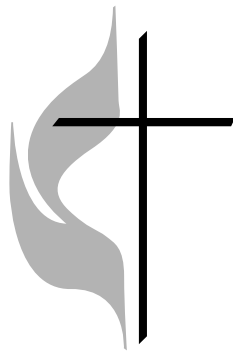


Name: _____

Position applied for: _____



UNITED
METHODIST
HOMES

Application for Employment



APPLICATION FOR EMPLOYMENT

To the United Methodist Homes

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, genetic predisposition or carrier status, sexual orientation, marital or military status, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please print clearly. Each question must be answered in full. If answer is NO or NONE, indicate same. We appreciate your interest in our company.

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NO. _____
Last First M.I.

ADDRESS _____ TELEPHONE _____ Cell _____
Street City State Zip County

PREVIOUS ADDRESSES: please include previous temporary and permanent addresses covering the last ten years
(use extra sheet if necessary)

PA APPLICANTS ONLY: I have been a resident of the Commonwealth of Pennsylvania for the past two (2) year period without interruption. _____ Yes _____ No

Street Address	City	State	County	Dates From	To

Are you legally eligible for employment in the United States? _____ Yes _____ No

Have you ever been convicted and/or pled guilty to a felony or misdemeanor in the past? _____ Yes _____ No

If yes, please provide us, on the attached sheet of paper, with the specific nature and details of the crime(s), date(s), court location, sentencing information and disposition of sentence. (Please note: a conviction record will not necessarily be a bar to employment.)

Are you 18 or older? _____ Yes _____ No

EMPLOYMENT DESIRED

Position applied for _____ Salary desired _____

Referred by: _____

If hired, I would be willing to work:

_____ Days _____ Evenings _____ Nights _____ Full-time _____ Part-time

Date available to start work? _____

Have you filed an application with us before? _____ Yes _____ No

If yes, give date _____

Have you ever been employed with United Methodist Homes before? _____ Yes _____ No

If yes, give date _____

May we contact your present employer? _____ Yes _____ No

If you are currently employed, why do you want to change? _____

Do you have any immediate family members who work for us? _____ Yes _____ No

If yes, please identify: _____

REFERENCES (Other than relatives)

NAME	ADDRESS/TEL. NO.	BUSINESS	YRS. KNOWN
NAME	ADDRESS/TEL. NO.	BUSINESS	YRS. KNOWN
NAME	ADDRESS/TEL. NO.	BUSINESS	YRS. KNOWN

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including a criminal background check. I understand that this application is not intended to be a contract of employment. I further understand that United Methodist Homes follows the practice of employment-at-will.

In the event of employment, I understand that falsification, misrepresentation or omission of information given in my application or interview(s) may result in termination, regardless of the date when discovered. I understand also, that I am required to abide by all rules and regulations of the Company which I understand are subject to change by the Company.

After a conditional offer of employment has been made, if requested by the Company, I agree to take a job-related medical exam at no personal expense and authorize the examining physician to disclose the findings to the Company.

I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job related medical examination.

_____ Date

_____ Applicant's Signature

START DATE	DEPARTMENT	POSITION	RATE
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER