

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

(Please Print)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-mail address: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_

How did you hear about our company?  Internet  Current Employee \_\_\_\_\_  
 Job Posting  Other \_\_\_\_\_

Have you ever worked here before?  Yes  No

If so, in what position(s)? \_\_\_\_\_

Have you ever worked for:  Alois Alzheimer Center  Brookwood Retirement Community  Florence Park  
 Arlington Pointe  Loveland Health Care  
 Ohio Valley Manor  Covenant Village

Position(s) applying for: \_\_\_\_\_ Rate of pay desired: \_\_\_\_\_

Available to work:  Full-time  Part-time Shift preference:  1st  2nd  3rd  Rotating

Will you work different 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 two 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 _____

# 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 three positions held - list most recent first)

Name of employer : _____ _____ Telephone No. (    ) _____ Position held: _____ 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<br>2903.02 Murder<br>2903.03 Voluntary Manslaughter<br>2903.04 Involuntary Manslaughter<br>2903.11 Felonius Assault<br>2903.12 Aggravated Assault<br>2903.13 Assault<br>2903.16 Failing to Provide for a Functionally Impaired Person<br>2903.21 Aggravated Menacing<br>2903.34 Patient Abuse or Neglect<br>2905.01 Kidnapping<br>2905.02 Abduction<br>2905.04 Child Stealing<br>2905.05 Criminal Child Enticement<br>2905.11 Extortion<br>2905.12 Coercion<br>2907.02 Rape<br>2907.03 Sexual Battery<br>2907.04 Corruption of a Minor<br>2907.05 Gross Sexual Imposition<br>2907.06 Sexual Imposition<br>2907.07 Importuning<br>2907.08 Voyeurism | 2907.08 Public Indecency<br>2907.12 Felonius Sexual Penetration<br>2907.21 Compelling Prostitution<br>2907.22 Promoting Prostitution<br>2907.23 Procuring<br>2907.25 Prostitution<br>2907.31 Disseminating Matter Harm to Juvenile<br>2907.32 Pandering Obscenity<br>2907.321 Pandering Obscenity Involving a Minor<br>2907.322 Pandering Sexually Oriented Matter Involving a Minor<br>2907.323 Illegal Use of Minor in Nudity-Oriented Material or Performance<br>2911.01 Aggravated Robbery<br>2911.02 Robbery<br>2911.11 Aggravated Burglary<br>2911.12 Burglary<br>2911.13 Breaking & Entering<br>2913.02 Theft, Aggravated Theft<br>2913.03 Unauthorized Use of a Vehicle<br>2913.04 Unauthorized Use of Property; Unauthorized Access to Computer<br>2913.11 Passing Bad Checks<br>2913.21 Misuse of Credit Cards | 2913.31 Forgery<br>2913.40 Medicaid Fraud<br>2913.43 Securing Writings by Deception<br>2913.47 Insurance Fraud<br>2913.51 Receiving Stolen Property<br>2919.12 Unlawful Abortion<br>2919.22 Endangering Children<br>2919.24 Contributing to Unruliness or Delinquency of a Child<br>2919.25 Domestic Violence<br>2921.36 Prohibition of Conveyance of Certain Items onto Grounds of Detention Facility, Mental Health or MRDD Facility<br>2923.12 Carrying Concealed Weapons<br>2923.13 Having Weapons while under Disability<br>2923.161 Improperly Discharging Firearm at or into Habitation or School<br>2925.02 Corrupting Another with Drugs<br>2925.03 Trafficking in Drugs<br>2925.04 Cultivate or manufacture drugs<br>2926.05 Use of money to purchase any controlled substance<br>2925.06 Administer, Prescribe, or Dispense Anabolic Steroid<br>2925.11 Drug Abuse<br>2925.13 Permitting Drug Abuse<br>2925.22 Deception to Obtain Dangerous Drugs<br>2925.23 Illegal Processing of Drug Documents<br>3716.11 Adulterated Food |
|--|--|---|

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