

APPLICATION FOR EMPLOYMENT HILLSIDE COUNTRY LIVING

An Equal Opportunity Employer

This application will remain on file for 60 days.

If you wish to be considered for employment after this period of time, please re-apply.

Thank you for choosing Hillside Country Living as your employment opportunity.

Before completing this application, please pay special attention to the following:

- Hillside DOES NOT participate with the Social Security program. Our form of retirement is thru the Ohio Public Employees Retirement System (OPERS). (**Please read and sign** the enclosed form acknowledging exclusion from Social Security).
- On the back of the application, **please read and sign** the statement regarding LONG TERM CARE WORKERS BACKGROUND CHECK (SENATE BILL 160) along with the DISQUALIFYING OFFENSES.

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE APPLICATION FORM.

POSITION SEEKING _____ DATE _____

LAST NAME _____ FIRST NAME _____ MI _____

HOME ADDRESS _____ CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE (Optional) _____

ARE YOU 18 YEARS OR OLDER? ___ YES ___ NO MAIDEN NAME (If applicable) _____

EVER EMPLOYED BY THIS FACILITY BEFORE? ___ YES ___ NO WHEN/DEPARTMENT _____

IN CASE OF AN EMERGENCY CONTACT _____

PHONE NUMBER _____ RELATIONSHIP _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER _____
(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? ___ Yes ___ NO

ADDRESS _____

PHONE NUMBER _____ DATES EMPLOYED _____ TO _____

JOB TITLE _____ SUPERVISOR'S NAME _____

BEGINNING SALARY _____ PER _____ CURRENT SALARY _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC _____

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ DATES EMPLOYED _____ TO _____
JOB TITLE _____ SUPERVISOR'S NAME _____
BEGINNING SALARY _____ PER _____ CURRENT SALARY _____ PER _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC _____

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ DATES EMPLOYED _____ TO _____
JOB TITLE _____ SUPERVISOR'S NAME _____
BEGINNING SALARY _____ PER _____ CURRENT SALARY _____ PER _____
DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC _____

WHY DO YOU WANT TO LEAVE? _____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER TO DO SO.

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED: _____
ADDRESS: _____
DID YOU GRADUATE? ___ YES ___ NO HIGH SCHOOL EQUIVALENT? ___ YES ___ NO
ACTIVITIES, AWARDS, SPORTS, ETC. _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____
ADDRESS: _____
DID YOU GRADUATE? ___ YES ___ NO DEGREE: _____
COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC. _____

GRADUATE SCHOOL(S) ATTENDED: _____
ADDRESS: _____
DID YOU GRADUATE? ___ YES ___ NO DEGREE: _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (i.e., SECOND JOB, SCHOOL, ETC) WHICH MIGHT INTERFERE WITH OR ADVERSELY AFFECT YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES NO

If yes, please explain: _____

DO YOU POSSESS A VALID DRIVERS LICENSE? YES NO
IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

ARE YOU A RESIDENT OF OHIO? YES NO HOW LONG? _____ YEARS _____ MONTHS

ARE YOU RELATED TO ANYONE THAT IS CURRENTLY EMPLOYED BY WILLIAMS COUNTY? YES NO

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE (1) YEAR:

NAME _____ PHONE NUMBER _____

ADDRESS _____

NAME _____ PHONE NUMBER _____

ADDRESS _____

NAME _____ PHONE NUMBER _____

ADDRESS _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

INITIALS _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

INITIALS _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

INITIALS _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that I need to be fingerprinted as outlined in Senate Bill 160. Therefore, I understand and accept that it is necessary for the employer to investigate my background for any criminal or unlawful activity.

INITIALS _____

5. I hereby authorize the employers, schools and personal references named in this application, to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

INITIALS _____

I AFFIRM THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED, MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

****READ CAREFULLY BEFORE SIGNING****

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH WILLIAMS COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Applicant's Signature

Date

****The following needs to be read in its entirety and signed****

LONG-TERM CARE WORKERS BACKGROUND CHECK (SENATE BILL 160) - CONSENT AND ATTESTATION FORM

By signing this form, I consent to the submission of a request for a criminal records check for long-term care workers as required by Senate Bill 160. The request will be submitted by Williams County Hillside Country Living. Proof of Ohio residency for the past 5 years is required for verification purposes (i.e., State income tax returns, school records). This must be provided at the time your physical is returned.

I also attest to the following:

- 1) That I have not been convicted of or pleaded guilty to any of the crimes that would disqualify me from working with older adults under Senate Bill 160. ****See below for list.****
- 2) That I understand and agree that if I am found to have a record of any of those crimes, I will not be hired for work with older adults or if I have already been hired, my employment will be terminated.
- 3) That I was informed that I must provide a set of fingerprint impressions and that a criminal records check must be conducted if I come under final consideration for employment.

Applicant's Signature

Date

DISQUALIFYING OFFENSES

Am.Sub. Senate Bill 160 Criminal Record Checks
Effective January 27, 1997

Aggravated murder; Murder; Voluntary manslaughter; Involuntary manslaughter; Felonious assault; Aggravated assault; Assault; Failing to provide for a functionally impaired person; Aggravated menacing; Patient abuse/neglect; Kidnapping; Abduction; Extortion; Coercion; Rape; Sexual battery; Gross sexual imposition; Sexual imposition; Importuning; Voyeurism; Public indecency; Felonious sexual penetration; Prostitution; Disseminating matter harmful to juveniles; Pandering obscenity; Pandering obscenity involving a minor; Pandering sexually oriented matter involving a minor; Illegal use of a minor in nudity-oriented material or performance; Aggravated robbery; Robbery; Aggravated burglary; Burglary; Breaking and entering; Theft; Aggravated theft; Unauthorized use of a vehicle; Unauthorized use of property; Unauthorized access to computer systems; Passing bad checks; Misuse of credit cards; Forgery; Medicaid fraud; Securing writings by deception; Insurance fraud; Receiving stolen property; Domestic violence; Prohibition of conveyance of certain items onto grounds of detention facility or mental health or mental retardation and developmental disabilities facility; Carrying concealed weapons; Having weapons while under disability; Improperly discharging firearm at or into habitation or school; Corrupting another with drugs; Trafficking offenses; Drug abuse-certain violations do not constitute criminal record; Permitting drug abuse; Deception to obtain a dangerous drug; Illegal processing of drug documents; Placing harmful objects in or adulterating food or confection.

FOR OFFICE USE ONLY

Interviewed by _____

Date _____

Remarks _____

Hired YES NO Position _____ Department _____

Salary/Wage _____ Full-time / Part-time – hours scheduled to work _____

Date to report to work _____ Shift _____ Seasonal Employee YES NO