



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? Social Media Current Employee _____
 Indeed Newspaper _____
 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 Other Long Term Care Facility
 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 | 2907.08 Public Indecency | 2913.31 Forgery |
| 2903.02 Murder | 2907.12 Felonius Sexual Penetration | 2913.40 Medicaid Fraud |
| 2903.03 Voluntary Manslaughter | 2907.21 Compelling Prostitution | 2913.43 Securing Writings by Deception |
| 2903.04 Involuntary Manslaughter | 2907.22 Promoting Prostitution | 2913.47 Insurance Fraud |
| 2903.11 Felonius Assault | 2907.23 Procuring | 2913.51 Receiving Stolen Property |
| 2903.12 Aggravated Assault | 2907.25 Prostitution | 2919.12 Unlawful Abortion |
| 2903.13 Assault | 2907.31 Disseminating Matter Harm to Juvenile | 2919.22 Endangering Children |
| 2903.16 Failing to Provide for a Functionally Impaired Person | 2907.32 Pandering Obscenity | 2919.24 Contributing to Unruliness or Delinquency of a Child |
| 2903.21 Aggravated Menacing | 2907.321 Pandering Obscenity Involving a Minor | 2919.25 Domestic Violence |
| 2903.34 Patient Abuse or Neglect | 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 |
| 2905.01 Kidnapping | 2907.323 Illegal Use of Minor in Nudity-Oriented Material or Performance | 2923.12 Carrying Concealed Weapons |
| 2905.02 Abduction | 2911.01 Aggravated Robbery | 2923.13 Having Weapons while under Disability |
| 2905.04 Child Stealing | 2911.02 Robbery | 2923.161 Improperly Discharging Firearm at or into Habitation or School |
| 2905.05 Criminal Child Enticement | 2911.11 Aggravated Burglary | 2925.02 Corrupting Another with Drugs |
| 2905.11 Extortion | 2911.12 Burglary | 2925.03 Trafficking in Drugs |
| 2905.12 Coercion | 2911.13 Breaking & Entering | 2925.04 Cultivate or manufacture drugs |
| 2907.02 Rape | 2913.02 Theft, Aggravated Theft | 2926.05 Use of money to purchase any controlled substance |
| 2907.03 Sexual Battery | 2913.03 Unauthorized Use of a Vehicle | 2925.06 Administer, Prescribe, or Dispense Anabolic Steroid |
| 2907.04 Corruption of a Minor | 2913.04 Unauthorized Use of Property; Unauthorized Access to Computer | 2925.11 Drug Abuse |
| 2907.05 Gross Sexual Imposition | 2913.11 Passing Bad Checks | 2925.13 Permitting Drug Abuse |
| 2907.06 Sexual Imposition | 2913.21 Misuse of Credit Cards | 2925.22 Deception to Obtain Dangerous Drugs |
| 2907.07 Importuning | | 2925.23 Illegal Processing of Drug Documents |
| 2907.08 Voyeurism | | 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	License 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

Ohio Valley Manor Nursing & Rehabilitation Center
5280 US Hwys. 62 & 68, Ripley, OH 45167

INFORMATION RELEASE/REFERENCE REQUEST 1

In connection with my application for employment, I _____, understand that investigative background inquiries are to be made including, but not limited to: consumer credit, Social Security number, criminal and motor vehicle records. These reports may contain information about my character, work habits, performance and experience along with reasons for termination of past employments. Further I understand that information will be requested from various Federal, State and other agencies, which maintain records concerning my personal history.

I authorize, without reservation, any party or agency contacted to release any information requested and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form. This authorization expires two years from this date or upon termination of employment.

Signature

Social Security Number

Date

FOR OFFICE USE ONLY

The above-named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be sincerely appreciated and will be held completely in confidence. Both the applicant and we will benefit from an early reply since his her employment is pending. Please return this form as soon as possible.

Reference #1

Reference #2

Dates of Employment _____

Dates of Employment _____

Position/Title _____

Position/Title _____

Rehireable _____

Rehireable _____

	Good	Adequate	Poor
Attendance & Punctuality			
Dependability			
Job Performance			
Productive Output			
Initiative			
Cooperative & Attitude			
Organizational Skills			

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Would you recommend for employment? Yes No

Would you recommend for employment? Yes No

Completed by: _____

Completed by: _____

Title: _____

Title: _____

Name of Company: _____

Name of Company: _____