



# WEIBLINGER'S

## RESIDENTIAL CARE

**Specializing in serving the IDD community**

### **APPLICATION FOR EMPLOYMENT**

**Email Address** \_\_\_\_\_

**Were you referred to us, if so by whom?** \_\_\_\_\_

**What is your relationship to this person?** \_\_\_\_\_

Please Print Clearly

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran's status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws. This company is an at will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time for any reason, with or without cause or notice.

Position applying for \_\_\_\_\_ Name \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current address \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Apt or Unit \_\_\_\_\_

You must be 18 years of age and possess either a high school diploma or GED.

How long have you lived at this address \_\_\_\_\_ years/ \_\_\_\_\_ months?

Have you lived in the state of Pennsylvania for 2 or more years?  YES  NO

If you checked no, please list the previous state in which you lived. \_\_\_\_\_

Type of employment desired? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ Date on which you can start? \_\_\_\_\_

Have you previously applied with this company? \_\_\_\_\_ if yes, when did you apply \_\_\_\_\_

Have you ever been employed with this company before? If yes, provide dates of employment, and reason for separation from employment. \_\_\_\_\_

### INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS

- All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in a referral to a diversion program.
- Arizona, Colorado, District of Columbia, Illinois, Kansas, Minnesota, Missouri, Montana, Nevada, Rhode Island, South Carolina, and Utah applicants: Do not respond to the second question regarding arrests.
- California applicants: Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
- Connecticut applicants: You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or knolled (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.
- District of Columbia and Washington applicants: Limit any response to the past ten (10) years.
- Hawaii and Massachusetts applicants: Do not answer the following two questions.  
Indiana applicants: Regarding arrests limit your response to pending charges for felonies and class A misdemeanors that are less than one (1) year old.

**WORK EXPERIENCE**

Please list the name of your present employer and/or previous employer in chronological order with the previous or last employer listed first.

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NAME OF EMPLOYER	ADDRESS
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Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? \_\_\_\_ yes \_\_\_\_ no      Wages: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What will this employer say was the reason your employment was terminated? \_\_\_\_\_

\_\_\_\_\_. How much notice did you give when resigning? If none please explain \_\_\_\_\_

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NAME OF EMPLOYER	ADDRESS
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Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? \_\_\_\_ yes \_\_\_\_ no      Wages: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What will this employer say was the reason your employment was terminated? \_\_\_\_\_

\_\_\_\_\_. How much notice did you give when resigning? If none please explain \_\_\_\_\_

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Employer

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NAME OF EMPLOYER	ADDRESS
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Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ May we contact? \_\_\_\_ yes \_\_\_\_ no      Wages: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What will this employer say was the reason your employment was terminated? \_\_\_\_\_

\_\_\_\_\_. How much notice did you give when resigning? If none please explain \_\_\_\_\_

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Please explain any and all gaps in your employment history \_\_\_\_\_  
\_\_\_\_\_.

Have you ever been terminated or asked to resign from a job? \_\_\_\_\_ If yes how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement? \_\_\_\_\_ If yes how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated? \_\_\_\_\_ If yes how many times? \_\_\_\_\_

If you answered yes to any of the above three questions, please explain the circumstances of each occasion \_\_\_\_\_  
\_\_\_\_\_.

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**REFERENCES**

Please list the name of additional references we may contact. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work relationship	Telephone number

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name	Occupation	Address	Telephone Number	Number of years Known

**APPLICATION CERTIFICATION**

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of

any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to 10 and including immediate dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED. THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON. WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT.WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.**

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT.WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

\*IF YOU ARE FILLING OUT THIS APPLICATION ONLINE, PLEASE LEAVE THE SIGNATURE LINE BLANK\*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Once completed, please do one of the following:

- Email your completed application to HR@wrcare.com
- Fax your completed application to (412)221-9322
- Deliver your resume to the corporate office (1370 Washington Pike, Suite 106 Bridgeville PA, 15017)