

# FRANKLIN RIDGE HEALTHCARE CENTER

421 Mission Lane | Franklin, Ohio 45005 | Phone: (937) 746-3943 | Fax: (937) 746-9126

## APPLICATION FOR EMPLOYMENT

Please complete entire application in detail (Please Print)

### GENERAL INFORMATION

First Name	Last Name	M.I.	SOCIAL SECURITY NO.
Address	City	State	Zip Code
(Area Code) Phone Number		(Area Code) Cell Phone Number	
How did you hear about this position:	<input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <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 of identity and employment eligibility.*

Are you legally eligible to work in the United States?                       YES               NO

Have you ever worked for this employer before?                                       YES               NO

If yes when? \_\_\_\_\_

When are you available to work?	
Any Shift <input type="checkbox"/> YES <input type="checkbox"/> NO	Weekends: <input type="checkbox"/> YES <input type="checkbox"/> NO
Overtime <input type="checkbox"/> YES <input type="checkbox"/> NO	You are applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Answer this question only after reviewing 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:  
*A negative Mantoux test or chest X-Ray and physical examination are required prior to commencement of employment.*

Equal Opportunity Employer

*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 currently laid off or 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: \_\_\_\_\_

Are you an individual excluded from participation in a federal health care program due to conviction of the following types of criminal offenses: Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare, Medicaid, SCHIP, or other State health care programs; patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances.  YES  NO

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

### EDUCATION

School Level	School Name & Location	Last Year Completed	Did you Graduate?	Major Subject or Course Study
Grade 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.

Company Name:			
Address:		Phone:	
Start Date:		End Date:	
Starting Hr. Wage/Salary:		Ending Hr. Wage/Salary:	
Position:		Name of Supervisor:	
Reason for Leaving:			
Description of Responsibilities:			

<b>Company Name:</b>			
<b>Address:</b>		<b>Phone:</b>	
<b>Start Date:</b>		<b>End Date:</b>	
<b>Starting Hr. Wage/Salary:</b>		<b>Ending Hr. Wage/Salary:</b>	
<b>Position:</b>		<b>Name of Supervisor:</b>	
<b>Reason for Leaving:</b>			
<b>Description of Responsibilities:</b>			

<b>Company Name:</b>			
<b>Address:</b>		<b>Phone:</b>	
<b>Start Date:</b>		<b>End Date:</b>	
<b>Starting Hr. Wage/Salary:</b>		<b>Ending Hr. Wage/Salary:</b>	
<b>Position:</b>		<b>Name of Supervisor:</b>	
<b>Reason for Leaving:</b>			
<b>Description of Responsibilities:</b>			

Have you ever been discharged or involuntarily terminated from any employment?  YES  NO

If Yes, Please explain and give employer's phone number and address: \_\_\_\_\_

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### SKILLS AND TRAINING

<b>Describe your qualification and skills for the position desired:</b>
<b>List any other specific skills, education or training you have:</b>

## REFERENCES

*List (2) people, preferably past supervisors (NOT RELATIVES), who can comment about your job qualifications.*

Name	Company Address	Phone	Title	Yrs. Known

### 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 Franklin Ridge 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 Franklin Ridge 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.

I acknowledge that, in the event of my hire, any employment relationship with Franklin Ridge is “at will” , which means that I may resign at any time and Franklin Ridge may discharge me at any time with or without cause. I further understand this “at will” employment relationship may not be changed by any written document, by oral statement or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\* 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. \*\*