



**Ability &
Independence.
Redefined.**
inglis.org

Check Appropriate Entity:

- | | |
|---|---|
| <input type="checkbox"/> Inglis House | <input type="checkbox"/> Inglis Community Employment Services |
| <input type="checkbox"/> Inglis Foundation | <input type="checkbox"/> Inglis Care Management |
| <input type="checkbox"/> Inglis Housing Corporation | <input type="checkbox"/> Inglis Photo License Center |
| <input type="checkbox"/> Inglis Adult Day Program | <input type="checkbox"/> Inglis Drink Aide |
| <input type="checkbox"/> Contractor | |

Employment Application

INGLIS HIRES QUALIFIED INDIVIDUALS REGARDLESS OF RACE, COLOR, RELIGIOUS CREED, DISABILITY, ANCESTRY, NATIONAL ORIGIN, SEX, SEXUAL PREFERENCE OR AGE. CONSISTENT WITH THESE EQUAL EMPLOYMENT RESPONSIBILITIES, INGLIS WILL MAKE REASONABLE ACCOMMODATION DURING BOTH THE APPLICATION PROCESS AND ON THE JOB.

PLEASE PRINT

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

ADDRESS: _____ TELEPHONE: _____ CELL/PAGER: _____

APT. NO: _____ CITY: _____ STATE: _____ ZIP: _____

APPLYING FOR POSITION AS: _____ SHIFT: _____

EMAIL ADDRESS: _____ DO YOU KNOW OF ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? ☐ YES ☐ NO

PLEASE DESCRIBE ANY ACCOMMODATION REQUIRED: _____

DO YOU DRIVE OR HAVE ACCESS TO A VEHICLE? ☐ YES ☐ NO

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY INGLIS? _____ IF YES, DATES: _____

ARE ANY MEMBERS OF YOUR FAMILY CURRENTLY EMPLOYED AT INGLIS? ☐ YES ☐ NO

IF YES, WHOM? _____ RELATIONSHIP: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? _____

☐ LAWFUL PERMANENT RESIDENT (GREENCARD) ☐ EMPLOYMENT AUTHORIZATION CARD - EXPIRATION DATE: _____

HAVE YOU BEEN CONVICTED OF ANY OF THE PROHIBITIVE OFFENSES OUTLINED ON THE ATTACHED FORM UNDER THE OLDER ADULTS PROTECTIVE ACT? ☐ YES ☐ NO

WHAT PROMPTED YOU TO APPLY FOR EMPLOYMENT AT INGLIS?

☐ EMPLOYEE REFERRAL: _____ (NAME OF EMPLOYEE) ☐ ADVERTISEMENT: _____ (WHERE)

☐ OTHER: _____

EDUCATION

	NAME OF SCHOOL	CITY & STATE		
HIGH SCHOOL			DEGREE OR MAJOR	DEGREE RECEIVED
COLLEGE				
OTHER				

TYPE OF NURSING CERT. /LICENSE: _____ PA CERT. /LICENSE NUMBER: _____

MILITARY SERVICE RECORDARE YOU A VETERAN OF THE US MILITARY? ☐ YES ☐ NO IF YES, BRANCH _____ RANK _____ARE YOU CURRENTLY OR HAVE BEEN IN THE NATIONAL GUARD OR RESERVES? ☐ YES ☐ NO

IF YES, DATE OBLIGATIONS ENDS _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE NO.: _____

LIST ALL EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT EMPLOYMENT:

EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____

ADDRESS: _____ SALARY: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES: _____

EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____

ADDRESS: _____ SALARY: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES: _____

EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____

ADDRESS: _____ SALARY: _____

POSITION TITLE: _____ REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

BRIEF DESCRIPTION OF DUTIES: _____

TO INGLIS: I CERTIFY THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. INGLIS IS HEREBY AUTHORIZED TO INVESTIGATE FULLY ALL INFORMATION CONTAINED HEREIN. I AGREE THAT ANY MISREPRESENTATION OF FACTS CONTAINED IN THIS APPLICATION MAY BE CAUSE FOR MY DISMISSAL.

DATE: _____ APPLICANT'S SIGNATURE: _____

TO WHOM IT MAY CONCERN: I HEREBY AUTHORIZE YOU TO RELEASE TO INGLIS ANY INFORMATION PERTAINING TO MY EMPLOYMENT AND I UNCONDITIONALLY RELEASE YOU AND YOUR ORGANIZATION FROM ALL LIABILITY FOR RELEASING THIS INFORMATION.

DATE: _____ APPLICANT'S SIGNATURE: _____

OLDER ADULTS PROTECTIVE SERVICES ACT

Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13

May 2011
Dept. of Aging

Following Offenses as Contained in PA Crimes Code (18 Pa. C.S.)

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	<p>Any ONE (1) FELONY or TWO (2) MISDEMEANORS within the 3900 Series (CC3901-CC3934)</p>
CC3921	Theft By Unlawful Taking	
CC3922	Theft By Deception	
CC3923	Theft By Extortion	
CC3924	Theft By Property Lost	
CC3925	Receiving Stolen Property	
CC3926	Theft of Services	
CC3927	Theft By Failure to Deposit	
CC3928	Unauthorized Use of a Motor Vehicle	
CC3929	Retail Theft	
CC3929.1	Library Theft	
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	
CC3929.3	Organized Retail Theft	
CC3930	Theft of Trade Secrets	
CC3931	Theft of Unpublished Dramas or Musicals	
CC3932	Theft of Leased Properties	
CC3933	Unlawful Use of a Computer	
CC3934	Theft From a Motor Vehicle	
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Offenses as Contained in PA Controlled Substance, Drug, Device & Cosmetic Act (P.L. 233, No. 64)-PARTIAL LISTING*

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (I), (II), (III)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx*	ANY OTHER FELONY DRUG CONVICTION APPEARING ON PA RAP SHEET	

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.