Center for Respite Care, Inc

1615 Republic Street

Cincinnati, Ohio 45202

 Phone (513) 621-1868

 Fax (513) 621-1872

**Application for Employment**

Thank you for your interest in the Center; we are an equal opportunity employer. Current employees are given first consideration for any open positions. If, and when your background and availability match the requirements for positions for which you have applied, you may be contacted for an interview. Your application will be kept on file for six months.

**Personal Information:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers

Home Work/School Cell

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you either a U.S. citizen or otherwise lawfully entitled to work within the U.S.? (Documents providing eligibility must be provided at time of hire.)

\_\_\_\_\_\_yes \_\_\_\_\_\_no

Have you ever been convicted of a crime? \_\_\_\_\_\_yes \_\_\_\_\_\_\_no

Please include all felonies and misdemeanors. If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been terminated from a job or asked to resign? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Interest:**

Position(s) applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Status desired: \_\_\_\_\_full time \_\_\_\_\_part time \_\_\_\_\_optional \_\_\_\_\_temporary

Shift preference: \_\_\_\_\_1st shift \_\_\_\_\_2nd shift \_\_\_\_\_3rd shift\_\_\_\_\_\_\_\_other

I will work: \_\_\_\_\_any shifts \_\_\_\_\_\_rotating shifts \_\_\_\_\_on call \_\_\_\_\_\_weekends & holidays

How did you learn about The Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background:**

School type Name and years field of study degree or GPA

 location completed diploma

High School

### Business/

Vocational

### College/

University

### Post

Graduate

Other

**Professional Registration, Certification, or Licensure:**

Please describe your current status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Skills and Qualifications:**

Please summarize special skills and qualifications you have which are applicable to positions

for which you have applied. Also, list any experience with office machines, computer

software, tools, and equipment \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History:**

Begin with current or most recent employer.

### Company Name

### Address

Supervisors Name \_\_\_\_\_\_\_\_\_\_\_\_\_

### Phone number

### Dates you were employed

### Job duties

Salary

Reason for leaving

Company Name

Address

Supervisors Name

Phone number

### Dates you were employed

Job duties

Salary

Reason for leaving

**Employment History (cont):**

Company Name

Address

Supervisors Name

Phone number

### Dates you were employed

Job duties

Salary

Reason for leaving

Company Name

Address

Supervisors Name

Phone number

Dates you were employed

Job duties

Salary

Reason for leaving

Company Name

Address

Supervisors Name

Phone number

Dates you were employed

Job duties

Salary

Reason for leaving

May we contact your current employer? \_\_\_\_yes \_\_\_\_no

 if no, please explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide three professional references: include name, title, contact number and

relationship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affirmation Release Information--Please Read Carefully**

Health Care Provider Status.

By signing this application, I hereby certify:

 a) that I have never had a professional license revoked, limited, suspended or denied, either voluntarily or involuntarily

 b) that I have never been I) convicted of health care fraud ii) convicted of a health care related crime iii) suspended, sanctioned, restricted or excluded from participating in any private, federal, or state health insurance program iv) convicted of theft or embezzlement relating to a health care program v) convicted of making a false statement relating to a health care entity vi) convicted of obstructing a criminal health care investigation vii)convicted of laundering money that came from the commission of a federal health care offense.

Hiring is subject to satisfactory completion of:

 -Post offer pre-employment drug test

 -Pre-employment physical

 - BCI/FBI fingerprinting / background check

 -References

 -Accuracy of pre-employment information furnished

 -Compliance with Immigration Reform Control Act of 1986

 -Other legitimate criteria as established by the center

I understand that the shift, days, and nature of my employment is subject to change based on the needs of the center.

I understand and agree that if employed by CRC such employment may be terminated at will, i.e., CRC and I have the right to terminate the employment relationship at any time and for any reason. I also understand that no employee, manager, or representative of the CRC can orally modify or make promises altering the at-will nature of my employment.

I, the undersigned, hereby authorize my former employers and others to furnish their records of my service, my reason for leaving their employment, together with all information they may have concerning me. I also release any individual, partnership, or corporation which formerly employed me, its officers, agents, and employees from any liability for any damage whatsoever for issuing such information. Additionally, I hereby authorize any schools, colleges, or institutions of education I have attended to furnish their records or transcripts of my grades, honors, achievements they may have concerning me. I also release any individual, school, or institution, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

Full Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other names used in previous employment or while attending school (such as maiden name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature below authorizes the release of reference information and affirms all the facts set forth in my application for employment are true and complete. I understand that if employed, false statements, omissions, or other misrepresentation by me on this application may result in immediate dismissal.

Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, handicap, veteran status, or other characteristics protected by law.