

FRIENDSHIP VILLAGE OF DUBLIN (FVD)

Application for Employment

USING BLACK OR BLUE INK, PLEASE PRINT AND COMPLETE ALL QUESTIONS. IF MORE SPACE IS NEEDED, PLEASE REQUEST ANOTHER SHEET OF PAPER.

Please notify us of any reasonable accommodation needed for any phase of the employment process. FVD provides equal opportunity employment in all of its operations and in all areas of employment, and assures there will be no discrimination against any applicant or employee because of race, color, religion, sex, age, national origin, ancestry, disability or any other protected group.

Name	Other names you have been known by:
Address	If hired, can you provide proof of eligibility to work in the U.S?
City State Zip	
Phone #: Home: Cell:	Social Security Number
Email:	
Are you 18 years old or older?	How were you referred to FVD?
Position(s) Desired	Date available for work
Circle Days Available to work: Sun Mon Tues Wed Thurs Fri Sat ___ FT ___ PT ___ Contingent ___ Seasonal ___ 1 st shift ___ 2 nd shift ___ 3 rd shift	Wage Desired
Were you previously employed by FVD or Life Care Services?	If yes, where and when?
Have you ever pled guilty or no contest to, or been convicted of a felony? Yes/No Misdemeanor? Yes/No *Expunged/Sealed records will be revealed in a background check under Senate Bill 160.	If yes, please provide dates and details.

EDUCATION	# of Yrs. Completed	Did you graduate?	Diploma/ Degree	Course of Study
Name & Address of School				

Were you in the U.S. Armed Forces? Yes/No If yes, when? _____

Describe any training you received in the U.S. Armed Forces that is relevant to the position(s) applied for:

Please describe your career goals and reasons why you would like to work for Friendship Village of Dublin:

Please describe any experiences, skills, or qualifications that will be of special benefit in the position(s) for which you are applying (typing speed, computer knowledge, licenses, etc.)

List any professional, trade groups, or organizations you belong to that you consider relevant to the position(s) applied for (*Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.*):

List below **ALL** employment history for the last 10 years, beginning with your present or most recent employer(s). This may include volunteer work. Also include reason for gaps in employment. **Please do not use "SEE RESUME" as a response.**

EMPLOYMENT HISTORY

<i>Employer</i>	<i>Dates Employed/ Salary</i>	<i>Position/Duties</i>	<i>Reason for Leaving</i>
May we contact your current employer? Yes/No			
Name _____ Address _____ City: _____ State: _____ Zip: _____ Supervisor _____ Phone# _____	From _____ To _____ Begin\$ _____ End\$ _____	_____ _____ _____ _____	_____ _____ _____ _____

<i>Employer</i>	<i>Dates Employed/ Salary</i>	<i>Position/Duties</i>	<i>Reason for Leaving</i>
Name _____ Address _____ City: _____ State: _____ Zip: _____ Supervisor _____ Phone# _____	From _____ To _____ Begin\$ _____ End\$ _____	_____ _____ _____ _____	_____ _____ _____ _____

<i>Employer</i>	<i>Dates Employed/ Salary</i>	<i>Position/Duties</i>	<i>Reason for Leaving</i>
Name _____ Address _____ City: _____ State: _____ Zip: _____ Supervisor _____ Phone# _____	From _____ To _____ Begin\$ _____ End\$ _____	_____ _____ _____ _____	_____ _____ _____ _____

<i>Employer</i>	<i>Dates Employed/ Salary</i>	<i>Position/Duties</i>	<i>Reason for Leaving</i>
Name _____ Address _____ City: _____ State: _____ Zip: _____ Supervisor _____ Phone# _____	From _____ To _____ Begin\$ _____ End\$ _____	_____ _____ _____ _____	_____ _____ _____ _____

Have you ever been discharged from a position? Yes/No If yes, please explain:

REFERENCES (Please list three previous supervisors or persons who are not related to you who can provide professional reference. Please indicate, via e-mail or phone, how your reference wishes to be contacted.)

Name	E-mail Address	Phone#	Relationship	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

Please read carefully and sign below:

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, true and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents or in any other information provided by me as part of the hiring process, will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that this application is not and is not intended to be a contract of employment, nor does this application obligate Friendship Village of Dublin (FVD) in any way should FVD decide to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or for no reason. No representative of FVD, other than the Executive Director, has authority to enter into any type of employment agreement with any employee. Any agreement by the Executive Director must be in writing and signed by both the Executive Director and the employee to be valid.

I understand that if offered a position with FVD, I will be required to submit to a pre-employment medical examination by a medical professional, which includes a two-step tuberculosis test, a pre-employment drug screen and a background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to FVD and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

FVD is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS:

Signature

Date

SENATE BILL 160 OHIO REVISED CODE DISQUALIFIERS - (Ohio Revised Code 3721.121)

(Additional paper is available if needed).

NOTICE TO APPLICANTS:

Conviction for any of these listed Ohio Senate Bill 160 offenses or any federal or states laws that are substantially equivalent offense disqualifies the individual who is applying for a direct care position from employment in a nursing home, adult day care program or home health agency. *Expunged and/or sealed records will be revealed under a Senate Bill 160 background check.

Have you **EVER** been **CONVICTED** of the following: (Check all applicable)

<u>Yes</u>	<u>No</u>	<u>Criminal Offense</u>	<u>Yes</u>	<u>No</u>	<u>Criminal Offense</u>
()	()	1. Aggravated Murder	()	()	32. Burglary
()	()	2. Murder	()	()	33. Breaking and Entering
()	()	3. Voluntary Manslaughter	()	()	34. Theft, Aggravated Theft
()	()	4. Involuntary Manslaughter	()	()	35. Unauthorized Use of Property
()	()	5. Felonious Assault	()	()	36. Unauthorized Access to Computer Systems
()	()	6. Aggravated Assault	()	()	37. Passing Bad Checks
()	()	7. Negligent Assault	()	()	38. Misuse of Credit Cards
()	()	8. Failing to provide for a Functionally Impaired Person	()	()	39. Forgery
()	()	9. Aggravated Menacing	()	()	40. Medicaid Fraud
()	()	10. Patient Abuse or Neglect	()	()	41. Securing Writings by Deception
()	()	11. Kidnapping	()	()	42. Insurance Fraud
()	()	12. Abduction	()	()	43. Receiving Stolen Property
()	()	13. Extortion	()	()	44. Domestic Violence
()	()	14. Coercion	()	()	45. Prohibition of Conveyance of Certain Items onto Grounds of Detention Facility or Mental Health or Mental Retardation & Development Disabilities Facility
()	()	15. Rape	()	()	46. Carrying Concealed Weapons
()	()	16. Sexual Battery	()	()	47. Having Weapons While Under Disability
()	()	17. Gross Sexual Imposition	()	()	48. Improperly Discharging Firearm at or into Habitation or School
()	()	18. Sexual Imposition	()	()	49. Corrupting Another with Drugs
()	()	19. Importuning	()	()	50. Drug Trafficking Offenses
()	()	20. Voyeurism	()	()	51. Drug Possession Offenses
()	()	21. Public Indecency	()	()	52. Permitting Drug Abuse
()	()	22. Felonious Sexual Penetration	()	()	53. Deception to Obtain a Dangerous Drug
()	()	23. Prostitution	()	()	54. Illegal Processing of Drug Documents
()	()	24. Disseminating Matter Harmful to Juveniles	()	()	55. Adulteration of Food
()	()	25. Pandering Obscenity	()	()	56. Unauthorized Use of Vehicle
()	()	26. Pandering Obscenity Involving Minors	()	()	57. Excluded from Federally funded Health care programs (Medicare, Medicaid, etc.)
()	()	27. Pandering Sexually Oriented Matter Involving a Minor			
()	()	28. Illegal Use of a Minor in Nudity Oriented Material/Performance			
()	()	29. Aggravated Robbery			
()	()	30. Robbery			
()	()	31. Aggravated Burglary			

I understand that falsification, misrepresentation or omission of facts will disqualify me from further consideration, or if I am hired, will lead to my immediate dismissal.

Date: _____

Signature: _____

**VERIFICATION OF EMPLOYMENT RELEASE FORM
FRIENDSHIP VILLAGE OF DUBLIN (FVD)**

Name of Applicant _____

Social Security Number _____

Has applied for employment with FVD. Your answers to the following questions will be extremely helpful to us. All information will be held completely in confidence. Thank you for your cooperation.

Sincerely,

Human Resources Representative

BY SIGNING BELOW:

1. By signing below, I voluntarily authorize FVD to obtain one or more consumer report(s) about me for employment purposes. This inquiry, if made, may include, but is not limited to, information as to my past employment history, scholastic record, criminal activity, motor vehicle driving record, work habits and character. I authorize FVD to make this investigation of my background through any investigative or credit agencies or bureaus as deemed necessary. I understand this authorization is continuing and permits FVD to obtain consumer reports in the future as it may deem necessary.
2. I understand that this information may be used in making a hiring decision, or another employment related decision, and that this information will be kept confidential to the extent necessary or required by law.
3. I authorize all persons and organizations to release any information concerning my background. In consideration for FVD considering me for employment, I hereby release all persons and organizations from liability for any damage whatsoever for issuing this information.
4. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be valid as the original.

Signature of Applicant

Date

Company Name _____

Person Completing Form _____ Title _____

Employed from _____ to _____ FT/PT/Salary \$ _____

Beginning Position _____ Ending Position _____

Reason for Leaving _____

Eligible for Rehire? Yes _____ No _____ If no, please explain _____

Please rate this applicant using the following scale:

O=Outstanding AA=Above Average S=Satisfactory BA=Below Average UN=Unsatisfactory

Quality of Work	O	AA	S	BA	UN
Attendance/Punctuality	O	AA	S	BA	UN
Guest Service/Attitude	O	AA	S	BA	UN
Motivation/Hard Worker	O	AA	S	BA	UN

Comments: _____

Signature: _____ Date: _____

