

**DAYSPRING HOMES, INC.**  
**PO Box 158, Reading, PA 19607-0158**

**APPLICATION**

*Please type or print neatly*

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NAME:** \_\_\_\_\_

**CURRENT ADDRESS:**

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

**HOME TELEPHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**EDUCATIONAL BACKGROUND:** *Please list high school and date graduated (or date G.E.D. was attained); If applicable, please list all colleges & universities attended and any additional educational information.*

School/College	Years	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Certificates / Licenses** (*teaching certificates, R.N., LPN, C.N.A., etc.*)

AREA	LICENSE / CERTIFICATE	LICENSE / CERTIFICATE #
_____	_____	_____
_____	_____	_____

**Volunteer Experiences:** Please describe any experiences you have had as a volunteer. Include the type of work, the length of commitment, how you got involved, and how you grew from the experience.

**Miscellaneous Information:**

What do you enjoy doing?

How did you hear about Dayspring Homes?

**Medical Information:** Please describe any medical conditions (allergies, chronic illnesses, physical limitations, etc.)

**Legal Information:**

Have you ever been convicted of a crime? \_\_\_\_\_

Are you involved in any way in any legal actions which could have an impact on your ability to work at Dayspring Homes, Inc.? \_\_\_\_\_

**Driver's Information:**

Do you have a valid driver's license? \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_

**References:**

*Please list the names, title, address, and phone number of three (3) persons with whom you have worked who will act as your reference:*

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

Company: \_\_\_\_\_ Title: \_\_\_\_\_

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

\_\_\_\_\_

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

Company: \_\_\_\_\_ Title: \_\_\_\_\_

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

\_\_\_\_\_

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

Company: \_\_\_\_\_ Title: \_\_\_\_\_

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

\_\_\_\_\_

**Emergency Information:**

*Name of person to be contacted in case of emergency:*

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

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

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

**Alternative Emergency Contact:** \_\_\_\_\_

*Address and Phone #:*

**Employment History:**

Employer	Dates of Employment	Position	Reason for leaving

**Emergency Release:**

*In case of an accident or illness, I hereby authorize the Dayspring Homes supervisory personnel to secure medical attention for me if I am unable to do so myself, and to take whatever steps necessary to assure my health and safety.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Dayspring Homes, Inc.

## Statement

I, \_\_\_\_\_ testify that I

have never had a conviction for violent crime and have never been dismissed from employment due to abuse of residents or clients.

I recognize that Dayspring Homes, Inc. has an obligation to conduct a criminal history check if I have not provided one.

I therefore willingly provide the following information:

I have been a resident of the State of Pennsylvania for the past two years **YES** / **NO** (*circle one*)

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other names I have used (*including maiden name, if applicable*):

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

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_