**ST. JOHN’S VILLA APPLICATION FOR EMPLOYMENT**

**ST. JOHN’S VILLA is an Equal Employment Opportunity employer. It is the philosophy, intent, and commitment of ST. JOHN’S VILLA to adhere to a policy of equal employment opportunities for all applicants and employees without regard to race, color, religion, sex, age, national origin, veteran status, pregnancy, mental or physical disability or any other status protected by law.**

**PERSONAL DATA**

 Last Name First Middle Initial Date

 Street Address Home Phone

 City, State, Zip Cell Phone

 Are you 18 years or older? **Yes No** Social Security No.

 Position Desired Salary Desired

 Are you currently employed? **Yes No** Are you available to work: FT\_\_\_\_\_ PT \_\_\_\_\_\_

 Day’s \_\_\_\_\_\_\_\_ Afternoon \_\_\_\_\_\_\_ Midnight \_\_\_\_\_\_

 When would you be able to start? Do you have a current Driver License? **Yes No**

 Do you have valid Automobile Insurance? **Yes No**

 Are you legally eligible for employment in the United States? Ohio resident for past 5 years? **YES NO**

 **Yes No**

 Have you been convicted of a felony or misdemeanor NOTE: You will not be denied employment solely because of a

 (Other than traffic violations)? **[ ]  Yes [ ]  No** conviction record, unless the offense is related to the job for

 If yes explain: which you have applied.

 How did you learn of St. John’s Villa? CIRCLE ONE, WITH accommodations please describe:

 You can perform essential job functions WITH or WITHOUT accommodations:

 Have you ever worked for St. John’s?

 YES or NO

**EMPLOYMENT HISTORY** (List most recent employer first)

 Company Name: Telephone Number:

 Address: Employed (mm/yy)

 From: \_\_\_\_\_\_\_\_

 To: \_\_\_\_\_\_\_\_

 Name and Title of Supervisor:

 Job title & responsibilities: Reason for Leaving:

 Company Name: Telephone Number:

 Address: Employed (mm/yy)

From: \_\_\_\_\_\_\_\_

 To: \_\_\_\_\_\_\_\_

 Name and Title of Supervisor:

 Job Title and Job Description: Reason for Leaving:

May we contact your current employer? **YES NO**  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

 **High School College/University Graduate/Professional**

 School Name, Address and

 Phone Number

 Years Completed 9 10 11 12 1 2 3 4 1 2 3 4

 Diploma/Degree

 Course of Study

 Honors Received

 **High School diploma or GED is required for all direct care positions at St. John’s**

 Are you proficient in any computer programs? Please list all.

 Do you have any other advanced education, training, special study or experience that you think would be

 Helpful in the position for which you are applying? Please list:

**REFERENCES**

 Name Relationship Years Known Telephone Number

I certify that the facts contained in this application are true and complete and I understand that if employed, falsified statements on this application shall be grounds for dismissal.

* I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
* I understand and agree that if hired, my employment is for no definite period.

**I have read and understand what is contained in this statement.**

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

PRINT NAME

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

APPLICANT’S SIGNATURE Date