

THE INN AT BELDEN VILLAGE
 3927 38th Street, NW
 Canton, Ohio 44718
 (330) 493-0096 Fax (330) 493-9600

APPLICATION FOR EMPLOYMENT

(Please Print)

Date _____

Name _____

LAST FIRST MIDDLE

Address _____ Telephone (____) _____

NUMBER STREET AREA CODE HOME

_____ Alternate Telephone (____) _____

CITY STATE ZIP AREA CODE NUMBER

Position(s) applied for _____ Rate of pay expected _____ per week.

Referral source: advertisement friend relative employment agency walk-in
 other _____

 Applicants are considered for all positions, without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

EDUCATION

	ELEMENTARY/ MIDDLE	HIGH	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME				
YEARS COMPLETED: (CIRCLE)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE DESCRIBE COURSE OF STUDY:				

Describe specialized training, apprenticeship, skills and extracurricular activities: _____

Honors received: _____

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin): _____

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1. EMPLOYER	TELEPHONE ()	<u>DATES</u> FROM	<u>EMPLOYED</u> TO	WORK PERFORMED
ADDRESS				
JOB TITLE		HOURLY RATE STARTING	/SALARY FINAL	
SUPERVISOR				
REASON FOR LEAVING				
2. EMPLOYER	TELEPHONE ()	<u>DATES</u> FROM	<u>EMPLOYED</u> TO	WORK PERFORMED
ADDRESS				
JOB TITLE		HOURLY RATE STARTING	/SALARY FINAL	
SUPERVISOR				
REASON FOR LEAVING				
3. EMPLOYER	TELEPHONE ()	<u>DATES</u> FROM	<u>EMPLOYED</u> TO	WORK PERFORMED
ADDRESS				

JOB TITLE	HOURLY RATE STARTING	/SALARY FINAL	
SUPERVISOR			
REASON FOR LEAVING			
4. EMPLOYER TELEPHONE ()	DATES FROM	EMPLOYED TO	WORK PERFORMED
ADDRESS			
JOB TITLE	HOURLY RATE STARTING	/SALARY FINAL	
SUPERVISOR			
REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper.

If employed and you are under 18, can you furnish a work permit? yes no

Have you filed an application here before? yes no If yes, give date _____

Are you employed now? yes no May we contact your present employer yes no

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? yes no (Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available to work? _____

Are you available to work full time part-time temporary

Times available:

Sun _____ Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____

Have you been convicted of a felony that may hinder you from employment under senate bill 160 (see back page for list of crimes) yes no If yes, please explain _____

Veteran of the U.S. Military service? yes no If yes, branch _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. If I am employed, I understand and agree that when my employment is terminated by retirement or otherwise, I must return all of Employer's property in my custody, including office keys, manuals and sales material before I am entitled to final payment of any amounts due me on separation.

SIGNATURE OF APPLICANT

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Department _____
Remarks _____ _____	
	Interviewer Date
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____
Job Title _____	Hourly Rate/ <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt Salary _____ Pay Grade _____
_____ Name and Title	_____ Date

Notes: _____

When you apply for this job, you must be fingerprinted and sign an acknowledgment/consent.

WE ARE NOT DOING THIS BECAUSE WE DO NOT TRUST YOU OR DO NOT WANT YOU TO WORK FOR US.

FINGERPRINTING IS REQUIRED UNDER STATE LAW.

The state law states all people who work with the elderly must be checked for a criminal record. This applies even if you do not have a record.

The law was passed to protect elderly people (and people who work with them) from convicted criminals.

The fingerprinting process is the method by which the state determines the presence of a criminal record.

We apologize for the inconvenience and appreciate your interest in working for us!

**LONG-TERM CARE WORKER BACKGROUND CHECK
(SENATE BILL 160)
CONSENT AND ATTESTATION FORM**

By signing this form, I consent to the submission of a request for a criminal records check for long-term care workers as required by Senate Bill 160. The request will be submitted by The Inn at Belden Village.

I also attest to the following:

1. That I have not been convicted of or pleaded guilty to any of the crimes that would disqualify me from working with older adults under S.B. 160/Ohio Revised Code Disqualifiers.
2. That I understand and agree that if I am found to have a record of any of those crimes, I will not be hired for work with older adults or, if I have already been hired, my employment will be terminated.
3. That I was informed that I must provide a set of fingerprint impressions and that a criminal records check must be conducted if I come under final consideration for employment.

(Signature of applicant)

(Date)

Please list where you have lived in the past five years, most current address first.

1. Address	City	State	Zip Code
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2. Address	City	State	Zip Code
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3. Address	City	State	Zip Code
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4. Address	City	State	Zip Code
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5. Address	City	State	Zip Code
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I have lived in the state of Ohio for the past five years yes no.

If no, please explain _____

Under Senate Bill 160 we are required to conduct a background check through the Ohio Bureau of Criminal Identification and Investigation if the applicant has lived in the state of Ohio the previous five years. We are required to conduct a background check through the Federal Bureau of Investigation if the applicant has not lived in the state of Ohio for the previous five years.

Signature

Date

SENATE BILL 160 OHIO REVISED CODE DISQUALIFIERS

ORC	2903.01	Aggravated Murder
	2903.02	Murder
	2903.03	Voluntary Manslaughter
	2903.04	Involuntary Manslaughter
	2903.11	Felonious Assault
	2903.12	Aggravated Assault
	2903.13	Assault
	2903.16	Failing to Provide for a Functionally Impaired Person
	2903.21	Aggravated Menacing
	2903.34	Patient abuse & neglect
	2905.01	Kidnapping
	2905.02	Abduction
	2905.04	Child stealing
	2905.05	Criminal Child Enticement
	2905.11	Extortion
	2905.12	Coercion
	2907.02	Rape
	2907.03	Sexual Battery
	2907.04	Corruption of a Minor
	2907.05	Gross Sexual Imposition
	2907.06	Sexual Imposition
	2907.08	Voyeurism
	2907.09	Public Indecency
	2907.12	Felonious Sexual Penetration
	2907.21	Compelling Prostitution
	2907.22	Promoting Prostitution
	2907.23	Procuring
	2907.25	Prostitution

- 2907.31 Disseminating Matter Harm to Juveniles
- 2907.32 Pandering Obscenity
 - 2907.32.1 Pandering Obscenity Involving a Minor
 - 2907.32.2 Pandering Sexually Oriented Matter Involving a Minor
 - 2907.32.3 Illegal use of Minor in Nudity-oriented Material or Performance

- 2911.01 Aggravated Robbery
- 2911.02 Robbery
- 2911.12 Burglary
- 2911.13 Breaking and Entering

PAGE TWO – SENATE BILL 160 OHIO REVISED CODE DISQUALIFIERS

- 2913.02 Theft: Aggravated Theft
- 2913.03 Unauthorized Use of a Vehicle
- 2913.04 Unauthorized Use of Property; Unauthorized Access to Computer System
- 2913.11 Passing Bad Checks
- 2913.21 Misuse of Credit Checks
- 2913.31 Forgery
- 2913.40 Medicaid Fraud
- 2913.43 Securing Writings by Deception
- 2913.47 Insurance Fraud
- 2913.51 Receiving Stolen Property

- 2919.12 Unlawful Abortion
- 2919.22 Endangering Children
- 2919.24 Contributing to Unruliness or Delinquency of a Child
- 2919.25 Domestic Violence

- 2921.36 Prohibition of Conveyance of Certain Items on to Grounds of Detention Facility or Mental Health or MRDD Facility

- 2923.12 Carrying Concealed Weapons
- 2923.13 Having Weapons While Under Disability
- 2923.16.1 Improperly Discharging Firearm at or into Habitation or School

- 2925.02 Corrupting Another with Drugs
- 2925.03 Trafficking in Drugs
- 2925.11 Drug Abuse
- 2925.13 Permitting Drug Abuse
- 2925.22 Deception to Obtain Dangerous Drugs
- 2925.23 Illegal Processing of Drug Documents

- 3716.11 Adulterated Food