EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Info	ormation
Employer: Address: City/State/ZIP: Telephone:	Platinum Private Duty, Inc. 256 Schuyler Avenue Kingston, Pennsylvania 18704 570-288-1452
to all applicants and e	tinum Private Duty, Inc. to provide equal employment opportunities employees without regard to any legally protected status such as race, color, in, age, religion, creed, disability, veteran's status, sexual orientation, gender pression.
2. Applicant Info	formation
Applicant Full Name:	
Home Address:	
City/State/ZIP:	
Number of years at the	nis address:
Daytime phone:	Evening phone:
Mobile phone:	
Driver's License (Stat	te/Number):
3. Job Position A	Applied For:

Salary Desired: \$_____per____

4.

5.	Who referred you to our company?			
6.	Have you applied to our company previously?_ If yes, when?	_Yes	_No	
7.	Are you at least 18 years old?	Yes	No	
8.	How will you get to work?			
9.	If you are offered employment, when would you be available to begin work?			
10.	If hired, are you able to submit proof that you employment in the United States?Yes	are legally elig	gible forNo	
11.	Are you able to perform the essential functions or without reasonable accommodation?		on you seek withNo	
	What reasonable accommodation, if any, wou	ld you request?	?	
12.	Have you ever been convicted of a felony or misdemeanor?			
	Yes, I was convicted of		on	
	(date) in	_(city),	(state)	
	No			
AUTO	EXISTENCE OF A CRIMINAL RECORD DO DMATIC BAR TO EMPLOYMENT UNLESS LOYMENT.			
13.	Applicant Employment History			
andmi	our current or most recent employment first. Pleas ilitary service) which you have held, beginning wi n employment. If additional space is needed, cont	th the most rece	nt, and list and explain any	
_	yer Name:			

Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Employer Name: Supervisor Name:
A diagon
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving: Detail of Englishment (Month Wear):
Dates of Employment (Month/Year):
Military Service:
YesNo
Branch:
Specialized Training:
14. References
List any two non-relatives who would be willing to provide a reference for you.
N.
Name: Address:
City/State/ZIP: Telephone:
D 1 4 11
Relationship:
Name:
Address:
City/State/ZIP: Telephone:
Relationship:
15. Please provide any other information that you believe should be considered, including
whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize Platinum Private Duty, Inc to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Administrator, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Platinum Private Duty, Inc except in a specific written contract of employment signed on behalf of the organization by its Administrator, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO ITS TERMS.	E CERTIFICATION AND I UNDERSTAND
APPLICANT SIGNATURE	DATE