



**EMPLOYMENT APPLICATION**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State Zip

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO YES NO  
  If no, are you authorized to work in the U.S.?

Have you ever applied with us before? YES NO  
  If so, when and where? \_\_\_\_\_

Have you ever been bonded? YES NO  
  If yes, with what employers? \_\_\_\_\_

Are you available for full time work? YES NO  
  If no, what hours can you work? \_\_\_\_\_

Will you work overtime if asked? YES NO

Have you been convicted of any crimes in the past 10 years, excluding misdemeanors and summary offenses, which haven't been annulled, expunged, or sealed by a court? YES NO If yes, describe in full. \_\_\_\_\_  
  \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Education**

School	Name and Location	Course of Study	No. of Years	Graduate	Degree
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade/Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	

## References

Please list your personal references

Full Name: _____	Title: _____
Company: _____	Phone: _____
Address: _____	How do you know this person? _____
Full Name: _____	Title: _____
Company: _____	Phone: _____
Address: _____	How do you know this person? _____
Full Name: _____	Title: _____
Company: _____	Phone: _____
Address: _____	How do you know this person? _____
Full Name: _____	Title: _____
Company: _____	Phone: _____
Address: _____	How do you know this person? _____

## Employment

If you are applying for a direct care staff position you must have at least 1 year of verifiable supervised experience or required training.

Company: _____	Phone: _____
Address: _____	Employed From: _____ To: _____
Supervisor: _____	Weekly pay Start: _____ Last: _____
Job title and work description: _____	Reason for leaving: _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company: _____	Phone: _____
Address: _____	Employed From: _____ To: _____
Supervisor: _____	Weekly pay Start: _____ Last: _____
Job title and work description: _____	Reason for leaving: _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company: _____	Phone: _____
Address: _____	Employed From: _____ To: _____
Supervisor: _____	Weekly pay Start: _____ Last: _____
Job title and work description: _____	Reason for leaving: _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company: _____	Phone: _____
Address: _____	Employed From: _____ To: _____
Supervisor: _____	Weekly pay Start: _____ Last: _____
Job title and work description: _____	Reason for leaving: _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Military Service

Did you serve in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Branch: _____	From: _____ To: _____
Rank at discharge: _____	Type of discharge: _____
If other than honorable, explain: _____	

**Division**

Please check the division that you are applying for

- Direct Care of Elderly
- Hospice

**Additional Information**

Membership in professional and civic organizations, special accomplishments, awards, special training, skills, etc.

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**Disclaimer and Signature**

Please read and understand this statement before signing your application.

In compliance with Senate Bill 160, Community Caregivers, Inc is required to complete a criminal background check on each applicant through the Bureau of Criminal Investigation and Identification and the Federal Bureau of Investigation when necessary. In order to process the criminal investigation, verification of Ohio residency must be obtained. Therefore, please complete the following statements and sign below.

I have \_\_\_\_ /have not \_\_\_\_ been a resident of the State of Ohio for a five year continuous period prior to the date signed below.

Have you ever been convicted of a misdemeanor? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

All direct care staff are conditionally hired based on the results of an Ohio BCII background check

The information I have provided in this Application for Employment is true, correct and complete. False incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one other than an executive officer of the employer, has authority to enter into an employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

I fully understand and accept all terms and conditions in the above statement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please send completed application to the appropriate Community Caregivers location as listed on our website.