Application For Employment

We are equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

This Application will be given every consideration, but its receipt does not imply then the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Date of Application: \_\_\_\_\_\_\_\_\_\_\_ Position applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a citizen of the United States? [ ] Yes [ ] No If no, are you authorized to work in the U.S.? [ ] Yes [ ] No

Are you at least 18 years old? [ ] Yes [ ] No Any other names used for employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked here before? [ ] Yes [ ] No Were you referred? By whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal law prohibits the employment of unauthorized aliens. Every Person hired must submit satisfactory proof of employment authorization and identity (valid driver’s license, birth certificate, Green Card, etc.) within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

|  |
| --- |
| Educational (Starting from the highest educational level) |
| Level | School | Location | From Year | To Year |
|  |  |  |  |  |
|  |  |  |  |  |
| Employment History: Please include all employment for the last five years |
| Date: Month & Year | Name and Address of Employer | Salary | Position | Manager/Reason for Leaving |
| From: |  | $ |  |  |
| To: |  | Per: |  |  |
| From: |  | $ |  |  |
| To: |  | Per: |  |  |
| From: |  | $ |  |  |
| To: |  | Per: |  |  |
| From: |  | $ |  |  |
| To: |  | Per: |  |  |
| References: Please include one person reference and two business references |
| Name: Phone: |
| Relationship: How long known: |
| Is the applicant reliable? Y or N Does applicant carry themselves in a professional manner? Y or N |
| Is applicant be considered a kind and trustworthy person? Y or N Does the applicant cooperate well in response of supervision? Y or N |
| Name: Phone: |
| Relationship: How long known: |
| Is the applicant reliable? Y or N Does applicant carry themselves in a professional manner? Y or N |
| Is applicant be considered a kind and trustworthy person? Y or N Does the applicant cooperate well in response of supervision? Y or N |
| Name: Phone: |
| Relationship: How long known: |
| Is the applicant reliable? Y or N Does applicant carry themselves in a professional manner? Y or N |
| Is applicant be considered a kind and trustworthy person? Y or N Does the applicant cooperate well in response of supervision? Y or N |
| Reference Checked By: Date: |

WHEN WILL YOU BE ABLE TO START WORK? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have objection to working on weekends?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you work a shift without prior notice?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you travel if required by this position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work availability:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| From: |  |  |  |  |  |  |  |
| To: |  |  |  |  |  |  |  |

What salary/hourly rate would you require?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that my answers to the forgoing questions are true and correct without any consequential omissions of any kind. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize my permission to contact any company or individual it deems appropriate to investigate my employment history, character, and qualifications and I give full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my rights to bring any cause of action against these individual for defamation, invasion of privacy or any other reason because of their statement.

I agree that, if I am employed, I will abide by all the rules and regulations. I understand that the taking of drug and alcohol test when given pursuant to agency policy are a condition of continued employment and refusal to take such test will be grounds for my immediate termination. I further understand that nobody is authorized to enter any written or verbal employment contracts with me for any definite of time without the express written consent of the president or CEO of the company. I also understand that my employment is “at-will” and may be terminated by myself or the employer at any time for any reason or no reason at all, with or without prior notice.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------COMPANY USE ONLY--------------------------------------------------------------------------

Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Email: info@libertyhealthcare.org