



**Pappus House**

66 Big Mount Rd, Thomasville, PA 17364

717-893-5310

www.pappushouse.org

**Employment Application**

Date: \_\_\_\_\_ Desired Position: \_\_\_\_\_

If applicable, desired shift: \_\_\_\_\_ Full- or Part-time: \_\_\_\_\_

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

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

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

Date Available: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Are you a citizen of the United State? \_\_\_\_\_ If no, are you authorized to work in the U.S.? \_\_\_\_\_

Have you worked for or applied to Pappus House previously? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**Education**

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

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Degree: \_\_\_\_\_

Other: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Degree/Certificate: \_\_\_\_\_

### Previous Employment

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

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

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

Job Title: \_\_\_\_\_ Wage: \_\_\_\_\_

May we contact your previous supervisor for a reference? \_\_\_\_\_

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

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

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

Job Title: \_\_\_\_\_ Wage: \_\_\_\_\_

May we contact your previous supervisor for a reference? \_\_\_\_\_

### Interest & Experience

Why are you interested in working at Pappus House? \_\_\_\_\_

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What experience do you have that would make you a valuable team member at our end-of-life home?

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## References

Please list three personal and/or professional references:

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

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

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

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

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

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

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

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

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

*By signing my name on this application, I affirm the following:*

*I certify that the information provided in this application is correct and complete. I understand that false statements or improper omissions on this application may disqualify me from consideration or warrant dismissal after placement. I authorize Pappus House to investigate any and all information concerning my previous employment and education and release such institutions from all liability and damages in furnishing information to Pappus House.*

Signature: \_\_\_\_\_

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

Please return application via mail to: Pappus House, 66 Big Mount Rd., Thomasville, PA 17364 or via email to [info@pappushouse.org](mailto:info@pappushouse.org). Applications may also be dropped off at the above address.

A Pappus House team member will contact you to follow-up with your application.

Thank you for your interest in caring for those traveling the final journey.