

## **IMPORTANT NOTICE TO ALL APPLICANTS:**

***Kellington conducts an extensive Criminal History Records Check through the Pennsylvania State Police, in accordance with:***

***PA Act 169 of 1996 as Amended by Act 13 .***

***Failure to list ANY felony or misdemeanor that you have been convicted of, or pled guilty to, will result in your application being rejected, or in your discharge if you have already been hired.***

***Criminal History Records are reviewed on a case-by-case basis, and applicants are not automatically rejected for prior convictions.***

***If you have been convicted of, or pled guilty or 'nolo contendere', to any of the offenses listed on the following page, you may be ineligible for employment as a home aide under Pennsylvania state law.***

**OLDER ADULTS PROTECTIVE SERVICES ACT**

May 2011  
Dept. of Aging

Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13

*Following Offenses as Contained in PA Crimes Code (18 Pa. C.S.)*

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Any ONE (1) FELONY or TWO (2) MISDEMEANORS within the 3900 Series (CC3901-CC3934)</p> </div>
CC3921	Theft By Unlawful Taking	
CC3922	Theft By Deception	
CC3923	Theft By Extortion	
CC3924	Theft By Property Lost	
CC3925	Receiving Stolen Property	
CC3926	Theft of Services	
CC3927	Theft By Failure to Deposit	
CC3928	Unauthorized Use of a Motor Vehicle	
CC3929	Retail Theft	
CC3929.1	Library Theft	
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	
CC3929.3	Organized Retail Theft	
CC3930	Theft of Trade Secrets	
CC3931	Theft of Unpublished Dramas or Musicals	
CC3932	Theft of Leased Properties	
CC3933	Unlawful Use of a Computer	
CC3934	Theft From a Motor Vehicle	
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

*Offenses as Contained in PA Controlled Substance, Drug, Device & Cosmetic Act (P.L. 233, No. 64)-PARTIAL LISTING\**

CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (i), (ii), (iii)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx*	ANY OTHER FELONY DRUG CONVICTION APPEARING ON PA RAP SHEET	

KELLINGTON SERVICE AGENCY EMPLOYMENT APPLICATION: PAGE 2

PERSONAL

TRANSPORTATION

JOB INFORMATION

LAST NAME:		FIRST NAME:		MI:
ADDRESS 1:				
ADDRESS 2:				
CITY:		STATE:	ZIP:	
COUNTY:		SCHOOL DISTRICT:		
RESIDENCE MUNICIPALITY:				
HOME PHONE:		CELL PHONE:		
EMAIL:				
SEX: M <input type="checkbox"/> F <input type="checkbox"/>	BIRTH DATE:		SSN:	
DRIVERS LIC#:		STATE:	EXP DATE:	
TRANSPORTATION: WILL GET RIDE <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> OWN VEHICLE <input type="checkbox"/>				
OWNED VEHICLE:	MAKE/MODEL:		YEAR:	
	PLATE#:		STATE:	
POSITION SOUGHT: AIDE <input type="checkbox"/> OTHER:				
HAVE YOU APPLIED TO KELLINGTON PREVIOUSLY? N <input type="checkbox"/> Y <input type="checkbox"/> IF YES, WHEN:				
DO YOU CURRENTLY USE ANY ILLEGAL DRUGS, OR USE LEGAL DRUGS IN AN ILLEGAL MANNER? Y <input type="checkbox"/> N <input type="checkbox"/> IF YES, EXPLAIN:				
HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST 2 YEARS? _____				
HAVE YOU READ THE JOB DESCRIPTION FOR THE POSITION TO WHICH YOU ARE APPLYING? Y <input type="checkbox"/> N <input type="checkbox"/>				
IF YES, DO YOU BELIEVE YOU WILL BE ABLE TO PERFORM THE REQUIREMENTS OF THE JOB? Y <input type="checkbox"/> N <input type="checkbox"/>				
ARE YOU WILLING TO WORK OVERTIME? Y <input type="checkbox"/> N <input type="checkbox"/> IF NO, EXPLAIN:				
ARE YOU WILLING TO WORK ALL SHIFTS AND DAYS: Y <input type="checkbox"/> N <input type="checkbox"/> IF NO, WHAT ARE YOUR LIMITATIONS:				
HAVE YOU EVER BEEN IN THE MILITARY? Y <input type="checkbox"/> N <input type="checkbox"/> IF YES, WERE YOU HONORABLY DISCHARGED? Y <input type="checkbox"/> N <input type="checkbox"/>				
ARE YOU PRESENTLY EMPLOYED? Y <input type="checkbox"/> N <input type="checkbox"/>		ARE YOU LAID OFF & SUBJECT TO RECALL? Y <input type="checkbox"/> N <input type="checkbox"/>		
MAY WE CONTACT YOUR PRESENT EMPLOYER? Y <input type="checkbox"/> N <input type="checkbox"/>		HAVE YOU EVER BEEN FIRED? N <input type="checkbox"/> Y <input type="checkbox"/>		
CHECK, IF CERTIFIED: FIRST AID <input type="checkbox"/> FIRST RESPONDER <input type="checkbox"/> CPR <input type="checkbox"/> EMT OR PARAMEDIC <input type="checkbox"/> ACT 235 <input type="checkbox"/>				
OTHER CERTIFICATIONS:				

CRIMINAL & SECURITY LICENSE HISTORY

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO ANY OF THE FOLLOWING?		
ANY FELONY?	N <input type="checkbox"/>	Y <input type="checkbox"/>
ILLEGALLY USING, CARRYING OR POSSESSING A PISTOL OR OTHER DANGEROUS WEAPON?	N <input type="checkbox"/>	Y <input type="checkbox"/>
MAKING OR POSSESSING BURGLAR'S INSTRUMENTS?	N <input type="checkbox"/>	Y <input type="checkbox"/>
UNLAWFUL ENTRY OF A BUILDING?	N <input type="checkbox"/>	Y <input type="checkbox"/>
BUYING OR RECEIVING STOLEN PROPERTY?	N <input type="checkbox"/>	Y <input type="checkbox"/>
AIDING ESCAPE FROM PRISON?	N <input type="checkbox"/>	Y <input type="checkbox"/>
UNLAWFULLY POSSESSING OR DISTRIBUTING HABIT FORMING NARCOTIC DRUGS?	N <input type="checkbox"/>	Y <input type="checkbox"/>
PICKING POCKETS OR ATTEMPTING TO DO SO?	N <input type="checkbox"/>	Y <input type="checkbox"/>
THEFT?	N <input type="checkbox"/>	Y <input type="checkbox"/>
RECKLESSLY ENDANGERING ANOTHER PERSON?	N <input type="checkbox"/>	Y <input type="checkbox"/>
MAKING TERRORIST THREATS?	N <input type="checkbox"/>	Y <input type="checkbox"/>
COMMITTING SIMPLE ASSAULT?	N <input type="checkbox"/>	Y <input type="checkbox"/>
ANY OTHER MISDEMEANORS?	N <input type="checkbox"/>	Y <input type="checkbox"/>
PLEASE LIST ANY OTHER MISDEMEANORS OR OTHER CHARGES:		
HAVE YOU EVER HAD A PROTECTION FROM ABUSE COMPLAINT FILED AGAINST YOU: NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN:		

REFERENCES

PLEASE LIST THREE (3) CHARACTER REFERENCES WHO YOU ARE NOT RELATED TO BY BLOOD OR MARRIAGE:		
#1	NAME:	PHONE:
	ADDRESS:	
	OCCUPATION:	
#2	NAME:	PHONE:
	ADDRESS:	
	OCCUPATION:	
#3	NAME:	PHONE:
	ADDRESS:	
	OCCUPATION:	

**KELLINGTON SERVICE AGENCY EMPLOYMENT APPLICATION: PAGE 4**

**5-YEAR EMPLOYMENT HISTORY (LIST CURRENT OR MOST RECENT EMPLOYER FIRST):**

EMPLOYER #1

START DATE:	END DATE:
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER SUPERVISOR OR CONTACT:	PHONE:
LAST POSITION:	LAST PAY RATE:
REASON FOR LEAVING:	

EMPLOYER #2

START DATE:	END DATE:
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER SUPERVISOR OR CONTACT:	PHONE:
LAST POSITION:	LAST PAY RATE:
REASON FOR LEAVING:	

EMPLOYER #3

START DATE:	END DATE:
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER SUPERVISOR OR CONTACT:	PHONE:
LAST POSITION:	LAST PAY RATE:
REASON FOR LEAVING:	

EMPLOYER #4

START DATE:	END DATE:
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER SUPERVISOR OR CONTACT:	PHONE:
LAST POSITION:	LAST PAY RATE:
REASON FOR LEAVING:	

EMPLOYER #5

START DATE:	END DATE:
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER SUPERVISOR OR CONTACT:	PHONE:
LAST POSITION:	LAST PAY RATE:
REASON FOR LEAVING:	

<b>PLEASE LIST ALL EDUCATION &amp; TRAINING YOU HAVE RECEIVED:</b>	
HIGH SCHOOL:	
ADDRESS:	
GRADUATED? Y <input type="checkbox"/> N <input type="checkbox"/>	IF NO, GED OBTAINED? Y <input type="checkbox"/> N <input type="checkbox"/>
COLLEGE:	
ADDRESS:	
MAJOR:	
OTHER:	
ADDRESS:	
CERTIFICATE OR DEGREE:	
OTHER:	
ADDRESS:	
CERTIFICATE OR DEGREE:	

**PLEASE TELL US MORE ABOUT YOURSELF, AND WHAT YOU BELIEVE YOU CAN BRING TO THIS JOB:**

**CERTIFICATION AND DRUG TEST AUTHORIZATION:**

I certify that all statements made by me on my employment application are true and complete to the best of my knowledge. I understand that any false or misleading information and/or omissions may result in the rejection of my application or in termination of employment (if I have already been hired). I authorize Kellington Service Agency (“Kellington”) to obtain copies, investigate and review my previous employment, driving record, civil litigation history, credit report, criminal records, references and any other background data as it may relate to the position for which I am applying. I also authorize Kellington to re-check these records periodically, throughout my employment. I further agree to submit to a pre-employment drug test and, if hired, I agree to submit to random drug tests throughout my employment with Kellington. I understand that Kellington reserves the right to require Substance Abuse Screening and/or Psychological Testing before being offered specific jobs for certain accounts. I also understand that offers of employment for these accounts will be made contingent on the results of the Substance Abuse Screening and/or Psychological Testing test results. I understand that all employment offers from Kellington are for a temporary, 90-day probationary period, during which time I must demonstrate my ability, reliability and suitability for permanent employment. Failure to do so will either result in my discharge during the probationary period or in the refusal by Kellington to offer me regular, permanent employment at the end of my probationary period.

SIGNATURE (IF FILLING OUT ON COMPUTER, TYPED SIGNATURE IS ACCEPTABLE.) \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATIONS MAY BE SUBMITTED BY:  
**FAX:** 412-489-6161    **EMAIL:** [APPLICATIONS@KELLINGTONAGENCY.COM](mailto:APPLICATIONS@KELLINGTONAGENCY.COM)  
**IN PERSON:** 1100 WASHINGTON AVE STE 203, CARNEGIE, PA 15106 (412-339-0010)