



EMPLOYMENT APPLICATION

Please print clearly and complete each section entirely. All information is certified true and correct by your signature.

PERSONAL INFORMATION

Last Name		First Name		MI	Date
Address (number and street name or P.O. Box number)		City		State	Zip code
Date of Birth	Date Available		Email		
Home Phone		Cell Phone		Referred by	

Position Applied For: (check one)			
<input type="checkbox"/> Home Health Aide	<input type="checkbox"/> RN	<input type="checkbox"/> Direct Care Professional	<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Office Staff	<input type="checkbox"/> LPN	<input type="checkbox"/> Internship	<input type="checkbox"/> Occupational Therapist

- Are you authorized to work in the U.S.? ☐ No ☐ Yes
- Have you previously worked at MARSCare? ☐ No ☐ Yes If so, when? _____
- Have you lived in Pennsylvania for over 2 years? ☐ No ☐ Yes
- Do you have a car available? ☐ No ☐ Yes Driver License Number: _____
- Would you like text message notifications? ☐ No ☐ Yes Cell Phone Provider: _____

Emergency Contact Information			
Name		Relation	
Address		Phone	

EDUCATION INFORMATION

Education	Name and Location of School	Circle last year completed	Diploma
High School		9 10 11 12	
College		1 2 3 4	
Vocational School			

- Languages spoken (list all): 1) _____ 2) _____
3) _____ 4) _____

Professional License/Certificate			
License Type	Number	Expiration Date	State
Do you have any previous involvement as defendant in professional malpractice litigation? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, please explain _____			
Have you ever had your professional license revoked/suspended, or disciplinary action taken against you? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, please explain _____			

EMPLOYMENT HISTORY & SKILLS

- Please list your employment history below:

1. Name & Address of Employer		Phone Number	Supervisor Name
Dates of Employment From _____ To: _____		Reason for Leaving	Pay Rate
2. Name & Address of Employer		Phone Number	Supervisor Name
Dates of Employment From _____ To: _____		Reason for Leaving	Pay Rate
3. Name & Address of Employer		Phone Number	Supervisor Name
Dates of Employment From _____ To: _____		Reason for Leaving	Pay Rate

- Do you have experience in personal care or working with the disabled? ☐ No ☐ Yes
- Are you able to lift more than 50lbs? ☐ No ☐ Yes
- Are you certified in CPR and/or First Aid? ☐ No ☐ Yes - if yes, please provide copies

PREFERENCES AND AVAILABILITY

Please Check	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Overnight							

- Total hours you want to work per week: Maximum _____ Minimum _____
- Are you available for live-in cases? ☐ No ☐ Yes
- Are you available for overnight cases? ☐ No ☐ Yes
- Are you willing to fill-in or substitute if needed? ☐ No ☐ Yes
- How far are you willing to travel from home? _____ miles
- Which locations would you like to work in? Circle all that apply: [Northeast Phila] [North Phila] [West Phila] [Southwest Phila] [South Phila] [Montgomery County] [Bucks County] [Delaware County] [Berks County] [Chester County]
- Specify any pet issues you may have: _____

I, _____ have read and understand the above and authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Employee Signature

Date

REQUEST FOR REFERENCE

Section 1: filled out by applicant (reference cannot be a relative)

I _____
(Applicant Name)
hereby authorize the individual listed below to release all information pertaining to my present/former employment.

Signature _____ Date _____

Dates of Employment: _____ to _____ Position Held: _____

Reference's Information:

Name: _____ Title: _____

Phone: _____ Email: _____

Address: _____

Section 2: filled out by reference only

The information will be confidential and for our records only.

_____ has applied for employment with MARSCare Healthcare. We appreciate
(Applicant Name)
your time in filling out this form and mailing it back to us at 743 N. 24th Street, Philadelphia, PA 19130 or fax to us at (215) 763-4146.

Position of Employee: _____

Please rate:	Poor	Fair	Good	Excellent
Competent to perform duties				
Integrity				
Attendance				

Are the above employment dates correct in Section 1? ☐ No ☐ Yes
If NO, please state actual dates of employment from: _____ to _____

Would you rehire this individual? ☐ No ☐ Yes
If NO, why _____

Relation to Employee (circle): Co-worker / Supervisor / Educator / Other: _____

Signature _____ Date _____

Section 3: filled out by MARSCare personnel only

Verbal Reference:

Person spoke with: _____ Title _____

Relation to employee: Co-Worker / Supervisor / Educator / Other: _____

Verified dates of employment: ☐ No ☐ Yes If No, correct dates: _____

Comments: _____

Date: _____ Time: _____

Signature: _____ Title: _____ Date: _____