



Above the Challenge, LLC. is an Equal Opportunity employer and does not discriminate because of race, color, religion, national origin, sex, age, disability, or any other protected characteristic as established by federal, state or local laws.

DATE

EMPLOYMENT APPLICATION

PERSONAL		POSITION APPLIED FOR:
NAME (LAST, FIRST MIDDLE)		SOCIAL SECURITY NO. XXX-XX-
STREET ADDRESS		CELL PHONE NO.
CITY, STATE, ZIP		EMAIL ADDRESS

GENERAL
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO JOB ASSIGNMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT ACCOMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID YOU LEARN ABOUT ABOVE THE CHALLENGE? <input type="checkbox"/> WALK-IN <input type="checkbox"/> ADVERTISEMENT (SPECIFY): _____ <input type="checkbox"/> ONLINE (SPECIFY): _____ <input type="checkbox"/> REFERRED BY (SPECIFY): _____ <input type="checkbox"/> COMPANY WEBSITE
HAVE YOU EVER REGISTERED WITH OR BEEN EMPLOYED BY ABOVE THE CHALLENGE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO

WORK HISTORY

APPLICATIONS WILL NOT BE CONSIDERED UNLESS ALL INFORMATION IS COMPLETE, EVEN IF A RESUME IS PRESENTED

PRESENT POSITION (IF APPLICABLE)					
FROM MONTH YEAR	TO MONTH YEAR	EMPLOYER		TELEPHONE NUMBER	
		STREET ADDRESS, CITY, STATE, ZIP			
POSITION		HOURLY PAY RATE \$	SUPERVISOR'S NAME & TITLE		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DUTIES & SPECIALTY AREAS					
PREVIOUS POSITION					
FROM MONTH YEAR	TO MONTH YEAR	EMPLOYER		TELEPHONE NUMBER	
		STREET ADDRESS, CITY, STATE, ZIP			
POSITION		HOURLY PAY RATE \$	SUPERVISOR'S NAME & TITLE		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DUTIES & SPECIALTY AREAS					

PREVIOUS POSITION

FROM MONTH YEAR	TO MONTH YEAR	EMPLOYER	TELEPHONE NUMBER
		STREET ADDRESS, CITY, STATE, ZIP	
POSITION		HOURLY PAY RATE \$	SUPERVISOR'S NAME & TITLE
			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DUTIES & SPECIALTY AREAS			

EDUCATION

FROM (YEAR)	TO (YEAR)	HIGH SCHOOL	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
		STREET ADDRESS, CITY, STATE, ZIP	
FROM (YEAR)	TO (YEAR)	COLLEGE	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
		STREET ADDRESS, CITY, STATE, ZIP	

PRIMARY EMERGENCY CONTACT

NAME (LAST, FIRST MIDDLE)	RELATIONSHIP
STREET ADDRESS	CELL PHONE NO.
CITY, STATE, ZIP	ALT. PHONE NO.

SECONDARY EMERGENCY CONTACT

NAME (LAST, FIRST MIDDLE)	RELATIONSHIP
STREET ADDRESS	CELL PHONE NO.
CITY, STATE, ZIP	ALT. PHONE NO.

AVAILABILITY/DESIRED WORK SCHEDULE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

ACKNOWLEDGMENT AND AUTHORIZATION

I represent that the information provided in this employment application (and accompanying documents, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from any further consideration for employment and may be justification for dismissal from employment if discovered at a later date.

I authorize investigation of all statements contained in this application and authorize any individual or entity to provide information and opinion to Above the Challenge as part of the investigation. I authorize Above the Challenge to disclose information contained in this application along with any information about me obtained through investigations or during the interview process. I release Above the Challenge, and any individual, or entity providing information to Above the Challenge, from any legal liability for any damages from the disclosure of this information.

I understand that if accused of wrongdoing while employed, I may be subject to probe by an outside agency.

I understand and agree that, if I am hired, my employment is "at-will" which means that it is for no definite period of time and may be terminated by me or Above the Challenge at any time for any reason.

I understand that if I am hired, Above the Challenge does not guarantee any specific number of hours or shifts, and I may or may not be assigned as determined by Above the Challenge. I understand and agree that I will not accept employment by any Above the Challenge client where I have been assigned by Above the Challenge for a period of six (6) months following termination of my employment with Above the Challenge.

I understand that if I am hired, a client may decide not to utilize my services at any time and will inform Above the Challenge if this occurs. That decision is made solely by the client. I understand and acknowledge that if this occurs, I may, or may not be assigned to other clients. In the event I have any concerns regarding my assignment to a client, I will immediately bring my concerns to Above the Challenge's attention.

I agree, if I am hired by Above the Challenge, to keep my credentials and all training requirements current, and to abide by the policies, procedures, and supervision of the client to which I am assigned and those of Above the Challenge.

Acknowledged and agreed: _____
Applicant Signature **Date**

Above the Challenge Representative: _____ **Date:** _____



Authorization to Conduct Background Checks & Provisional Employment Agreement

FULL NAME: _____

OTHER NAMES USED/MAIDEN NAME/DATES: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

I have been advised and understand that as a condition of my employment with Above the Challenge, a Pennsylvania State Police Background Check, and in some cases, an FBI Background Check(s), and Pennsylvania Child Abuse History Clearance, must be obtained. I understand that hiring of employees impacted by Act 73 of 2007 is prohibited when any individual is convicted of certain crimes.

- I hereby swear and affirm that I am not disqualified from employment.
- I understand that if I present clearances and/or background checks that have been obtained within the past 60 months, that I must affirm nothing has changed since obtaining the clearances.
 - **I affirm that nothing has changed that would alter the results of my clearances and/or background checks.** AFFIRM DENY
- I hereby authorize Above the Challenge and its agents to ascertain information regarding my background to determine any and all information.
- I understand that applicants/employees who have not been a resident of the Commonwealth of Pennsylvania for the last two consecutive years must obtain an FBI Criminal History Background Check through the Pennsylvania Department of Aging, in addition to the other clearances and/or background checks.
 - **I affirm that I have lived in the Commonwealth of Pennsylvania for the last two (2) consecutive years.** AFFIRM DENY
- I understand there is a provisional hire period, 30-days for Pennsylvania residents and 90-days for out-of-state residents, pending the return of the required clearances and/or background checks.
- I understand that if I fail to submit clearance results to my employer upon receipt, I shall be subject to discipline up to and including termination or denial of employment.

By my signature below, I affirm that the information provided in this Authorization & Agreement is true and complete. I understand that any falsification or omission of information may disqualify me for this position. This authorization, in original or copy form, shall be valid for this and all subsequent reports needed as it pertains to employment with Above the Challenge.

Signature _____ Date _____

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 at seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing a consumer's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses shall be fined not more than \$3,500 or imprisoned not more than two years or both."

EMPLOYMENT REFERENCE

APPLICANT INFORMATION:

APPLICANT NAME: _____ SOCIAL SECURITY NUMBER: _____

EMPLOYMENT REFERENCE RELEASE:

I authorize the person or company completing this form to release all information (including opinion information) regarding my employment with them. I hereby release and hold harmless any individual, or company which is providing this information, both factual and opinion to Above the Challenge, and its representatives and agents, from any legal liability for any damages that may result from the disclosure of this information.

APPLICANT SIGNATURE: _____ DATE: _____

REFERENCE INFORMATION

REFERENCE NAME: _____ REFERENCE TITLE: _____

REFERENCE PHONE NUMBER: _____

COMPANY NAME: _____

POSITION YOU HELD WITH COMPANY: _____ DATES EMPLOYED: FROM _____ TO _____

****PLEASE DO NOT FILL OUT FORM BELOW THIS LINE****

EMPLOYER/REFERENCE RESPONSE

Check if employer/company has a policy prohibiting/limiting the amount of information provided on applicant

1. Do the employment dates & position above correspond with company records? YES NO
If no, the correct dates and/or position: _____

2. Is there anything in the individual's work history that would pose a threat to patient safety? YES NO

3. Would you rehire this employee? YES NO

	POOR	AVERAGE	GOOD	EXCELLENT
ATTENDANCE/PUNCTUALITY				
JOB KNOWLEDGE/SKILL SET				
CRITICAL THINKING/JUDGEMENT				
ACCEPTS SUPERVISION				
ATTITUDE/COOPERATION				

Additional Comments: _____

Above the Challenge Representatives Signature: _____ Date: _____

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ATTITUDE/COOPERATION				

Additional Comments: _____

Above the Challenge Representatives Signature: _____ Date: _____