

Date: _____

APPLICATION FOR EMPLOYMENT

Saint Joseph Home of Cincinnati is an equal Employment Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap, or any other legally protected status. All qualified applicants will be given equal opportunity and selection decisions are based solely on job-related factors.

PERSONAL INFORMATION (Please use blue or black ink.)

Use the additional space on the back of this form, if needed.

Last Name:		First Name:		Middle Initial:	Social Security Number:	
Street Address:				City	State	Zip
Home Phone	Cell Phone	Business Phone	Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If YES, give date _____			
Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			Do you have any friends or relatives working here <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If so, please list _____			
How did you hear about the position opening?		Advertisement (list source) _____		Walk-in _____		
Employee (list employee name) _____			School (list school name) _____			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide proof of eligibility to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required before you can be employed)			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			Can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Position applied for:		Desired Wages/Salary:		Are you willing to work:		
What date are you available to start work?				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime		

Education

High School	Circle grade completed 1 2 3 4	Did you graduate?
City/State		Diploma / GED received (please circle)
Vocational School	Circle grade completed 1 2	Did you graduate/obtain certification?
City/State	Certification in:	
College	Course Major/Field:	Degree Received or Expected (please circle)
City/State		If expected, anticipated graduation date:
College	Course Major/Field:	Degree Received or Expected (please circle)
City/State		If expected, anticipated graduation date:
Trade School	Course Major/Field:	License/Certificate Received or Expected:
City/State		If expected, anticipated completion date:

Other job-related, educational institutions, licenses, certifications, any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application.

Do you have a reliable means of transportation to and from work? _____

EMPLOYMENT HISTORY (List below last employers, starting with the most recent one first)

Name of Company		Company Phone Number		From: Mo/Yr	To: Mo/Yr
Street Address:			City	State	Zip
Job Title:		FT/PT/PRN? / # of Hours per Wk?		Job Duties:	
Starting Annual Salary	Final Annual Salary	Resigned or Fired?	Reason for Leaving:		
Supervisor's Name & Title				Supervisor's Phone Number	

Name of Company		Company Phone Number		From: Mo/Yr	To: Mo/Yr
Street Address:			City	State	Zip
Job Title:		FT/PT/PRN? / # of Hours per Wk?		Job Duties:	
Starting Annual Salary	Final Annual Salary	Resigned or Fired?	Reason for Leaving:		
Supervisor's Name & Title				Supervisor's Phone Number	

Name of Company		Company Phone Number		From: Mo/Yr	To: Mo/Yr
Street Address:			City	State	Zip
Job Title:		FT/PT/PRN? / # of Hours per Wk?		Job Duties:	
Starting Annual Salary	Final Annual Salary	Resigned or Fired?	Reason for Leaving:		
Supervisor's Name & Title				Supervisor's Phone Number	

Name of Company		Company Phone Number		From: Mo/Yr	To: Mo/Yr
Street Address:			City	State	Zip
Job Title:		FT/PT/PRN? / # of Hours per Wk?		Job Duties:	
Starting Annual Salary	Final Annual Salary	Resigned or Fired?	Reason for Leaving:		
Supervisor's Name & Title				Supervisor's Phone Number	

If currently employed, may we contact your present employer? ____ Yes ____ No

Have you ever been fired or asked to resign from a job? ____ Yes ____ No	If yes , please explain:
<hr/> <hr/>	

Explain any gaps in employment, other than due to personal illness, injury or disability:
<hr/> <hr/>

Are you currently on lay-off and subject to recall? ____Yes ____No

Have you ever been bonded? ____Yes ____No If so, has bond ever been refused or cancelled? ____Yes ____No

Have you ever pleaded "guilty" or "not contest" to or ever been convicted of a felony or misdemeanor? ____Yes ____No If so, please explain below giving date, charge, county & all other detail matter pending and current status:

(Conviction will not necessarily disqualify an applicant from employment)

Are you bound by any non-compete agreements with your current or former employer(s) ____ Yes ____ No If yes, attach a copy of agreement.

Do you have any commitments or other agreements with another employer that might affect your employment with Saint Joseph Home? ____Yes ____No

If yes, please explain: _____

If applying for a position that requires driving, do you have a valid driver's license? ____ Yes ____ No

Please list date and description of all chargeable accidents:

Driver's license # _____ State _____ Class _____ (CDL) ____ Yes ____ No

Please describe any experience or special training received in the military or in government service related to the position for which you are applying:

If applying for a clerical position, what business equipment can you operate? (For example, computers, copiers, etc.)

If applying for a clerical/administrative/professional position that requires speed and accuracy on the keyboard, indicate your speed:

Words/Minute:

List the specific skills, qualifications you possess related to the position for which you are applying:

In what computer software programs are you **proficient**? [Name the package(s).]

References

List at least three responsible adults who have knowledge of your work ethic, experience, and ability.
(Do not include relatives or past supervisors)

Name	Address	Telephone No.	Occupation
------	---------	---------------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without reason, and with or without notice at any time.
- I understand that this application will be kept on file for one year from the date completed, after which time I would have to reapply in accordance with established company procedures.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information or significant omissions on either this application or during the pre-employment process will result in my application being rejected, or, may be cause for subsequent dismissal if I am hired.
- I also understand that any offer of employment is conditioned on pre-employment procedures, which includes a background check, tests and documentation. I will, upon request, sign all necessary consent and authorization and release forms. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I authorize any third party organization to perform a consumer report and background investigation. I also authorize and consent any companies, schools or persons listed on this application (or accompanying resume) to give any information regarding my employment, qualifications and character to Saint Joseph Home of Cincinnati. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.
- I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.
- I understand that I may be required to take a drug test as a part of the application process, as a condition of employment or at any time during employment. I may also be required to take and pass a physical exam, if I am selected for employment, before beginning employment.
- **I agree that any claim or lawsuit relating to my service with Saint Joseph Home of Cincinnati must be filed no more than six (6) months after the date of the action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.**
- **I have read and understand the contents of this employment application and am fully able and competent to complete it.**

Date	Signature
------	-----------

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



10722 Wycarver Road
Cincinnati, OH 45241

(513) 563-2520

CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Saint Joseph Home, or as a condition of my continued employment with St. Joseph Home, Saint Joseph Home may obtain a consumer credit report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and educational verifications, social security verification, criminal and civil history, personal interviews, DMV records, licensure and disciplinary records, any other public records and any other information bearing on my credit standing, credit capacity, personal characteristics and trustworthiness. I understand my fingerprints may be required and used to perform a full background check. In addition, I hereby authorize all individuals, schools, and firms named in my application, except my current employer if so noted, to provide any information requested about me, and I release them from liability for damage in providing this information.

I hereby authorize and consent to Saint Joseph Home's procurement of any consumer credit report. I understand that, pursuant to the federal Fair Credit Reporting Act, Saint Joseph Home will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Saint Joseph Home. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant or Employee

Date

Printed Name of Applicant or Employee

Address, City, State and Zip Code

Telephone Number



10722 Wyscarver Road
Cincinnati, OH 45241

(513) 563-2520

CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, _____, (applicant or employee name), as an employee/applicant of Saint Joseph Home of Cincinnati hereby acknowledge that the Home's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program.

I hereby and herewith release Saint Joseph Home of Cincinnati, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), and/or to Saint Joseph Home of Cincinnati's examining physician, as provided by Saint Joseph Home of Cincinnati's policy.

I further acknowledge that Saint Joseph Home of Cincinnati has provided me with an opportunity to ask questions related to its drug and alcohol program and that all my questions have been answered.

Employee/Applicant Signature: _____

Employee/Applicant Printed Name: _____

Witness Signature: _____

Witness Printed Name: _____

Date of Signatures: _____

For Office Use Only
All Information Must Be Completed by Person Accepting Application

Position Applied For: _____

Was the Position Open at Time of Application: Yes No

EEO/AAP DATA CLASSIFICATION

Sex: Male Female

Race: Hispanic Black/African American American Indian/Alaskan Native
 Hawaiian/Pacific Islander White Asian Two or More

EEO Code: 1.1 1.2 2 3 4 5 6 7 8 9

Referral: Ad Saint Joseph Home Employee Friend/Relative
 Walk-In Employment Agency Government Agency
 Other _____

Actions: No Offer Made
 Offer Refused
 Offer Withdrawn – Failed Drug Test/Physical
 Hired – File This Form in Personnel File

Position _____

Start Date _____ Location Assigned _____

Signature of Person Completing This Form

Date
