



COMMUNITY HEALTH PROFESSIONALS

1159 Westwood Drive, Van Wert, OH 45891 419-238-9223

EMPLOYMENT APPLICATION

Name _____ Date _____

Present Address _____

Telephone () _____ Cell Phone () _____

Position applied for _____

Have you lived in Ohio for the last 5 years? Yes ___ No ___

In Case of Emergency Notify _____ Relationship _____

Address _____ Telephone () _____

EDUCATION:

High School _____ Grade Completed _____

College/University _____ Highest Degree _____

Major of Study _____

EXPERIENCE - Please list last position first and use complete addresses:

1. COMPANY _____ Address _____

Employed From _____ To _____ Position _____

Immediate Supervisor _____ Phone () _____

Reason for Leaving _____

2. COMPANY _____ Address _____

Employed From _____ To _____ Position _____

Immediate Supervisor _____ Phone () _____

Reason for Leaving _____

3. COMPANY _____ Address _____

Employed From _____ To _____ Position _____

Immediate Supervisor _____ Phone () _____

Reason for Leaving _____

Do you have a criminal conviction? _____ If yes, please explain: _____

Were you ever employed here? _____ If yes, when? _____

Are you related to anyone employed here? _____ If yes, who? _____

REFERENCES (please use complete addresses)

PROFESSIONAL:

1. Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

How long have you known and in what capacity? _____

2. Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

How long have you known and in what capacity? _____

3. Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

How long have you known and in what capacity? _____

REFERENCES (please use complete addresses)

PERSONAL:

1. Name _____ Phone () _____
Address _____ City _____ State _____ Zip _____
How long have you known and in what capacity? _____
2. Name _____ Phone () _____
Address _____ City _____ State _____ Zip _____
How long have you known and in what capacity? _____
3. Name _____ Phone () _____
Address _____ City _____ State _____ Zip _____
How long have you known and in what capacity? _____
4. Name _____ Phone () _____
Address _____ City _____ State _____ Zip _____
How long have you known and in what capacity? _____

This **application** is considered current for **twelve months only**. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply.

The necessity of remaining flexible and the unique nature of our agency mandates that we remain free of any commitments made to individuals regarding employment status, therefore, this agency is an **Employment-at-Will**. The employment is not for a fixed or defined time period, regardless of the time and manner of payment of wages or the administration of any other condition of employment.

I certify that all the information provided on the application or an attached resume is true, correct, and complete. Any misrepresentation or omission may be grounds for discharge from employment. I authorize this agency to check and verify all information on the application and fully release this agency from any liability resulting from the verification process. I authorize my former employers and any other persons or organizations to provide current and accurate information about my background, and I release all concerned from any liability in connection therewith.

Date: _____ Signature: _____

TO BE COMPLETED BY INTERVIEWER:

Date Interviewed _____ By Whom _____
Position _____ Office _____
Starting Wages _____ Date to Start Work _____
Days per week _____
Remarks: _____

I have verified with the Ohio Nurse Aide Registry at 800/582-5908, #3 that the above employee:

- _____ is NOT list on the Ohio Nurse Aide Registry
- _____ IS LISTED on the Registry (from _____ to _____)

I have verified with the Abuse Registry at www.odmrdd.state.oh.us that the above employee:

- _____ IS NOT listed on the Abuse Registry.
- _____ IS LISTED on the Abuse Registry.

EMPLOYMENT APPLICATION

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting, and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

DATE _____

Position(s) Applied For _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency _____ Website _____ Other _____

Name _____ Phone () _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Affirmative Action Survey

Government agencies require periodic reports on sex, ethnicity, handicapped, and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: _____ Male _____ Female

Check one of the following:

Race/Ethnic Group: _____ White _____ Black _____ Hispanic
_____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Check if you wish to identify yourself as the following:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual

CONDITIONS FOR EMPLOYMENT

MUST MEET CONDITIONS OF EMPLOYMENT TO BE CONSIDERED FOR A JOB OPENING....

1. Must be reliable, prompt, dependable, and be able to work independently.
2. Must be able to relate with and communicate well with people by reading, observing, speaking, and writing competently.
3. Must maintain high standards of personal hygiene and appearance.
4. Must respect personal property and confidentiality.
5. Will have an active telephone, pager, or emergency number available.
6. Must be willing to engage in any training suggested by the agency.
7. Must be flexible in order to accommodate the scheduling needs of the patient.
8. If operating a vehicle for employment will hold current Ohio driver's license and have a dependable, insured car. (\$100,000 per person/\$300,000 per accident bodily injury). Will provide verification of auto insurance as indicated for the position and notify agency if driver's license becomes suspended or revoked.
9. Will present a statement from family physician that applicant is physically capable of performing job they have applied for and free of communicable diseases.
10. If providing care to patients, will receive an initial 2-Step Mantoux test (if prior positive reaction, must have a chest X-ray and physician statement that applicant is free of communicable diseases).
11. If providing care to older adults and/or children, will complete a criminal check and will notify employer no later than 14 calendar days of any charges, convictions or guilty pleas. Will provide proof of five-year residence in Ohio (examples: rent, mortgage, electric or gas statement, telephone record, school records, etc.) or will need to complete both the civilian background check along with the Federal background check.
12. Will submit to drug testing.
13. If providing care to patient, will complete verification of abuse registry prior to employment and annually thereafter.
14. Will hold a current Ohio professional license (if applicable) and provide copy of college certificate.

I have been provided an opportunity to ask questions related to the above conditions and I agree to the employment requirements and do understand that my employment is contingent on the results. If I elect NOT to participate I further understand that I am not eligible for employment.

Date _____

Signature _____

Applicant