



# APPLICATION FOR EMPLOYMENT

*It is our policy to seek and employ the best-qualified personnel and to provide advancement opportunities including upgrading, promotion and training. Various federal, state and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. This facility is an equal opportunity employer and your response to any questions will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking. Each applicant shall be considered equally and without discrimination.*

**FACILITY NAME:** \_\_\_\_\_ **Date of Application** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Personal Information

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

Address: \_\_\_\_\_ (City/ State): \_\_\_\_\_ (Zip): \_\_\_\_\_

Home/ Cell Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Preferred Hours: Full-Time Part-Time PRN; Prefer Shift: First Shift Second Shift Third Shift (if available)

Will you work: Overtime: Yes No Weekends: Yes No Holidays: Yes No Irregular Schedule: Yes No

Expected Hourly Rate of Pay: \$ \_\_\_\_\_ How were you referred? \_\_\_\_\_

Have you applied/ worked with us before? Yes No If yes, when and for what position? \_\_\_\_\_

Have you applied/ worked for any other **Foundations Health** managed facility? Yes No

If yes, when and what location and position? \_\_\_\_\_

Are any previous employment records kept under a different name? Yes No If Yes, what name: \_\_\_\_\_

## Education

Completed High School: Yes No If No, Years Completed (check one): 1 2 3 4 GED: Yes No

Name and Location of High School: \_\_\_\_\_

Certification or Other Training/ Skills: \_\_\_\_\_

College Years Completed (check one): 1 2 3 4 Graduate School: Yes No

Name and Location of College \_\_\_\_\_

Degree / Area of Study \_\_\_\_\_ License # (if applicable) \_\_\_\_\_

## Legal

Are you 18 years of age or over? Yes No. If No, do you have a work permit? Yes No.

Are you a U.S. Citizen? Yes No. If no, do you have a legal right and necessary documents to work in the U.S.? Yes No

Alien Registration No. with Expiration Date: \_\_\_\_\_

(Identity and employment eligibility of all new hires will be verified as required by the Department of Homeland Security)

This Facility is a Drug Free Workplace and reserves the right to conduct drug/ alcohol testing at any time, for any reason.

**WILL YOUR BACKGROUND CHECK REVEAL ANY CONVICTIONS OR GUILTY PLEAS?** Yes No This includes any conviction(s) that occurred when you were a minor or records that have been sealed or expunged.

*In accordance with ORC § 3721.121, you are notified that this facility is required to fingerprint and search your criminal background. Any "convictions of", "pleading guilty to", or "no contest pleas" to the attached listed offenses may result in termination. If such information is not returned to us within 30 days of your date of hire, you may be terminated.*

**References:** Name/ Address of 3 persons, not related, whom you have known at least one year, include phone #.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Employment History** List employment with your most **recent or current** position first. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name. We are required to complete employment reference checks. *May we contact your present employer?* Yes No.

**1. Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City/ State/ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment-Start: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_

Duties Included: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**2. Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City/ State/ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment-Start: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_

Duties Included: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**3. Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City/ State/ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment-Start: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_

Duties Included: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**4. Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City/ State/ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Employment-Start: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_

Duties Included: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Please Read Carefully\*\*\* By signing below, I attest the information provided is truthful and complete.**

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, and/ or criminal history. I authorize anyone possessing this information to furnish it to the Facility listed on the front of this application and I release anyone so authorized from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application or during my interview may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of this Facility. I understand my employment is contingent upon the successful completion of a criminal background check within 30 days of hire and a post-hire physical exam by a physician.

I understand and agree that if employed, my employment will be "at-will". That is, either I or the Facility may end the employment relationship at any time, for any reason. I understand that receipt of this application does not imply employment and that this application and/ or any other Facility documents are not contracts of employment.

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**Applicant's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_