

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

(Please Print)

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

How long have you lived at this address? _____

Telephone No. () _____ Social Security No. _____

Previous Address _____ How long? _____

How did you hear about our company? Craigslist Current Employee _____

Indeed Other _____

Have you ever worked here before? Yes No

If so, when and in what position(s)? _____

Position(s) applying for: _____ Rate of pay desired: _____

Available to work: Full-time Part-time Shift preference: Mon-Fri Weekends

Will you work On-call shifts? Yes No

Are you currently employed? Yes No Date available to start work? _____

Are you 18 years of age or older? Yes No

PERSONAL REFERENCES

(Give the names of three persons not related to you whom you have known for at least one year)

Name _____	Address _____
Occupation _____	Phone () _____ Years Known _____

Name _____	Address _____
Occupation _____	Phone () _____ Years Known _____

Name _____	Address _____
Occupation _____	Phone () _____ Years Known _____

EDUCATIONAL BACKGROUND

Type of School	Name	Course of Study	Did you graduate?	List Degree or Diploma
High School				
College				
Business or Trade				
Other				

PREVIOUS WORK EXPERIENCE

(List last four positions held - list most recent first)

Name of employer and address (including city, state & zip): _____ _____ Telephone No. () _____ Job Duties: _____ Reason for Leaving: _____	Dates of Employment: From _____ to _____ Ending Salary: _____ Supervisor's Name: _____ Name Worked Under: _____
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Please explain all periods of unemployment: _____

Are there any other experiences, skills or qualifications which you feel especially fit you for work with this facility?

PRE-EMPLOYMENT BACKGROUND PROFILE

Are you known to schools/references/employers by any other name(s)? Yes No

If so, please list: _____

If you have ever been convicted of any of the following (this includes, without limitation, pleading guilty, pleading no contest, or having a finding of guilt) please place check mark next to the conviction.

- | | | |
|--|--|---|
| 2903.01 Aggravated Murder | 2907.08 Public Indecency | 2913.31 Forgery |
| 2903.02 Murder | 2907.12 Felonius Sexual Penetration | 2913.40 Medicaid Fraud |
| 2903.03 Voluntary Manslaughter | 2907.25 Prostitution | 2913.43 Securing Writings by Deception |
| 2903.04 Involuntary Manslaughter | 2907.31 Disseminating Matter Harm to Juvenile | 2913.47 Insurance Fraud |
| 2903.11 Felonius Assault | 2907.32 Pandering Obscenity | 2913.51 Receiving Stolen Property |
| 2903.12 Aggravated Assault | 2907.321 Pandering Obscenity Involving a Minor | 2919.25 Domestic Violence |
| 2903.13 Assault | 2907.322 Pandering Sexually Oriented Matter Involving a Minor | 2921.36 Prohibition of Conveyance of Certain Items onto Grounds of Detention Facility, Mental Health or MRDD Facility |
| | | 2923.12 Carrying Concealed Weapons |
| 2903.16 Failing to Provide for a Functionally Impaired | 2907.323 Illegal Use of Minor in Nudity-Oriented Material or Performance | 2923.13 Having Weapons while under Disability |
| 2903.21 Aggravated Menacing | 2911.01 Aggravated Robbery | 2923.161 Improperly Discharging Firearm at or into Habitation or School |
| 2903.34 Patient Abuse or Neglect | 2911.02 Robbery | |
| | | 2925.02 Corrupting Another with Drugs |
| 2905.01 Kidnapping | 2911.11 Aggravated Burglary | 2925.03 Trafficking in Drugs |
| 2905.02 Abduction | 2911.12 Burglary | 2925.11 Drug Abuse |
| 2905.11 Extortion | 2911.13 Breaking & Entering | 2925.13 Permitting Drug Abuse |
| 2905.12 Coercion | 2913.02 Theft, Aggravated Theft | 2925.22 Deception to Obtain Dangerous Drugs |
| 2907.02 Rape | 2913.03 Unauthorized Use of a Vehicle | 2925.23 Illegal Processing of Drug Documents |
| 2907.03 Sexual Battery | 2913.04 Unauthorized Use of Property; Unauthorized Access to Computer | |
| | | 3716.11 Adulterated Food |
| 2907.05 Gross Sexual Imposition | 2913.11 Passing Bad Checks | |
| 2907.06 Sexual Imposition | 2913.21 Misuse of Credit Cards | |
| 2907.07 Importuning | | |
| 2907.08 Voyeurism | | |

Have you ever been convicted (this includes, without limitation, pleading guilty, pleading no contest or having a finding of guilt) of any misdemeanor or felony not listed above? Yes No If yes, please provide the dates for what and where: _____

PROFESSIONAL LICENSE AND/OR CERTIFICATIONS

Are you currently: Accredited Certified Licensed
 Licensure or have an interim permit

License/Certification	State of Issuance	Licensing Agency	Expiration Date	Number

If issuing state is not Ohio, have you applied for reciprocity? Yes No

Are you eligible for: Accreditation Certification Temporary Permit
 Licensure Registration

If an examination is required, what date are you scheduled to take the exam? _____

Has your professional license ever been revoked, suspended or subject to any disciplinary action? Yes No

If yes, list where, for what and give dates: _____

APPLICANT STATEMENT

I certify that all the information set forth during my employment application process is true and complete. I understand and agree that any falsification, misrepresentation or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by the Company, will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.

My signature authorizes the Company or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record and educational background. I hereby authorized all persons, companies, or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify the Company, its authorized agents and its employees and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.

I authorize and consent to the submission of my fingerprints and a request for a criminal records check to comply with Ohio Senate Bill 160. I understand that if I am made a contingent offer of employment and the results of the criminal records check indicate I have been convicted (this includes, without limitation, pleading guilty, pleading no contest or having a finding of guilt) of one or more of the crimes listed on the previous page and the company determines I do not meet the personal character standards developed by the Ohio Department of Health, I will be subject to immediate termination. I further understand that if the Company does not receive the criminal records check back within 60 days my employment will also be terminated. I may be eligible for rehire upon receipt and review of the results of the criminal records check.

I understand that a drug and/or alcohol screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug and/or alcohol screen, by an examiner selected by the Company if I am made a contingent offer of employment. I release and agree to indemnify the Company, its authorized agents and its employees and all other persons, companies and other entities from any and all liability arising out of any medical examination or drug/alcohol screen or for the taking of any action based on the results of any medical examination or drug/alcohol screen.

I certify that I am a citizen of the United States and, if not, I can provide required documentation permitting me to work in the United States.

I understand and agree that if I am employed, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, the Company may terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in the employment application or in the granting or conducting of any interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and the Company for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that the Company reserves the right to modify, revoke, suspend, terminate or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, hours of work, or for the providing of benefits have been made to me and I understand and agree that no such promise or guarantee is binding on the Company unless they are expressed promises, made in writing, and signed by the Administrator of the Company.

Applicant's Signature

Date

EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY

Position _____

Shift _____

Rate of Pay _____

Department Director/HR Director Signature

Date