

EDUCATION

SCHOOL NAME
CITY, STATE

NUMBER OF
YRS. ATTENDED

DID YOU
GRADUATE

MAJOR
SUBJECT(S)

HIGH SCHOOL _____
COLLEGE/ UNIVERSITY _____
GRADUATE/ PROFESSIONAL SCHOOL _____
TRADE OR CORRESPONDENCE SCHOOL _____

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment.

NAME OF PRESENT OR LAST EMPLOYER _____

HOURLY WAGE/SALARY _____ DATES OF EMPLOYMENT _____

JOB TITLE _____ MAY WE CONTACT EMPLOYER? YES NO

NAME/TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

HOURLY WAGE/SALARY _____ DATES OF EMPLOYMENT _____

JOB TITLE _____ MAY WE CONTACT EMPLOYER? YES NO

NAME/TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

HOURLY WAGE/SALARY _____ DATES OF EMPLOYMENT _____

JOB TITLE _____ MAY WE CONTACT EMPLOYER? YES NO

NAME/TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

REFERENCES

List the name, address and telephone number of three business/work references who are not related to you. If not applicable, list three schools or personal references who are not related to you.

NAME	ADDRESS	PHONE NUMBER
------	---------	--------------

1. _____

2. _____

3. _____

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER’S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND IT’S REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PROPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR 1 YEAR. AT THE CONCLUSION OF THIS TIME, IF YOU HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION. ALL APPLICATIONS ARE KEPT ON FILE FOR 2 YEARS.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND 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 OF DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY’S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON’S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

SIGNATURE OF APPLICANT _____ DATE _____

ATTENTION ALL APPLICANTS

WHEN YOU ACCEPT A CONDITIONAL OFFER OF EMPLOYMENT WITH SUNSET RETIREMENT COMMUNITIES YOU WILL BE REQUIRED TO BE FINGERPRINTED AND SIGN A FORM ATTESTING TO THE FOLLOWING:

1. THAT YOU HAVE NOT BEEN CONVICTED OF OR PLEADED GUILTY TO ANY OF THE CRIMES THAT WOULD DISQUALIFY YOU FROM WORKING WITH OLDER ADULTS UNDER S.B. 160.
2. THAT YOU UNDERSTAND AND AGREE THAT IF YOU ARE FOUND TO HAVE A RECORD OF ANY OF THOSE CRIMES, YOU WILL NOT BE HIRED FOR WORK WITH OLDER ADULTS OR, IF YOU HAVE ALREADY BEEN HIRED, YOUR EMPLOYMENT WILL BE TERMINATED.
3. THAT YOU HAVE BEEN INFORMED THAT YOU MUST PROVIDE A SET OF FINGERPRINT IMPRESSIONS AND THAT A CRIMINAL RECORD CHECK MUST BE CONDUCTED IF YOU COME UNDER FINAL CONSIDERATION FOR EMPLOYMENT.
4. THAT YOU ARE RESPONSIBLE FOR THE COST OF THE FINGERPRINT REPORTS. THE FEE WILL BE DEDUCTED FROM YOUR FIRST PAYCHECK AND ONCE YOU HAVE SATISFACTORILY COMPLETED YOUR INSTRUCTIONAL PERIOD, THIS FEE WILL BE REIMBURSED TO YOU. THE COST OF AN OHIO REPORT IS \$45.00. IF YOU HAVE NOT BEEN A RESIDENT OF OHIO FOR THE PAST 5 YEARS, YOU WILL ALSO BE REQUIRED TO HAVE AN FBI REPORT WHICH WILL COST AN ADDITIONAL \$40.00.

SUNSET RETIREMENT COMMUNITIES IS REQUIRED BY STATE LAW TO HAVE THIS INFORMATION ON FILE. IT IS NOT BECAUSE WE DON'T TRUST YOU OR DON'T WANT YOU TO COME WORK FOR US. THE STATE LAW SAYS ALL PEOPLE WHO WORK WITH THE ELDERLY HAVE TO BE CHECKED TO SEE IF THEY HAVE A CRIMINAL RECORD. THIS IS TRUE EVEN IF YOU DON'T HAVE A RECORD. THE LAW WAS PASSED TO PROTECT ELDERLY PEOPLE (AND PEOPLE WHO WORK WITH THEM) FROM CONVICTED CRIMINALS. THE LAW ALSO SAYS YOU HAVE TO GET FINGERPRINTED. THIS IS HOW THE STATE CHECKS TO SEE WHETHER YOU HAVE A RECORD.

WE APOLOGIZE FOR THE INCONVENIENCE AND APPRECIATE YOUR INTEREST IN WORKING WITH US.

BY SIGNING THIS FORM, YOU ATTEST THAT YOU HAVE READ AND UNDERSTAND THE CONTENT THEREIN.

APPLICANT'S SIGNATURE

DATE