

Mt. Healthy Christian Home Mason Christian Village

EMPLOYMENT APPLICATION

(Please complete all sections. Incomplete applications will not be considered.)

Today's Date _____

➤ Personal Information

Last Name First Name MI

Street Address Apt # City State Zip code

Area Code Phone Number Social Security Number Date Available

➤ Employment Desired

Full Time Part Time Casual

	Type of Work Desired	Shift	Salary Desired
First Choice			
Second Choice			

If you are under 18, do you have a work permit? Yes No

How did you learn about MHCH or MCV? _____

Are you related to anyone in our employ? Yes No
If so, whom? _____ Relationship _____

Have you been previously employed with MHCH or MCV? Yes No
If so, when? _____ Department _____

➤ Personal References (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number
_____	_____	_____
_____	_____	_____

Mount Healthy Christian Home and Mason Christian Village are equal opportunity employers. Employment decisions are made solely on the basis of qualification and without regard to race, color, creed nationality, sex, age or disability.

➤ **Employment History** (List last or present position first) May we contact your current employer? Yes No

<i>Employer</i>	<i>Dates Employed/ Salary</i>	<i>Job Title And Duties</i>	<i>Reason For Leaving</i>
Name _____ Address _____ Supervisor _____ Phone () _____	From _____ To _____ Begin \$ _____ End \$ _____	_____ _____ _____ _____	_____ _____ _____ _____
Name _____ Address _____ Supervisor _____ Phone () _____	From _____ To _____ Begin \$ _____ End \$ _____	_____ _____ _____ _____	_____ _____ _____ _____
Name _____ Address _____ Supervisor _____ Phone () _____	From _____ To _____ Begin \$ _____ End \$ _____	_____ _____ _____ _____	_____ _____ _____ _____

Please explain any gap in employment of 1 month or more: _____

Education

Last grade of school completed _____

➤ **Advanced Education**

<i>School Attended</i>	<i>Course of Study</i>	<i>Degree Obtained</i>
Name _____ Address _____	_____ _____ _____	_____ _____
Name _____ Address _____	_____ _____ _____	_____ _____

List any other training you have had which may help you in the position you have applied for _____

Mount Healthy Christian Home and Mason Christian Village are committed to a drug free workplace providing a healthful and productive work environment, free from the effects of alcohol and drugs. Pre-employment drug screening is required for all applicants to whom a job offer will be extended. Applicants will be required to sign a release at the time of testing in order to be tested. Refusal to participate in the drug testing procedure will prohibit any candidate from being considered for employment. The candidate must pass the drug screen for employment with Mount Healthy Christian Home or Mason Christian Village. Results of the drug-testing program will only be communicated to the Human Resource Director and/or Medical Review Officer.

➤ PRE-EMPLOYMENT BACKGROUND PROFILE

Are you known to schools/references/employers by any other names(s)? _____

If you have EVER been convicted of any of the following (this includes, without limitation, pleading guilty, pleading no contest, or having a finding of guilt) please place a check mark next to the conviction.

- | | | |
|---|---|---|
| 2903.01 Aggravated Murder | 2907.09 Public Indecency | 2913.31 Forgery |
| 2903.02 Murder | 2907.12 Felonious Sexual Penetration | 2913.40 Medicaid Fraud |
| 2903.03 Voluntary Manslaughter | 2907.25 Prostitution | 2913.43 Securing Writings by Deception |
| 2903.04 Involuntary Manslaughter | 2907.31 Disseminating Matter Harm to Juvenile | 2913.47 Insurance Fraud |
| 2903.11 Felonious Assault | 2907.32 Pandering Obscenity | 2913.51 Receiving Stolen Property |
| 2903.12 Aggravated Assault | 2907.321 Pandering Obscenity Involving a Minor | 2919.25 Domestic Violence |
| 2903.13 Assault | 2907.322 Pandering Sexually Oriented Matter Involving a Minor | 2921.36 Prohibition of Conveyance of Certain Items onto Grounds of Detention Facility, Mental Health or MRDD Facility |
| 2903.16 Failing to Provide for a Functionally Impaired Person | 2907.323 Illegal Use of Minor in Nudity-Oriented Material or Performance | |
| 2903.21 Aggravated Menacing | 2911.01 Aggravated Robbery | 2923.12 Carrying Concealed Weapons |
| 2903.34 Patient Abuse or Neglect | 2911.02 Robbery | 2923.13 Having Weapons while under Disability |
| 2905.01 Kidnapping | 2911.11 Aggravated Burglary | 2923.161 Improperly Discharging Firearm at or Into Habitation or School |
| 2905.02 Abduction | 2911.13 Breaking & Entering | 2925.02 Corrupting another with Drugs |
| 2905.11 Extortion | 2913.02 Theft, Aggravated Theft | 2925.03 Trafficking in Drugs |
| 2905.12 Coercion | 2913.03 Unauthorized Use of Property; Unauthorized Access to Computer Systems | 2925.22 Drug Abuse |
| 2907.02 Rape | | |
| 2907.03 Sexual Battery | 2913.11 Passing Bad Checks | 2926.13 Permitting Drug Abuse |
| 2907.07 Gross Sexual Imposition | 2913.21 Misuse of Credit Cards | 2925.22 Deception to Obtain Dangerous Drugs |
| 2907.06 Sexual Imposition | | 2925.23 Illegal Processing of Drug Documents |
| 2907.07 Importuning | | |
| 2907.08 Voyeurism | | |

Have you EVER been convicted (this includes without limitation, pleading guilty, pleading no contest or having a Finding of guilt) of any misdemeanor or felony not listed above? ___ Yes ___ No If yes, provide dates, for what and where: _____

➤ PROFESSIONAL LICENSE AND/OR CERTIFICATIONS

Are you currently: ___ Accredited ___ Certified ___ Licensed
 ___ Registered ___ have an interim permit

If issuing state is not Ohio, have you applied for reciprocity? ___ Yes ___ No

If exam is required, what date are you scheduled to take the exam? _____

Has your professional license ever been revoked, suspended or subject to any disciplinary action? ___ Yes ___ No If yes, list where, for what and give dates _____

License type _____ Expiration Date _____ Number _____ State of issuance _____

<i>Applicant Statement</i>			
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I certify that all information I have provided in order to apply for and secure work with Mount Healthy Christian Home or Mason Christian Home is true, complete and correct.

I expressly authorize, without reservation, Mount Healthy Christian Home, Mason Christian Village, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations and organizations for furnishing such information about me.

I understand that Mount Healthy Christian Home or Mason Christian Village does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application will remain current for one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Mount Healthy Christian Home or Mason Christian Village is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Mason Christian Village's or Mount Healthy Christian Home's executive director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from Mount Healthy Christian Home's or Mason Christian Village's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

All employment is conditional, pending final completion of the background check.

FOR OFFICE USE ONLY

POSTION _____ SHIFT _____ OFFER DATE _____ START DATE _____ WAGE _____

Authorized Signature