

JOSHUA TREE CARE CENTER

27500 Mill Road, North Olmsted, OH 44070 440-777-8444

**an equal opportunity employer*

APPLICATION FOR EMPLOYMENT

DATE: _____

Please complete entire application in detail (Please Print)

GENERAL INFORMATION

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NO.	
ADDRESS		CITY	STATE	ZIP CODE
AREA CODE/TELEPHONE NUMBER:				
Source prompting you to make this application:	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Agency	<input type="checkbox"/> Person	
	<input type="checkbox"/> Other			
Position Applying For:		Minimum Salary/Wage Expected:		

WE EMPLOY ONLY UNITED STATES CITIZENS AND ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. IN COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, WE REQUIRE ALL NEW EMPLOYEES TO COMPLETE THE EMPLOYMENT ELIGIBILITY VERIFICATION FORM (FORM I-9) AND TO PROVIDE LEGALLY SUFFICIENT DOCUMENTATION OR IDENTITY AND EMPLOYMENT ELIGIBILITY.

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

Have you ever worked for Joshua Tree Senior Living Campus? YES NO
If yes, where and when? _____

Have you ever filed an application with Joshua Tree Senior Living Campus before? YES NO
If yes, where and when? _____

ANSWER THIS QUESTION ONLY AFTER REVIEW OF A DESCRIPTION OF THE JOB(S) APPLIED FOR: ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) FOR WHICH YOU ARE APPLYING - WITH OR WITHOUT ACCOMMODATION?

YES NO

IF NO, PLEASE EXPLAIN:

*Qualified applicants are considered for available positions without regard to age, race, color, religion, sex, national origin, marital status, or handicap (which does not significantly increase occupational hazards or prevent substantial job performance.)

ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU ON LAYOFF AND SUBJECT TO RECALL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

HAVE YOU EVER PLEAD GUILTY TO OR BEEN CONVICTED OF A CRIME OTHER THAN A DRIVING-RELATED MISDEMEANOR?

YES NO IF YES, PLEASE EXPLAIN:

HAS A FINDING AGAINST YOU EVER BEEN MADE BY THE STATE OF OHIO OR ANY OTHER STATE VALIDATING ALLEGATIONS OF ABUSE, NEGLECT, MISTREATMENT OF RESIDENTS OR MISAPPROPRIATION OF THEIR PROPERTY?

YES NO
IF YES, PLEASE EXPLAIN:

EDUCATION

SCHOOL LEVEL	SCHOOL NAME & LOCATION	LAST YR. COMPLETED	DID YOU GRADUATE?	MAJOR SUBJECT OR COURSE OF STUDY
GRAMMAR SCHOOL		5 6 7 8		
HIGH SCHOOL		9 10 11 12		
COLLEGE		1 2 3 4		
OTHER EDUCATION				

PREVIOUS EMPLOYMENT

START WITH MOST RECENT POSITION. PRESENT POSITION WILL BE KEPT CONFIDENTIAL IF YOU REQUEST.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

INCLUDE MILITARY ASSIGNMENTS. YOU MAY INCLUDE VOLUNTEER ACTIVITIES BUT YOU ARE NOT REQUIRED TO INCLUDE ANY ACTIVITIES WHICH WOULD INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR HANDICAP.

1.	NAME OF EMPLOYER:			
	ADDRESS:		TELEPHONE	
	START DATE:		STOP DATE:	
	HOURLY WAGE/SALARY		HOURLY WAGE/SALARY	
	POSITION:		POSITION:	
	NAME AND TITLE OF SUPERVISOR:			
	REASON FOR LEAVING:			
	BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES:			

2.	NAME OF EMPLOYER:			
	ADDRESS:		TELEPHONE	
	START DATE:		STOP DATE:	
	HOURLY WAGE/SALARY		HOURLY WAGE/SALARY	
	POSITION:		POSITION:	
	NAME AND TITLE OF SUPERVISOR:			
	REASON FOR LEAVING:			
	BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES:			

3.	NAME OF EMPLOYER:		
	ADDRESS:		TELEPHONE
	START DATE:		STOP DATE:
	HOURLY WAGE/SALARY POSITION:		HOURLY WAGE/SALARY POSITION:
NAME AND TITLE OF SUPERVISOR:			
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES:			

4.	NAME OF EMPLOYER:		
	ADDRESS:		TELEPHONE
	START DATE:		STOP DATE:
	HOURLY WAGE/SALARY POSITION:		HOURLY WAGE/SALARY POSITION:
NAME AND TITLE OF SUPERVISOR:			
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES:			

HAVE YOU EVER BEEN DISCHARGED OR INVOLUNTARILY TERMINATED FROM ANY EMPLOYMENT? YES NO

IF YES, PLEASE EXPLAIN & GIVE EMPLOYER'S PHONE NUMBER AND ADDRESS: _____

SKILLS AND TRAINING

DESCRIBE YOUR QUALIFICATIONS AND SKILLS FOR THE WORK DESIRED:
LIST ANY OTHER SPECIFIC SKILLS, EDUCATION OR TRAINING YOU HAVE:

REFERENCES

LIST TWO PEOPLE, PREFERABLY PAST SUPERVISORS (NOT RELATIVES), WHO CAN COMMENT ABOUT YOUR JOB QUALIFICATIONS.

NAME	BUSINESS ADDRESS	TELEPHONE	OCCUPATION	YRS. KNOWN

Please list all applicable certificates or licensure(s) and the State(s) of Issue

License/Certificate: _____ Expiration: _____

Number: _____

State of Issue: _____

CERTIFICATION
READ CAREFULLY

I certify that all of the information on this Application for Employment and on the Long-Term Care Worker Background Check Consent and Attestation Form is complete and accurate to the best of my knowledge. I understand that falsification, misrepresentation or omission of facts in the application will disqualify me from further consideration or, if I am hired, will be sufficient cause for my immediate dismissal. I understand that any employment offer made to me is contingent upon reference checks, a negative Mantoux test or chest x-ray and a physical examination, which may include a controlled substance screening.

I authorize JOSHUA TREE CARE CENTER to investigate, in its discretion, my past employment history, personal references or other types of information provided in this application. I authorize my past employers, all references, and any other persons to answer all questions asked by JOSHUA TREE CARE CENTER concerning my education, abilities, and previous employment record. I release all such persons from any and all liability or damages on account of having furnished such information.

DATE: _____ APPLICANT: _____

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This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time, or if the application is still on file.