

EMPLOYMENT APPLICATION

APPLICANT DATA

Position Applied for:	Resident Manager	Relief Staff	Weekends Only	Other
Date of Interview:				
How were you referred to us:				

Full Name:			
Address:			
Home Phone:		E-mail Address:	
Cell Phone:		Drivers License No.:	

Social Security #:		Date Available to Start:	
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Have you ever worked for this company?	YES	NO	Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.
Are you a citizen of the United States?	YES	NO	
If not, are you legally allowed to work in the United States?	YES	NO	
Have you ever plead guilty, no contest or been convicted of a crime? If yes, give dates & details:	YES	NO	

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

REFERENCES

Name	
Address	
Phone	
E-mail	
Relationship To	
Name	
Address	
Phone	
E-mail	
Relationship To	
Name	
Address	
Phone	
E-mail	
Relationship To	

PREVIOUS EMPLOYMENT (BEGIN WITH MOST RECENT POSITION)

Dates of Employment	From: ___/___/___ To: ___/___/___
Company Name	
Address	
Phone	
Supervisor	
Reason for Leaving	
May we contact this employer for a reference? YES NO	

Dates of Employment	From: ___/___/___ To: ___/___/___
Company Name	
Address	
Phone	
Supervisor	
Reason for Leaving	
May we contact this employer for a reference? YES NO	

Dates of Employment	From: ___/___/___ To: ___/___/___
Company Name	
Address	
Phone	
Supervisor	
Reason for Leaving	
May we contact this employer for a reference? YES NO	

I certify that my answers are true and correct to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal employment, education, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

<i>OHCM BOARD POLICY</i>	<i>APPROVED BY</i>	<i>DATE</i>
<i>Document # 40.1.1</i>		