality						
Works well with others						
Shows genuine initiative						
Cooperates with supervisor						
Learns new skills easily						
Observes safety rules						
Takes pride in work						
Possesses positive attitude						
Prompt and accurate in completing work						

May we telephone you for additional information regarding this evaluation? Yes _____ No _____

How long have you known the applicant? _____

What is your relationship to the applicant? I am/was the applicant's: Supervisor Friend Co-worker Other

If other, please identify: _____

If applicant was an employee: Name of Organization: _____

Date of service: From _____ to _____

Applicant's Job Title: _____

Would you rehire? Yes _____ No _____

Would you hire this applicant to work with older adults? Yes _____ No _____

Please feel free to provide any supplemental comments on a separate sheet if necessary and helpful.

Signature

Position title (if applicable)

Daytime Telephone Number

Street Address

City

State

Zip

Email address

Foxdale Village is an equal opportunity employer and appreciates the benefits associated with a diverse workforce.

NOTE TO APPLICANTS UNDER THE AGE OF 18:

If you are under the age of 18, please provide the signature of a parent or guardian below and include this completed form with your employment application. Foxdale Village is required by the Pennsylvania Department of Health to provide documentation showing that all employees who work in positions involving resident contact have successfully completed a two-step tuberculosis skin test. This test is administered at Foxdale Village at no cost to the employee. In the event that an employment offer is extended, this two-step test must be completed prior to the first day of employment.

**PARENT/GUARDIAN WRITTEN CONSENT
TO ADMINISTER TUBERCULOSIS SKIN
TEST**

As the parent or guardian of _____ who is under the age of 18,
(print applicant's name here)

my signature below provides approval to medical staff members or medical associates

affiliated with Foxdale Village to administer a two-step tuberculosis skin test. In the event

that my child is offered employment at Foxdale Village, I understand that successful

completion of this test is required before my child is eligible for employment.

Printed name of parent or guardian

Signature of parent or guardian

Date



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Dear Applicant:

Please read this letter carefully and completely. Attached you will find the form needed to complete the Pennsylvania criminal background check needed to become employed by Foxdale Village. This is required as defined by Pennsylvania Act 169 of 1996 and further amended by Pennsylvania Act 13 of 1997. Newly hired employees who require an FBI fingerprint criminal record check can obtain the necessary forms from Foxdale Village's Human Resources Department. Newly hired employees requiring the FBI check are those who have not continuously resided in Pennsylvania for 2 years prior to their employment with Foxdale Village.

An applicant or employee is defined as an individual who is employed by or applies for employment at a nursing home facility. The term includes contract employees who have direct contact with residents or unsupervised access to their personal living quarters. The term also includes any person who enters into a contractual relationship to provide care to a care-dependent individual for monetary consideration in the individual's place of residence.

If the applicant has been a resident of the Commonwealth of Pennsylvania for 2 or more years prior to application for employment, the applicant will need to obtain a criminal background clearance from the Pennsylvania State Police. This clearance is obtained by doing the following:

REQUEST FOR CRIMINAL RECORD CHECK FORM (SP4-164)

This form is used to obtain a report from the Pennsylvania State Police criminal history files. You only need to complete the following boxes: last name, first name, middle name, maiden name and/or aliases (if applicable), social security number, date of birth, sex, and race. Please print legibly. Foxdale Village pays for the processing fee. The form should be completed and submitted along with the employment application.

Act 169 provides for a 30-day provisional hire period. If the clearance is not obtained within 30 days after hire, the employee is laid off until the clearance is obtained. Depending on the results of the background check, the employee is either called back to work or has his/her employment terminated.

FINGERPRINT CARD (FD-258)

As noted above, when the applicant has not been a resident of the Commonwealth of Pennsylvania for the entire two years (without interruption) prior to application for employment or presently lives out of state, in addition to the Pennsylvania State Police criminal history file, the applicant will need to obtain an FBI criminal history check in addition to the Pennsylvania criminal record check noted above. This clearance is obtained by doing the following:

This form is used to obtain a report from the FBI criminal files. Please follow the instructions given with the form for proper completion of the FBI fingerprint card. The instructions must be followed very carefully as noted. Failure to follow the instructions will result in the form being returned and a considerable delay in the processing of your clearance. Fingerprint cards, instructions, and sample sheets can be obtained at the Human Resources office.

If you have questions regarding the completion of either criminal check, please contact Curt Sayers at 814.272.2118 or Saprina Harter at 814.272.2111.

Thank you for your interest in employment at Foxdale Village!
Foxdale Village is an equal opportunity employer and appreciates the benefits of a diverse workforce.

Prohibitive offenses contained in Act 169 of 1996 and amended by Act 13 of 1997.

Criminal Code	Descriptor	Level of Severity
CC 2500	Criminal homicide	Any
CC 2502A	Murder I	Any
CC 2502B	Murder II	Any
CC 2502C	Murder III	Any
CC 2503	Voluntary Manslaughter	Any
CC 2504	Involuntary Manslaughter	Any
CC 2505	Causing or Aiding Suicide	Any
CC 2506	Drug Delivery Resulting in Death	Any
CC 2702	Aggravated Assault	Any
CC 2901	Kidnapping	Any
CC 2902	Unlawful Restraint	Any
CC 3121	Rape	Any
CC 3122.1	Statutory Sexual Assault	Any
CC 3123	Involuntary Deviate Sexual Intercourse	Any
CC 3124.1	Sexual Assault	Any
CC 3125	Aggravated Indecent Assault	Any
CC 3126	Indecent Assault	Any
CC 3127	Indecent Exposure	Any
CC 3301	Arson and Related Offenses	Any
CC 3502	Burglary	Any
CC 3701	Robbery	Any
CC 3901	Theft	1 Felony or 2 Misdemeanors
CC 3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC 3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC 3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC 3924	Theft by Property Loss	1 Felony or 2 Misdemeanors
CC 3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC 3926	Theft of Services	1 Felony or 2 Misdemeanors
CC 3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC 3928	Unlawful Usage of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC 3929	Retail Theft	1 Felony or 2 Misdemeanors
CC 3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC 3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC 3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC 3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC 3933	Unlawful Usage of a Computer	1 Felony or 2 Misdemeanors
CC 4101	Forgery	Any
CC 4114	Securing Execution of Documents by Deception	Any
CC 4302	Incest	Any
CC 4303	Concealing Death of a Child	Any
CC 4304	Endangering Welfare of a Child	Any
CC 4305	Dealing in Infant Children	Any
CC 4952	Intimidation of Witnesses or Victims	Any
CC 4953	Retaliation against Witnesses or Victims	Any
CC 5902B	Promoting Prostitution	Felony
CC 5903C	Obscene and other Sexual Materials to Minors	Any
CC 5903D	Obscene and other Sexual Materials	Any
CC 6301	Corruption of Minors	Any
CC 6312	Sexual Abuse of Children	Felony
CS 13A12	Acquisition of Controlled Substance by Fraud	Felony
CS 13A14	Delivery by Practitioner	Felony
CS 13A30	Possession with Intent to Deliver	Felony
CS 13A36	Illegal Sale of Non-controlled Substance	Felony
CS 13A37	Designer Drugs	Felony



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Applicant's Affirmation

I, _____, hereby acknowledge that I have reviewed the prohibited offenses provided with this application packet, as contained in Act 169 of 1996 and as amended by Act 13 of 1997 and hereby affirm that I have not been convicted of any such offenses. I further affirm that I have no history of or conviction for violent crimes and have never been dismissed from employment due to abuse/mistreatment of participants/residents.

Applicant's Signature

Date

Interviewer's Affirmation

I, _____ hereby affirm that I do not have any personal knowledge that the above named applicant has ever been convicted of a prohibited offense as contained in the Act 169 of 1996 as Amended by Act 13 of 1997.

Interviewer's Signature

Date

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK

FOR CENTRAL REPOSITORY USE ONLY
 (LEAVE BLANK)

PART I - TO BE COMPLETED BY REQUESTER
 (INFORMATION WILL BE MAILED TO REQUESTER ONLY) DATE OF REQUEST

***** TYPE OR PRINT LEGIBLY WITH INK *****

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME	Foxdale Village		
ADDRESS	500 E Marylyn Avenue		
CITY	STATE	ZIP	
State College	PA	16801	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

8	1	4	-	2	3	8	-	3	3	2	2
---	---	---	---	---	---	---	---	---	---	---	---

REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA." THE FEE IS NONREFUNDABLE.

FEE EXEMPT NONCRIMINAL JUSTICE AGENCY

***** DO NOT SEND CASH OR PERSONAL CHECK *****

NAME/SUBJECT OF RECORD CHECK (LAST)		(FIRST)	(MIDDLE)
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING) ELDER CARE CHILD CARE SCHOOL DISTRICT
- ADOPTION/FOSTER CARE
- OTHER (SPECIFY)

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE-ENTIRE CRIMINAL HISTORY (AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

<p>REQUESTER CHECKLIST</p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p>*** DO NOT SEND CASH OR PERSONAL CHECK ***</p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p>PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY - 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday - Friday)</p>
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PART II - CENTRAL REPOSITORY RESPONSE ONLY ***** DO NOT WRITE BELOW THIS LINE *****

<p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p> <p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p><input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p>INQUIRY DISSEMINATED BY</p> <p>SID NUMBER</p> <p>CERTIFIED BY</p> <p>(DIRECTOR, CENTRAL REPOSITORY)</p>
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This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.