

PLEASE READ BEFORE YOU COMPLETE YOUR APPLICATION

EMPLOYMENT APPLICATION INSTRUCTIONS

THANK YOU FOR APPLYING FOR A POSITION WITH NEW LIGHT, INC. PLEASE READ AND FOLLOW THESE INSTRUCTIONS SO THAT WE MAY BETTER ASSIST YOU IN YOUR SEARCH FOR EMPLOYMENT.

- All of our positions require that you be at least 18 years old and have a valid Pennsylvania driver's license. A working, registered, insured vehicle is also required for any position in our company since transportation of the individual served is necessary.
- You will be asked to provide your driver's license and social security card when you are interviewed as legal proof of authorization to work in the U.S. You will also be asked for a voided check for direct deposit for your pay. We will need your car insurance card, car registration, declaration page of your insurance policy verifying necessary levels of liability insurance and car inspection sticker.
- Complete the application in its entirety.
- Applications are shredded for your protection.
- Be sure to fill in each area of the application and sign and date it. **(Please write or print legibly).**
- Incomplete applications will not be considered for employment.
- Falsification of any sections of the application will result in your immediate termination from New Light, Inc.
- If you are selected for a position, New Light, Inc. will check your criminal history.
- If you make an appointment for an interview and do not show or accept a position and do not show for orientation, we will notify Unemployment Compensation.
- **Do not call regarding the status of your application. Any calls of this nature received by Human Resources will not be returned.**

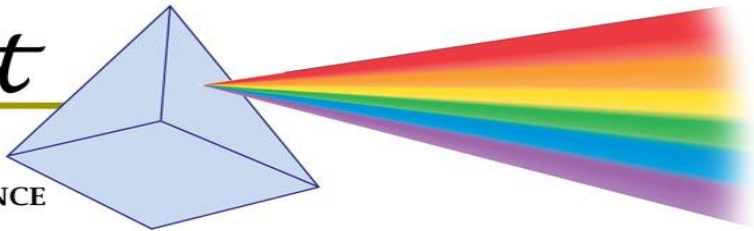
THANK YOU!

SIGNATURE: _____

DATE: _____

New Light

* PRESUMING INTELLECT
* BELIEVING POTENTIAL
* WITNESSING BRILLIANCE



P.O. Box 761 Clarion, PA. 16214 Ph: 814-226-6444 Fax: 814-226-6487

Pre-Employment Controlled Substance Testing

To all APPLICANTS:

Pre-employment controlled substance testing is required when an applicant receives a conditional offer of employment. If any individual's controlled substance test is verified as positive, the applicant's offer of employment will be rescinded. Applicants testing positive will be notified by the establishment performing the analysis. Controlled substance testing is done by chemical analysis of an individual's urine.

An individual fails the controlled substance test if there is positive evidence of a controlled substance or drug metabolite in the urine specimen that is at or above the levels listed in federal guidelines. Controlled substances are marijuana, opiates, phencyclidine (PCP), amphetamines, heroin and cocaine. A positive controlled substance test may be verified as negative by the medical review officer (MRO) and New Light if it is determined that the legally prescribed medication(s), taken under the direction of a physician, is the cause of the positive test. You may be contacted by the MRO to provide the prescription number, date, doctor prescribing and reason. If this information is not forthcoming to the MRO or to New Light, your test will be considered positive and offer of employment rescinded.

Random drug testing is a part of New Light, Inc.'s protocol. If you are selected for a random drug test and it is returned as positive, this may result in your terminated from this agency.

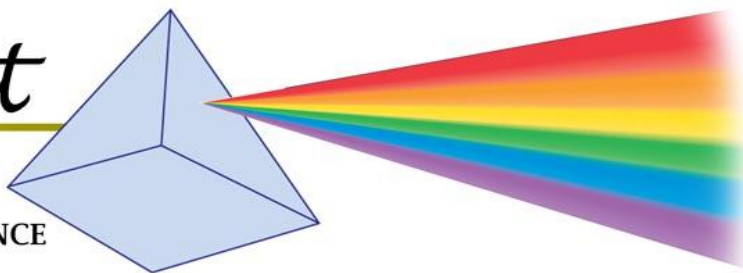
I have read and understand the requirements of New Light, Inc.'s pre-employment controlled substance testing program as described in this form.

Applicant's Name Printed

Applicant's Signature & Date

New Light

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- * BELIEVING POTENTIAL
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ACKNOWLEDGEMENT:

1. I certify that all the information provided by me on this document is true and complete and I understand that any misstatement, falsification or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I hereby authorize New Light, Inc. to investigate my background, education and experience. I authorize former employers, former supervisors and other knowledge of my background, education or experience to provide any and all information to New Light, Inc. I understand any information collected during such investigations will be confidential and I will NOT be given access to the information.
3. I also authorize the release of my driving record to New Light, Inc. for the purpose of insurability verification. I understand that my employment may be dependent upon qualifying for insurance. I also understand that while I am employed at New Light, Inc., my driving record can be reviewed on a periodic basis.
4. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
5. I understand that my employment is subject to termination at will. Therefore, both New Light, Inc. and I remain free to choose to end the work relationship at any time for any reason. I understand that this application does not constitute a contract for employment. I also understand I am not promised upon hiring or at any other time any particular days to work, specific shifts or blocks or locations. New Light will assign you to work where you are needed and when; however, New Light will try to be flexible.
6. I understand that if a conditional offer of employment is made, the offer of employment is conditional based on the clearance of a drug screening, criminal record check and completion of the Training Courses (Orientation).
7. I understand that a conviction related to any sexual offenses, homicide, theft, assault, battery or any other crime involving personal injury or threat to another person (or any crime listed on the Pennsylvania Older Adult Act of 1996) could bar employment, that convictions of other types of criminal offenses (prior to and during employment) may be considered a contraindication to employment. I authorize New Light, Inc. to procure my criminal history from the state of Pennsylvania and through Identogo for FBI status.
8. Ability to get full time hours depends on your availability. There are plenty of hours if you are available when we need you.

APPLICANT SIGNATURE: _____

DATE: _____

OLDER ADULTS PROTECTIVE SERVICES ACT May 2011

Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 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	
CC3921	Theft By Unlawful Taking	
CC3922	Theft By Deception	
CC3923	Theft By Extortion	
CC3924	Theft By Property Lost	Any
CC3925	Receiving Stolen Property	ONE (1) FELONY
CC3926	Theft of Services	or
CC3927	Theft By Failure to Deposit	TWO (2)
CC3928	Unauthorized Use of a Motor Vehicle	MISDEMEANORS
CC3929	Retail Theft	within the 3900 Series
CC3929.1	Library Theft	(CC3901-CC3934)
CC3929.2	Unlawful Possession of Retail or Library Theft Instrs	
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	

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____

Last

First

Middle

Address: _____

Street

(Apt)

City, State

Zip

Contact Information: () () _____

Home Telephone

Mobile

Email

How did you learn about our company? _____

Have you previously worked for New Light?

POSITION SOUGHT: _____

Available Start Date: _____

EDUCATION

Name and Location

Graduate? – Degree?

Major / Subjects of Study

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Do you have a valid Driver's License? Yes No

Have you ever been arrested or convicted of a crime? Yes No
If yes, give a brief account of the offense(s).

STATEMENT OF ACCURACY (read carefully before signing)

I certify that the information contained in this application is complete and correct; ***this includes the attached availability to work.*** I understand that incomplete or incorrect information may be grounds for termination if I am hired. I understand that routine investigation in connection with my employment may be conducted. This report may contain information as to my character, general reputation, personal characteristics and record of criminal convictions.

Signature: _____

Date: _____

AVAILABILITY

Please indicate the days and the times you are available to work in the morning, afternoon, and evening (see *example shifts below in grid).

I would like to work:

Full-time

Part-time

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING *7am-3pm							
AFTERNOON *3pm-11pm							
EVENING *11pm-7am							

Direct care job description:

- Lift 20 or more pounds
- Deal with stressful, high-risk situations that may be physical in nature
- Maintain a strong, centered disposition
- Arrive to work on time
- Have full range of motion...arms, legs, back
- If taking prescription drugs, must not impair employee performance
- Have full emotional capacity to deal with situations that have potential to become highly stressful
- Carry out, in full, daily living skills of yourselves and other individuals

Please discuss any limitations you may have with your interviewer, as New Light will work with you any way they can.

Are you available to work in a backup* capacity?
*filling in for regular staff

Yes No

Are you willing to work holidays?

Yes No

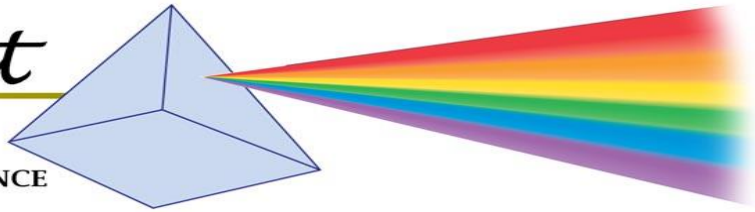
THIS AVAILABILITY CANNOT BE CHANGED PRIOR TO 90 DAYS FROM EMPLOYEES INITIAL DATE OF HIRE.

PRINT NAME

DATE

New Light

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If New Light decides to hire you, you will need to contact your insurance company and request them to change your automobile insurance coverage to the following (if it is not already at these levels):

100,000 bodily injuries for each person

300,000 bodily injuries for each accident

Based on our experiences, this change will result in approximately a \$50.00 increase per year in your premium. Please supply our office with a copy of the declaration page of your insurance policy as soon as possible to verify the requested change and so we can place the copy in your personnel file.

If you encounter any problems fulfilling this request, please don't hesitate to contact our office.

Leslie Randolph

Administrator of Program Support

I have read and understand the insurance requirement and that I have 30 days to supply an updated declaration page to Human Resources.

Sign and date _____