

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

(PLEASE PRINT CLEARLY)

This institution does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, however its receipt does not imply that the applicant will be employed.

PERSONAL INFORMATION

Date of Application _____ Date Available _____
 Social Security Number _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____ Phone Number _____
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS _____ Phone Number _____
(If Different than Present Address) STREET CITY STATE ZIP CODE

If you cannot be reached at above phone number, where may we contact you? Name of Person _____ Phone _____

Are you a citizen of the U.S.A.? Yes No If no, type of visa _____ Immig. No. _____

EMPLOYMENT DESIRED

TYPE OF WORK DESIRED	SHIFT	SALARY	WILL YOU ACCEPT EMPLOYMENT OF: FULL TIME? _____ PART TIME? _____
First Choice			Are You Employed Now? _____ May We Contact Your Present Employer? _____ If No, Why? _____ How Did You Learn of This Opening? _____
Second Choice			
Third Choice			

Are You 18 Yrs. of Age or Older? _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12 13 14 15 16

SCHOLASTIC HONORS RECEIVED _____

	NAME OF SCHOOL	LOCATION (CITY, STATE)	COURSES TAKEN	DIPLOMA, DEGREE OR CERTIFICATE RECEIVED
GRAMMAR OR GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				
VOCATIONAL OR BUSINESS				
NURSING EDUCATION				
LABORATORY OR X-RAY TRAINING				

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

Have You Ever Been in the U.S. Armed Forces? _____ What Is Your Present Selective Service Classification? _____ Are You Presently a Member of Reserves or National Guard? _____ If So, When Is Your Enlistment Up? _____

PROFESSIONAL LICENSES AND / OR CERTIFICATIONS

TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	VERIF.

EMPLOYMENT RECORD (list last or present position first)

PRESENT AND FORMER EMPLOYERS	DATES EMPLOYED		SALARY RANGE	POSITION & DUTIES	REASON FOR LEAVING
	FROM	TO			
Name _____ Address _____ Supervisor's Name _____ Phone _____	FROM	TO	STARTING		
	TO		ENDING		
Name _____ Address _____ Supervisor's Name _____ Phone _____	FROM	TO	STARTING		
	TO		ENDING		
Name _____ Address _____ Supervisor's Name _____ Phone _____	FROM	TO	STARTING		
	TO		ENDING		
Name _____ Address _____ Supervisor's Name _____ Phone _____	FROM	TO	STARTING		
	TO		ENDING		

Please explain all periods of unemployment. _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

LAST FIRST MIDDLE INITIAL _____

Have you ever been convicted of a crime? _____ If so, for what, when and where? _____

USE THIS SPACE TO GIVE US FURTHER INFORMATION WHICH WILL ASSIST US IN PLACING YOU, INCLUDING AT LEAST TWO PERSONAL REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

DO NOT ANSWER QUESTIONS IN SHADED AREA – TO BE COMPLETED AFTER EMPLOYED

Date of Birth _____ Marital Status _____ Sex _____ Nationality _____ Number and Ages of Children _____

Notify In Cases of Emergency:

NAME _____ RELATIONSHIP _____
 NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

What Language(s) (Other than English) Do You Speak? _____

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I understand that I will be required to follow the personnel policies and rules of the institution and that infractions of said rules may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I further understand that this institution follows the "fair employment practice code" and there is no discrimination in the hiring of individuals based on sex, race, religion, age, or physical or mental handicap unrelated to ability to perform the work required.

I understand that if I am employed it will be on a probationary or trial basis for a period of ___ days. Upon my termination I authorize the release of reference information on my work.

DATE _____

APPLICANT'S SIGNATURE _____

AVAILABILITY RECORD

Primary position desired _____

Will you accept another position? Yes No

If so, what? _____

Are you available to work:
 Weekends? Yes No
 Holidays? Yes No
 Rotating Shifts? Yes No

Do you have responsibilities that would limit your availability?
 Yes No If yes, explain _____

PLEASE INDICATE DAYS AND HOURS YOU ARE AVAILABLE FOR WORK (Be Specific)

DAY	FROM	TO
SUNDAY	A.M.	A.M.
	P.M.	P.M.
MONDAY	A.M.	A.M.
	P.M.	P.M.
TUESDAY	A.M.	A.M.
	P.M.	P.M.
WEDNESDAY	A.M.	A.M.
	P.M.	P.M.
THURSDAY	A.M.	A.M.
	P.M.	P.M.
FRIDAY	A.M.	A.M.
	P.M.	P.M.
SATURDAY	A.M.	A.M.
	P.M.	P.M.

Do you limit your annual earnings due to Social Security or other reasons?
 Yes No

If yes, please state what is the maximum amount you wish to earn _____

IF YOUR AVAILABILITY CHANGES, IT IS YOUR RESPONSIBILITY TO FILL IN AN "AVAILABILITY CARD" INDICATING THE CHANGES. SUCH CHANGES WILL BE EFFECTIVE, THEN, FOR ANY FUTURE EMPLOYMENT.

I UNDERSTAND THAT EMERGENCY CONDITIONS MAY REQUIRE ME TO TEMPORARILY WORK SHIFTS OTHER THAN THE ONE FOR WHICH I AM APPLYING AND AGREE TO SUCH SCHEDULING CHANGE AS DIRECTED BY MY DEPARTMENT HEAD OR ADMINISTRATOR OF THIS INSTITUTION.

APPLICANT'S SIGNATURE _____

DATE _____

THIS PAGE FOR INSTITUTION AND INTERVIEWERS' USE ONLY

INTERVIEWER	DATE	COMMENTS

REFERENCE AND PRIOR EMPLOYMENT CHECK

INDIVIDUAL CONTACTED	NAME OF FIRM	RESULTS OF CHECK

FOR PERSONNEL OFFICE USE

Hired _____ For what department _____ Position _____

Salary _____ per YEAR
MONTH
HOUR Starting Date _____

THE WELSH HOME

VERIFICATION OF EMPLOYMENT HISTORY:

Date: _____

To: _____

From: Kelly Lynn Michaels, HR Director

Phone: _____

Phone: 440-331-0420

Fax: _____

Fax: 440-331-7810

Attn: _____

PRINTED NAME OF APPLICANT: _____ Last 4 of SS#: ###-##

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION:

I authorize The Welsh Home to make a thorough investigation of my previous employment history and all other facts on my application for employment. I hereby release from liability or responsibility all individuals, business establishments, employers, educational institutions and/or agencies supplying such information.

Signature of Applicant: _____ Date: _____

The above named individual has applied for a _____ position with The Welsh Home. To assist us in making an educated hiring decision, please provide the following information:

Position held at your facility: _____

Dates of Employment: From: _____ To: _____

Would you rehire? Yes: _____ No: _____ Why? _____

Comments:

Information provided by: _____ Title: _____ Date: _____

(This information is confidential and used only in the hiring process)

TWH Verification of Emp. - MW 02/06

RECEIPT OF THIS INFORMATION IS A STATE REQUIREMENT -					
WE ASK THAT YOU PLEASE RETURN FORM OR CALL BACK WITHIN					
** 5 DAYS **					
1st Request Sent	_____	Called	_____	Faxed	_____
2nd Request Sent	_____	Called	_____	Faxed	_____
3rd Request Sent	_____	Called	_____	Faxed	_____
				Time:	_____
				Time	_____
				Time:	_____

LONG-TERM CARE WORKER 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 to Corporate Investigative Services by the Welsh Home for BCI and FBI fingerprinting.

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 S.B. 160.
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.

I have read the above form and understand I am responsible for the cost of the State of Ohio and the FBI fingerprinting. I understand this cost will be deducted from my first paycheck.

Printed Name

Signature

Date

THE WELSH HOME

Policy: EMPLOYEE FINGERPRINTING

PURPOSE: To insure that no employee is hired who has disqualifying offenses or who is not suitable to work with the elderly.

PROCEDURE:

State of Ohio and FBI Fingerprinting:

Before working employee is sent to company for electronic fingerprinting. If questionable results are received by fingerprinting company we are notified via telephone call and results are mailed to us within two weeks. Employee will be interviewed by Administrator and given opportunity to explain circumstances but will be unable to work until results received from electronic submission.

Depending on good personal and character references, the employee could be retained with proper documentation until results are received, but will not be working until then. If an employee has falsified any information on the applications he/she will be terminated. If the employee has any disqualifying offenses he/she will not be eligible to work in the facility unless the offenses have been resolved or the offenses are deemed not a threat to the facility.

FINGERPRINT LOG is kept in the office documenting dates and results of fingerprint investigation.

Employee is responsible for paying cost of both the State and the FBI fingerprinting. This cost will be deducted from your first paycheck.

I have read the attached policy and understand I am responsible for the cost of the State of Ohio and the FBI for fingerprinting. I understand this cost will be deducted from my first paycheck.

Printed Name _____

Signature _____ Date _____

THE WELSH HOME
DRUG-FREE WORKPLACE PROGRAM

CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, _____, as an employee of the Welsh Home, hereby acknowledge that the Welsh Home's, Drug-Free Workplace 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 the Welsh Home, 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 test and/or alcohol test results to the Welsh Home's Medical Review Officer (MRO), and/or to the Welsh Home's examining physician, as provided by the Welsh Home Policy.

I further acknowledge that the Welsh Home has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: _____

Employee/Applicant Printed Name: _____

Date: _____