



APPLICATION FOR EMPLOYMENT

PERSONAL

Date _____ Social Security No. _____

Name _____
Last First Middle (Complete)

Current Address _____
No. and Street City State Zip Code

Telephone Number _____ Telephone No. During Day _____
(Area Code) (Area Code)

Are you at least 16 years of age? ____ Yes ____ No If under age 18, can you provide a work permit? ____ Yes ____ No

Are you a United States citizen? ____ Yes ____ No
If not, can you present proof of your right to work legally in the United States? ____ Yes ____ No

Have you been employed here before? ____ Yes ____ No Dates _____ Department _____

Have you ever applied here before? ____ Yes ____ No Dates _____ Department _____

List any relatives employed by Cedar Village and their relationship _____

List all names and/or social security numbers, other than those contained in this application, which you have ever used _____

JOB INTEREST

Position Preferred _____

Salary or Rate of Pay Desired \$ _____ Date Available to Start Work _____

SCHEDULE/SHIFT DESIRED
(Please check all that apply)

- Full-time (over 32 hours/week)
- Part-time (under 32 hours/week)
- Temporary/Summer
- First Shift (Day)
- Second Shift (Evening)
- Third Shift (Night)

SECURITY INFORMATION

Have you ever been convicted of or pleaded guilty or no contest to a felony or misdemeanor? ____ Yes ____ No

If Yes, give details _____

Have you resided in the State of Ohio for the last five years? ____ Yes ____ No

If No, list states and dates of residency _____

AN EQUAL OPPORTUNITY EMPLOYER

Cedar Village adheres to all applicable laws prohibiting discrimination based on race, color, creed, national origin, religion, sex, disability, veteran status or age (as defined by law)

EMPLOYMENT EXPERIENCE

Your application will not be considered unless every question in this section is answered. You must list all prior employers and request additional sheets if necessary. Since Cedar Village makes every attempt to contact previous employers, the correct address and telephone number of past employers is critical. List most recent employer first.

Employer Name: _____
Address: _____
Title of Position: _____ Final Salary: _____
Dates Employed: _____ to _____
Supervisor's Name: _____ Phone Number: _____
Reason for Leaving: _____

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Address: _____
Title of Position: _____ Final Salary: _____
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Address: _____
Title of Position: _____ Final Salary: _____
Dates Employed: _____ to _____
Supervisor's Name: _____ Phone Number : _____
Reason for Leaving: _____

Are you employed now? ___ Yes ___ No May we contact your present employer? ___ Yes ___ No

Computer Skills _____

U.S. Military Service or Reserve:
List dates, rank and type of discharge _____

List location and name of last unit assignment _____

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED

7 8 9 10 11 12 13 14 15 16+

HIGH SCHOOL

Name _____ City/State _____

Diploma/Degree _____

COLLEGE

Name _____ City/State _____

Diploma/Degree _____

OTHER

Name _____ City/State _____

Diploma/Degree _____

List any additional training, including seminars or workshops that will assist in the evaluation of your application

PROFESSIONAL LICENSES AND REGISTRATIONS

Type _____ License Number _____ State of Licensure _____

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PERSONAL REFERENCES

Include only persons familiar with your work ability. Do not include relatives.

Name _____ Years Known _____ Relationship _____

Address _____ Phone Number _____

Name _____ Years Known _____ Relationship _____

Address _____ Phone Number _____

Name _____ Years Known _____ Relationship _____

Address _____ Phone Number _____

CERTIFICATION AND RELEASE

- I certify that the facts and information provided by me on this application, on other pre-employment documents, and in my employment interviews are true and complete and I agree that, if employed, incorrect, incomplete or falsified information will be grounds for my dismissal, regardless of when discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within this scope.
- I understand that I may be required to take a physical examination before starting work if an offer of employment is made. I release and agree to indemnify Cedar Village, its authorized agents, and its employees and all other persons, companies, and other entities from any and all liability arising out of this physical examination.
- I authorize any reference, school, former employer or other person to disclose to Cedar Village, upon request, any information they may have about me and I release them from all liability disclosing such information to Cedar Village; I also release Cedar Village from all liability for obtaining such information.
- I understand that my employment by Cedar Village will be "at-will," and may be terminated by either me or Cedar Village at any time, with or without reason or restraint except as imposed by an employment protective statute, unless I am employed in a position governed by an express written agreement. I further understand that no employee or other representative of Cedar Village may make promises or agreements which alter the employment-at-will relationship, unless a specific agreement altering the employment-at-will relationship is memorialized in a written agreement signed by the Chief Executive Officer and me.
- I acknowledge that if employed I will be required to observe all present and subsequently issued personnel policies and procedures. I understand that such policies and procedures do not constitute a contract of employment between me and Cedar Village, and that Cedar Village may revise its policies and procedures at any time at its discretion.
- I understand that I will be required to submit to a drug screen prior to beginning employment with Cedar Village. I understand that I will not be considered for employment at Cedar Village if I fail to consent to testing, fail to authorize release of results or tamper with the results in any way. I understand that the unlawful manufacture, distribution, sale, possession, or use of controlled substances or illegal drugs by Cedar Village employees is prohibited at all times on Cedar Village property or otherwise.
- I understand that in consideration of Cedar Village's residents, a smoke-free workplace is maintained.

Signature _____ Date _____
