

APPLICATION FOR EMPLOYMENT

HARTVILLE HOMES, INC.

LAFAYETTE MEADOWS
PO BOX 30
West Lafayette, OH 43845

HARTVILLE RESIDENTIAL SERVICES
7237 A Whipple Ave
North Canton, OH 44720

HARTVILLE MEADOWS
844 Sunnyside S.W.
Hartville, OH 44632

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Application Date: _____

REFERRAL SOURCE: ___ Advertisement ___ Friend ___ Relative ___ Walk in ___ Other

PERSONAL INFORMATION

Last Name First Name M.I. Maiden Social Security Number

Street Address City State Zip Code Phone Number

Previous Address if less than 2 years: Street City State Zip Code

If hired, can you show proof of age? ___ Yes ___ No

If hired, can you furnish proof that you are legally entitled to work in the U.S.? ___ Yes ___ No

Answer the following questions only if the position for which you are applying requires driving.

Are you licensed to drive a car? ___ Yes ___ No

Is license valid in this state? ___ Yes ___ No

Have you ever been employed by Hartville Homes, Inc.? ___ Yes ___ No

If yes, Start Date ___ End Date ___ Position ___ Reason for Leaving ___

Do you have any relatives employed by Hartville Homes, Inc.? ___ Yes ___ No

If yes, Name and Relationship: _____

In order to assure proper placement of all applicants, please list any special skills, training or experiences which qualify you for the position for which you are applying. (i.e. MR/DD experience, sign language, etc.) _____

AVAILABILITY

I am applying for the following position : ___ Direct Care ___ Nursing ___ Maintenance ___ Laundry/Housekeeping/Dietary ___ Other (specify) _____

I am available for: (check all that apply) ___ Part-time Employment ___ Full-time Employment ___ On-Call Employment

I am available for the following shifts: ___ Days ___ Afternoons ___ Midnights ___ Any Shift

Date Available: _____

Have you been convicted of a crime? (Other than minor traffic violations) ___ Yes ___ No

A conviction record will not necessarily bar employment.

If yes, please explain: _____

EDUCATION

Names and Locations of Schools Attended

Did you graduate?

Course of Study

HIGH SCHOOL:

___ Yes ___ No

COLLEGE:

___ Yes ___ No

major degree

OTHER (name & type):

___ Yes ___ No

PROFESSIONAL LICENSE NUMBER: _____

WORK EXPERIENCE:

List below your 3 most recent employers, starting with your present or last employer. List under company name any periods of unemployment. If you were employed under another name, please list name under the company name.

	Company Name	Address & Phone Number	Dates	Salary	Job Title & Supervisor	Reason for Leaving
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

PERSONAL REFERENCES

List below 3 persons who are not related to you:

	Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ YES ___ NO

I hereby understand and acknowledge that, unless otherwise defined by applicable law or other employment contract, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant _____ Date _____

Please read the following paragraph before signing this application.

I certify that the information contained in this application is correct and to the best of my knowledge and understand that any misstatement or omission of information is grounds for dismissal in accordance with Hartville Homes, Inc. policy. I authorize the references listed above to give you any all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. In addition, I authorize Hartville Homes, Inc. to conduct any and all background checks in accordance with state and federal guidelines.

APPLICANT'S SIGNATURE _____ DATE _____

**HARTVILLE HOMES, INC.
EMPLOYMENT AUTHORIZATION AND CONSENT FORM
FOR EMPLOYEE CRIMINAL RECORDS CHECK**

TO BE SIGNED BY PERSON TURNING IN APPLICATION FOR EMPLOYMENT

I HEREBY CERTIFY THAT:

- A. I have reviewed the "listed offenses" on the back of this form and have not plead guilty or no contest to or been convicted of any of the listed offenses (or any other offenses that are similar to the listed of fenses), in any state or federal court of law;
- B. I understand that the facility is required to conduct a criminal records check through the Bureau of Criminal Identification and Investigation, (BCI&I), and possibly the Federal Bureau of Investigation, before it can extend me an offer for regular employment because the position I am applying for involves providing direct care for an older adult;
- C. I understand that if I plead guilty or no contest to or am convicted of any of the listed crimes in the future, my employment with the facility will be terminated;
- D. I was informed that I must provide a set of fingerprint impressions and any other necessary information required by the BCI&I or the F.B.I. for the purpose of obtaining a criminal records check;
- E. I was informed that if I am conditionally hired by the facility, and the facility does not receive the result of the criminal records check within sixty days, the facility is required by law to terminate the employment relationship.

Signature

Date

Witness

Date

The following are the "listed offenses":

- * aggravated murder
- * murder
- * voluntary manslaughter
- * involuntary manslaughter
- * felonious assault
- * aggravated assault
- * assault
- * failing to provide for a functionally impaired person
- * aggravated menacing
- * abuse or neglect of a patient
- * kidnapping
- * abduction
- * extortion
- * coercion
- * rape
- * sexual battery
- * gross sexual imposition
- * sexual imposition
- * importuning
- * voyeurism
- * public indecency
- * felonious sexual penetration
- * prostitution
- * dissemination matter harmful to juveniles
- * pandering obscenity
- * pandering obscenity involving a minor
- * pandering sexually orientated matter involving a minor
- * illegal use of a minor in a nudity-oriented material or performance
- * aggravated robbery
- * robbery
- * aggravated burglary
- * burglary
- * breaking and entering
- * theft
- * unauthorized use of a vehicle
- * unauthorized use of property
- * passing bad checks
- * misuse of credit cards
- * forgery
- * Medicaid fraud
- * securing writings by deception
- * insurance fraud
- * receiving stolen property
- * domestic violence
- * illegal conveyance of weapons or other prohibited items onto the grounds of a detention or mental retardation facility
- * carrying concealed weapons
- * having weapons while under disability
- * improperly discharging a firearm at or into a school or house
- * corrupting another with drugs
- * aggravated trafficking
- * trafficking in marihuana
- * drug abuse
- * permitting drug abuse
- * deception to obtain dangerous drugs
- * illegal processing of drug documents, and placing harmful objects in or adulterating food or confection.