

Application For Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

| | | | |
|---|---|--------------|--------------------------------|
| Position(s) applied for _____ | Date of application ____/____/____ | | |
| Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Other _____ | | | |
| Name of source (if applicable) _____ | | | |
| Name: _____ | | | |
| _____ Last | _____ First | _____ Middle | _____ Maiden Name |
| Address: _____ | | | Social Security # _____ |
| _____ Street | _____ City | _____ State | _____ Zip Code |
| Telephone # _____ | Email Address _____ | | |

If necessary, best time to call is _____ :_____ am/pm

May we contact you at work? Yes No

If yes, work number and best time to call _____ :_____ am/pm

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) ____/____/____ _____

Have you ever been employed here before? Yes No

If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country Yes No

Date available to work ____/____/____ Desired salary range \$ _____

Type of employment desired Full-Time Part-Time Educational Co-Op

Temporary Seasonal

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSTION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Educational Background (if job related)

- A. List last three (3) schools attended, starting with most recent. B. List number of years completed
 C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field or study.
 F. Minor field of study (if applicable)

| A. School | B. Number of years completed | C. Degree/ Diploma | D. GPA/ Class Rank | E. Major | F. Minor |
|-----------|------------------------------|--------------------|--------------------|----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

References

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

| Name | Telephone Number | Number of years known |
|------|------------------|-----------------------|
| | | |
| | | |
| | | |

Additional Information

List professional, trade, business or civic associations and any offices held

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR SIMILARLY PROTECTED STATUS

| Organization | Office Held |
|--------------|-------------|
| | |
| | |
| | |

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR SIMILARLY PROTECTED STATUS

List any additional information you would like us to consider.

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent

(use additional sheets if necessary). Explain any gaps in employment in comments section below.

| | | | | |
|---|--------------------|-----------------------|-----------|---|
| Employer | Telephone # | Dates Employed | | Summarize the type of work performed and job responsibilities. Reason for leaving. |
| | | From | To | |
| Address | | | | |
| Starting job title/ Final job title | | | | |
| | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ | Per | |
| Reason for leaving | | | | |
| | | Hourly Rate/Salary | | |
| | | Final | | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ | Per | |

| | | | | |
|---|--------------------|-----------------------|-----------|---|
| Employer | Telephone # | Dates Employed | | Summarize the type of work performed and job responsibilities. Reason for leaving. |
| | | From | To | |
| Address | | | | |
| Starting job title/ Final job title | | | | |
| | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ | Per | |
| Reason for leaving | | | | |
| | | Hourly Rate/Salary | | |
| | | Final | | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ | Per | |

| | | | | |
|---|--------------------|-----------------------|-----------|---|
| Employer | Telephone # | Dates Employed | | Summarize the type of work performed and job responsibilities. Reason for leaving. |
| | | From | To | |
| Address | | | | |
| Starting job title/ Final job title | | | | |
| | | Hourly Rate/Salary | | |
| | | Starting | | |
| Immediate Supervisor and Title | | \$ | Per | |
| Reason for leaving | | | | |
| | | Hourly Rate/Salary | | |
| | | Final | | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ | Per | |

Comments (including explanation of any gaps in employment) _____

Skills and Qualifications

Summarize any special training, skills, licenses and/ or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying.

Availability Record

Please indicate days and hours you are available
for work (Be specific)

| | From | To |
|-----|-------------------|-------------------|
| Sun | _____ am _____ am | _____ pm _____ pm |
| Mon | _____ am _____ am | _____ pm _____ pm |
| Tue | _____ am _____ am | _____ pm _____ pm |
| Wed | _____ am _____ am | _____ pm _____ pm |
| Thu | _____ am _____ am | _____ pm _____ pm |
| Fri | _____ am _____ am | _____ pm _____ pm |
| Sat | _____ am _____ am | _____ pm _____ pm |

Primary position desired _____

Will you accept another position? Yes No

If so, what? _____

Are you able to work weekends? Yes No

Holidays? Yes No

Rotating Shifts? Yes No

Do you limit your annual earnings due to Social Security or for other reasons? Yes No

If yes, please state maximum amount you wish to earn. \$ _____

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this facility.

Applicant's Signature

Date

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with my employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete and misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims that may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on the basis prohibited by applicable, local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that the federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant _____ Date ____/____/____

Requestor Information

Your Full Legal Name: _____

Any Name(s) under which You Were Convicted: _____

Date of Birth _____ Telephone Number: _____

Mailing Address: _____

Email Address: _____

Preferred Means of Determination Notification (check one): by e-mail by regular mail

Type of License for which You seek a Pre- Determination: _____

What are the criminal offenses that you have been convicted of?

Provide the applicable statutes if able. _____

Date(s) of Conviction(s): _____

Date(s) of Underlying Offense(s): _____

Location(s) of Underlying Offense(s): _____

Court(s) of Conviction (Name, City/County, State): _____

Case Number(s) of Conviction(s): _____

RELEASE REGARDING REFERENCE CHECKS

I hereby authorize RIVERSIDE MANOR NURSING AND REHABILITATION CENTER, its employees, agents and representatives, including legal counsel (collectively the "Facility") to consult with any person, including former employers, (collectively "Persons") who may have information concerning my qualifications and other considerations relating to my employment at the Facility. I authorize the Facility to obtain information concerning my qualifications and other considerations relating to my employment at the Facility. I authorize the Facility to obtain information relating to my license, education, training, certification, experience, current competence and qualifications from any organization.

I further authorize and consent to the release by the Facility to persons of any information and/or documents the Facility may have concerning my qualifications, as long as such release of information is made in good faith.

I hereby release the Facility and any Persons from and all liability arising out of the release of information, including otherwise privileged or confidential information, concerning my qualifications.

Photocopies of this release will be binding as the original.

Signature

Date

REFERENCE CHECK

THIS SECTION IS TO BE COMPLETED BY EMPLOYER ONLY

Name: _____ Social Security # _____

Please Print

The person named above (the "Applicant") has applied for employment at our nursing facility, and he/she has indicated that he/she previously worked for your organization. The above signed form authorizes you to release information to our facility, and agrees not to hold you liable for any information that you provide us in good faith. In addition, we point out that Ohio law provides employers immunity from civil damages for any harm sustained by a former employee as the result of an honest evaluation given to a prospective employer. We have attached a copy of that law, Ohio Revised Code 4114.71, for your review.

In order for us to properly evaluate this person's application we ask that you provide the information below.

- 1) Did the Applicant previously work for your organization? Yes No
- 2) Dates of employment _____
- 3) Job position/ title: _____
- 4) Was the Applicant fired/discharged from your organization? Yes No
- 5) Would you rehire the Applicant to work for your organization? Yes No
- 6) Was the Applicant ever accused of any of the following?
 - a) Acts of violence towards residents, staff, or visitors Yes No
 - b) Neglect of a resident? Yes No
 - c) Misappropriation of any person's property? Yes No

Please add any additional information that your facility feels is appropriate on the back of this sheet.

Name & Title of Person Preparing Report

Date

Name of Organization: _____