

**TRPIL Community Services  
is committed to affirmative  
action, equal opportunity,  
and the diversity of its  
workforce.**

**Thank you for your Interest  
in Employment with TRPIL**

**PLEASE -- Let us know if you need assistance  
with this Employment Application.**

This is a job application for a position as a  
**Attendant or Direct Care Worker** in the Home of our recipients  
of home care services. If you are seeking other positions, please

Your application will be reviewed by managers seeking  
job applicants. You will be contacted if there is an interest  
in you for further consideration. If you do not hear from  
us and are still interested in employment with TRPIL, you  
may resubmit another application for a different job notice  
or a general application for the future.

Thank you for your time.

Return to:  
TRPIL Community Services  
69 East Beau Street  
Washington, PA 15301  
724-223-5115

## **ATTENTION APPLICANT - PLEASE READ BEFORE PROCEEDING**

1. The completion of this application does not guarantee a job offer or interview. We are an Affirmative Action employer and committed to the elimination of barriers that restrict the employment opportunities available to persons' with disabilities. We look forward to reviewing your application and decisions about interviews will be based on this comparison.
2. This application form must be completely filled out in order for it to be considered for employment.
3. If the information provided on our application cannot be satisfactorily verified, the applicant could be rejected for employment.
4. Applications are filed according to job title. Be as specific as possible in stating the job for which you're applying. "ANY" position is not an acceptable response on our application.
5. Due to the number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will not be released.
6. In completing our application form, you acknowledge that employment may subject you to the following verification procedures:
  - Employment References
  - Criminal Record History Clearance
  - Pennsylvania Child Abuse History Clearance
  - Drug and/or Alcohol Testing
  - TB Screening and Hepatitis B Series
  - Motor Vehicle Record Check
  - Proof of a minimum of 2 years Residency in PA
  - Finger printing may be required

MY SIGNATURE BELOW VERIFIES THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH ABOVE.

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Signature of Applicant

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Date

\*This form must be attached & turned in with the completed application\*

APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text **Y / N**

EMAIL: \_\_\_\_\_

Do you have a current driver's license? **Yes / No**

Do you have a car available for work use? **Yes / No**

If travel is required by this position, will you normally be able to arrange for independent travel to work? **Yes / No**

Have you ever been convicted of a felony or misdemeanor (including minor traffic violations)? **Yes / No**

If YES, provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that you may be subject to a Criminal Background Check and Child Abuse Clearance.

Please list membership(s) in relevant Groups or Professional Organizations (excluding those indicating race, religion, color, sex, national origin or ancestry): \_\_\_\_\_

\_\_\_\_\_

Contact person in event of emergency:

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

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

EDUCATION: Circle highest year completed  
10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

EDUCATION Details (Please include name, location, dates, graduation and degree earned)

High School: \_\_\_\_\_

Colleges: \_\_\_\_\_

\_\_\_\_\_

Trade Schools: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE (list last three employers, beginning with current or most recent)**

**Do you have prior work experience at TRPIL?      Yes / No**

1) EMPLOYER: \_\_\_\_\_

LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITIONS HELD: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_

SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_

BRIEF DISCRPTION OF DUTIES: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING POSITION: \_\_\_\_\_

\_\_\_\_\_

2) EMPLOYER: \_\_\_\_\_

LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITIONS HELD: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_

\_\_\_\_\_

SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_  
BRIEF DISCRPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING POSITION: \_\_\_\_\_

3) EMPLOYER: \_\_\_\_\_  
LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
POSITIONS HELD: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO: \_\_\_\_\_  
NAME OF LAST SUPERVISOR: \_\_\_\_\_

SALARY: STARTING \_\_\_\_\_ FINAL \_\_\_\_\_  
BRIEF DISCRPTION OF DUTIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING POSITION: \_\_\_\_\_

**REFERENCES: (give below three persons not related to you whom you have known at least one year)**

1) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS OR ADDRESS: \_\_\_\_\_

TYPE OF RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

2) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS OR ADDRESS: \_\_\_\_\_

TYPE OF RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

3) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

## **EMPLOYMENT DESIRED**

POSITION DESIRED: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ SALARY  
DESIRED: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? **Yes / No**  
If so, may we contact your present employer? **Yes / No**

If related to anyone in our employ, give name and relationship:  
\_\_\_\_\_

I authorize investigation of all statements contained in this application and understand the misrepresentation of facts called for is cause for dismissal. Also, my signature indicated that I have been informed/shown a job description and I understand the responsibilities of the position for which I am making application. Upon hiring, I will provide reliable updates to the information provided in this application.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**DATE**

**TRPIL COMMUNITY SERVICES - ATTENDANT CARE ADDENDUM  
FOR ATTENDANT APPLICANTS ONLY**

**SPECIAL TRAINING FOR PROVIDING PERSONAL CARE**

Areas of special training:

\_\_\_\_\_  
\_\_\_\_\_

TYPE of License: \_\_\_\_\_ Date: \_\_\_\_\_

TYPE of Diploma: \_\_\_\_\_ Date: \_\_\_\_\_

TYPE of Certification: \_\_\_\_\_ Date: \_\_\_\_\_

**SKILLS AND AVAILABILITY**

These are some tasks required of an attendant. This list is not necessarily all inclusive. In the first column, indicate which of the following tasks you have had experience or training as an attendant or aide. In the second column, check tasks you would be will to perform.

<b>CHECK RELEVANT TASKS:</b>	<b>EXPERIENCED</b>	<b>OR</b>	<b>WILLING TO DO</b>
Feeding	_____		_____
Bathing	_____		_____
Dressing/Undressing	_____		_____
Put on Orthosis	_____		_____
Laundry			
Shaving/Make-up	_____		_____
Shampooing	_____		_____
Nail Care	_____		_____

Dental Care	_____	_____
Toilet Care	_____	_____
Bowel/Bladder Care	_____	_____
Wheelchair Transfer	_____	_____
Meal Preparation	_____	_____
Grocery Shopping	_____	_____
Personal Shopping	_____	_____
Light Housekeeping	_____	_____
Escorting	_____	_____
Escorting-use your vehicle	_____	_____
Ostomy Care	_____	_____
Oxygen Use	_____	_____
Decubitus Care	_____	_____
Changing of Dressing	_____	_____
Catheterization	_____	_____
Medication Preparation	_____	_____
Injections	_____	_____

Starting out, what days and hours are you available to work?

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_



## **CONSENT TO RELEASE INFORMATION**

I understand that persons with disabilities living in my area who employ attendants will have access to my application through TRPIL Services. My signature below permits TRPIL to release copies of my application to attendant care consumers until such time that I withdraw this consent, either orally or in written form.

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SIGNATURE

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DATE