



COLONIAL  
LODGE  
COMMUNITY

# COLONIAL LODGE COMMUNITY

Administrative Office: 2015 North Reading Rd., Denver, PA 17517

Phone: 717.336.5501 Fax: 717.336.3229

We are an Equal Opportunity Employer. Federal and State Laws forbid discrimination because of race, color, religion, national origin, sex, age, or handicap.

## Application for Employment

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Have you resided in Pennsylvania for the past 2 years?  Yes  No

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Desired: \_\_\_\_\_  Full Time  Part Time:

Salary Desired: \$ \_\_\_\_\_

Can you work: *(check all that apply)*

- Any shift
- Every weekend
- Three (3) weekends per month
- At least every other weekend

Are you employed now?  Yes  No

If so, may we inquire of your present employer?  Yes  No

Have you ever applied to Community Lodge Community before?  Yes  No

If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

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

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a history of violent crimes?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a history of back injuries or other physical problems which could interfere with your work?

Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

# COLONIAL LODGE COMMUNITY EMPLOYMENT APPLICATION

## Education:

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you Graduate?  Yes  No

College / Trade School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you Graduate?  Yes  No Degree Earned: \_\_\_\_\_

Courses completed: \_\_\_\_\_

Please list your hobbies / personal interests: \_\_\_\_\_

## Former Employers:

Please list your last three employers beginning with your most recent:

Employer Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Employment end date: \_\_\_\_\_

Position / Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Employment end date: \_\_\_\_\_

Position / Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Employment end date: \_\_\_\_\_

Position / Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# COLONIAL LODGE COMMUNITY EMPLOYMENT APPLICATION

## Emergency Contact

In case of emergency, notify:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

## Information Certification

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

All new employees have a ninety day probation period when they are hired. These ninety days give us and you an opportunity to review and evaluate our positions to see if we are suitable for each other.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Employer Reference Form *Please verify and complete the information below.*

Colonial Lodge Community is considering \_\_\_\_\_ SS# \_\_\_\_\_  
for a position of \_\_\_\_\_

The information you provide will be kept in strict confidence. The applicant has authorized us to contact you.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dates employed: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position held: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Would you rehire the Applicant?  Yes  No

If no, explain: \_\_\_\_\_

Please check the blocks that best describe the applicant:

|                         | Above<br>Average         | Average                  | Below<br>Average         | Unsatisfactory           |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Quality of work         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quantity of Work        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative / Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Work         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appearance / Manner     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity / Judgement    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Technical Skills        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisory Skills      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization Skills     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional comments: \_\_\_\_\_

Information furnished by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your cooperation.

Sincerely,

Harry Yoder, Administrator, Colonial Lodge Community

**PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*  
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.

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**  
<https://epatch.state.pa.us>

|                                 |  |
|---------------------------------|--|
| <b>NAME/<br/>REQUESTER</b>      |  |
| <b>ADDRESS</b>                  |  |
| <b>CITY/STATE/<br/>ZIP CODE</b> |  |

|   |
|---|
| <b>FOR CENTRAL REPOSITORY USE ONLY<br/>CONTROL NUMBER</b>   |
| <b>AFTER COMPLETION MAIL TO:</b><br>PENNSYLVANIA STATE POLICE<br>CENTRAL REPOSITORY – 164<br>1800 ELMERTON AVENUE<br>HARRISBURG, PA 17110-9758<br><br>Local Number 717-425-5546<br>1-888-QUERYPA (1-888-783-7972) |
| <b>DO NOT SEND CASH OR PERSONAL CHECK</b>   |
| <b>CHECK ONE BLOCK</b>  |
| <input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO:<br>“COMMONWEALTH OF PENNSYLVANIA”<br>THE FEE IS NONREFUNDABLE        |
| <input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE   |

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

|  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|   |  |                               |  |                                   |            |             |
|---|--|-------------------------------|--|-----------------------------------|------------|-------------|
| <b>NAME/SUBJECT OF RECORD CHECK (FIRST)</b> |  | <b>(MIDDLE)</b>               |  | <b>(LAST)</b>                     |            |             |
| <b>MAIDEN NAME AND/OR ALIASES</b>           |  | <b>SOCIAL SECURITY NUMBER</b> |  | <b>DATE OF BIRTH (MM/DD/YYYY)</b> | <b>SEX</b> | <b>RACE</b> |

**The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only**

**REASON FOR REQUEST: All requests \$10.00**

**\*\*\*MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA \*\*\***

◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

**INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC)  | <input type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT                        |
| <input type="checkbox"/> ATTORNEY             | <input type="checkbox"/> FOSTER CARE          | <input type="checkbox"/> PRIVATE INVESTIGATIONS          |
| <input type="checkbox"/> BANKING              | <input type="checkbox"/> HEALTHCARE           | <input type="checkbox"/> SOCIAL SERVICES                 |
| <input type="checkbox"/> BAR ASSOCIATION      | <input type="checkbox"/> HOUSING              | <input type="checkbox"/> TENANT CHECK                    |
| <input type="checkbox"/> CHURCH               | <input type="checkbox"/> INSURANCE LICENSE    | <input type="checkbox"/> VISA                            |
| <input type="checkbox"/> CHILD CARE           | <input type="checkbox"/> MENTAL HEALTH        | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION            | <input type="checkbox"/> NURSE AID TRAINING   | <input type="checkbox"/> VOLUNTEER                       |
| <input type="checkbox"/> ELDER CARE           | <input type="checkbox"/> OTHER _____          |  |
| <input type="checkbox"/> EMERGENCY MANAGEMENT |   |  |

**ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)**

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.