

**To All Applicants:**

**Please send the following copies along with your application to Elders Choice of PA:**

1. Picture Identification of a State Non-Driver's or Driver's license
2. A valid Permanent Resident Card or Work Authorization
3. Citizenship or valid U. S. Passport and Social Security Card
4. Copy of Certification of Training or License
5. Copy of **2 Step PPD within the year or a chest x-ray which is valid for five years.**
6. **Only sign and date the two reference sheets provided or send two reference letters to [admin@elderschoiceofpa.com](mailto:admin@elderschoiceofpa.com)** Do not write on these sheets. The agency will use the space to document your information from two previous employers. Also, make sure that you write the names, address, and phone numbers from your previous jobs on the **"Elders Choice of PA Informational Form"** located in the application packet. Elders Choice of PA will only accept references or **reference letters (preferable)** from hospitals, nursing homes/rehabilitation facilities, nursing agencies, other home care agencies, group homes or private previous cases.
7. ***Any applicant that attempts to gain employment using another applicant's personal identification will be turned over to the authorities for fraud.***
8. Copy of Patch- **Pennsylvania Criminal Background Check**  
Please go to: <https://www.psp.pa.gov/Pages/Criminal-History-Background-Check.asp> to complete.
9. Please note: If you have not been a PA resident for a minimum of 2 years you will need an FBI Screening complete. We can make arrangements through IDENTGO.

**If you have questions, please call (267) 264-8926 or**

**The application can be:**

**Emailed to**  
[admin@elderschoiceofpa.com](mailto:admin@elderschoiceofpa.com)

**Faxed:**

**1-877-866-2051**

**Or**

**Mailed to**

**Elders Choice of Pa  
Po box 29718  
Elkins Park, Pa 19027**

**Thank you for your cooperation.**

**Elders Choice of Pa  
Administration**



## Informational Form

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

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

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Green card or Long-Term Visa Number: \_\_\_\_\_

Do you have a work permit? \_\_\_\_\_

Driver's License (if you have one): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

List work experience in the past three years: **References**

Name of Business or Supervisor: \_\_\_\_\_

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

State and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

How long did you work there? \_\_\_\_\_

Name of Business or Supervisor: \_\_\_\_\_

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

State and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

How long did you work there? \_\_\_\_\_

**Two work related references – Not family or friends**

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

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

Telephone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_



Do you have an updated TB test? Yes \_\_\_\_\_ No \_\_\_\_\_

- a. Two step TB skin test (PPD) must be within a year to be accepted. Chest x-ray is good for five years. If the test is not updated the contractor cannot be placed.
- b. Enclosed is a PPD Form - You can use this form and/or provide the results from your physician.

**Educational Background** (please list and provide copies of any special training or certificates)

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**Work Background** (please use a separate sheet of paper to provide additional information if necessary)

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Please list any languages you speak in addition to English. \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date can start work: \_\_\_\_\_

References checked: \_\_\_\_\_



**PPD FORM**

**Section I: To be completed by Direct Care Worker Mandatory 2 Step PPD\*\*\* or a Chest X-ray\*\*\***

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Section II: To be completed by Health Care Professional**

**Provider Name and Title:** \_\_\_\_\_

**Provider Address:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Tuberculosis Screening (PPD) – Step 1		Tuberculosis Screening (PPD) – Step 2	
<b>Date Given:</b>	<b>Time:</b>	<b>Date Given:</b>	<b>Time:</b>
<b>Manufacturer:</b>		<b>Manufacturer:</b>	
<b>Lot:</b>		<b>Lot:</b>	
<b>Expiration Date:</b>		<b>Expiration Date:</b>	
<b>Dosage:</b>	<b>Route:</b>	<b>Dosage:</b>	<b>Route:</b>
<b>Arm: L R</b>		<b>Arm: L R</b>	
<b>Signature:</b>		<b>Signature:</b>	

**Section III: To be completed if 10mm or greater**

1. Attach copy of Chest X-ray report.
2. Is the Applicant free of infectious Tuberculosis Disease? Y    N
3. Was the Applicant referred for treatment? Y    N  
 If Yes, When, Where and What is treatment \_\_\_\_\_  
 \_\_\_\_\_
4. Was BCG given? Y    N  
 If Yes, when was it given? \_\_\_\_\_







## Authorization for Submission of Criminal Background Check

The older adult's protection service act of Pennsylvania Act 13 and Act 14 prohibits hiring of individuals to a skilled Nursing Facility, Personal Care Home, Home Health Agency or enrolling in a Nurse Aide training program who have in their lifetime been convicted of one of the following crimes:

- \* Aggravated Assault
- \* Burglary
- \* Concealing the death of a child
- \* Endangering the welfare of children
- \* Felony theft or 2 or more misdemeanor thefts
- \* Indecent Assault
- \* Intimidation of victim or witness
- \* Involuntary Deviate Sexual Intercourse performances
- \* Retaliation against Victim or Witness
- \* Securing the execution of documents by Deception
- \* Sexual Abuse of Children
- \* Arson
- \* Criminal Homicide
- \* Dealing in infant death
- \* Forgery
- \* Incest
- \* Kidnapping
- \* Indecent Exposure
- \* Murder
- \* Rape & Sexual Assault
- \* Robbery
- \* Sexual Assault
- \* Organized Retail Theft
- \* Unlawful Restraint

In signing below, you are attesting that you have not been convicted of any crime listed above in your lifetime. In addition, your signature below serves as your permission to permit your name to be submitted to the Pennsylvania State Police Criminal Background Check System\* and/or background check through the FBI.

**Proof of Residency: Elders Choice of Pa, will request that an applicant submit proof of residency through the submission of the following documents:**

- Valid state driver's license or a State-issued identification
- Housing records, such as a mortgage or rent receipts.
- Public utility records such as an electric bill, local tax records
- Federal, State, or local income tax returns with the applicant's name and address preprinted on it or employment record.

Please answer the following questions:

Name (Print First, Middle, Last): \_\_\_\_\_

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

If you live in Pennsylvania, have you lived here for two consecutive years: \_\_\_\_\_

Valid driver's license or state-issued identification card: State \_\_\_\_\_ # \_\_\_\_\_ Valid thru: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant:

\_\_\_\_\_  
Date: