**Employment Application**

|  |
| --- |
| ***Applicant Information*** |
| Name |   |
| Street Address |   |
| Apt/Unit # |   |
| City, State, Zip |   |
| Phone Number |   |
| E-mail Address |   |
| Position Applied For |   |
| Desired Salary |   |
| Date Available |   |
| Referral Source |  |
| Do you have any relatives, close friends employed by A Renewed Mind? | [ ]  Yes[ ]  No | If yes, list name and relationship: |
| Do you have a valid driver’s license and proof of insurance? | [ ]  Yes[ ]  No | Please provide your license # and exp date.  |
| Do you have any moving violations, accidents, points on your license?  | [ ]  Yes[ ]  No | If yes, describe in full: |
| Have you ever worked for A Renewed Mind? | [ ]  Yes[ ]  No | If yes, list dates employed: |
| Are you 18 years or older? | [ ]  Yes[ ]  No |  |
| Have you ever been convicted of a crime? | [ ]  Yes[ ]  No | If yes, describe in full: |

|  |
| --- |
| ***Education*** |
| High School |   |
| Address |   |
| Did you graduate? | [ ]  Yes [ ]  No | If no, do you have a GED? | [ ]  Yes [ ]  No |
|  |
| College/University |   |
| Address |   |
| Dates Attended | From |   | To |   |
| Did you graduate? | [ ]  Yes [ ]  No | Degree |   |

|  |
| --- |
| ***References (please list three professional references)*** |
| Name |   | Relationship |   |
| Company |   | Phone Number |   |
| Address |   |
|  |
| Name |   | Relationship |   |
| Company |   | Phone Number |   |
| Address |   |
|  |
| Name |   | Relationship |   |
| Company |   | Phone Number |   |
| Address |   |

|  |
| --- |
| ***Previous Employment*** |
| Company |   | Phone Number |   |
| Address |   |
| Supervisor |   |
| Job Title |   |
| Starting Salary |   | Ending Salary |   |
| Responsibilities |   |
| From |   | To |   |
| Reason for Leaving |   |
|  |

|  |
| --- |
|  |
| Company |   | Phone Number |   |
| Address |   |
| Supervisor |   |
| Job Title |   |
| Starting Salary |   | Ending Salary |   |
| Responsibilities |   |
| From |   | To |   |
| Reason for Leaving |   |
|  |
| Company |   | Phone Number |   |
| Address |   |
| Supervisor |   |
| Job Title |   |
| Starting Salary |   | Ending Salary |   |
| Responsibilities |   |
| From |   | To |   |
| Reason for Leaving |   |

|  |
| --- |
| ***Professional License/Certification*** |
| Type of License |   |
| State of Ohio License # |   | Expiration Date |   |
|  |
| Type of License |   |
| State of Ohio License # |   | Expiration Date |   |
| Have you ever had your professional license suspended, revoked, or been placed on the OIG or GSA Exclusion Lists preventing you from participating in federal health reimbursement programs? [ ]  Yes [ ]  No |
| \*Other Professional Memberships: \*You do not need to disclose membership in professional organizations that may reveal information regarding race, color, sex, religion, national origin, ancestry, age, disability, veteran status or any other protected status. |

|  |
| --- |
| ***Applicant’s Certification and Release******PLEASE READ CAREFULLY BEFORE SIGNING*** |
| **EQUAL EMPLOYMENT OPPORTUNITY**Employer is dedicated to providing equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, ancestry, national origin, citizenship status, age, pregnancy, disability, genetic information or condition, sexual orientation, gender identity or expression, military status or status as a veteran, in accordance with applicable laws. In addition, Employer complies with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, benefits, and training.**TRUTH**I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that Employer is relying on my complete honesty. I understand that any inaccuracy, misrepresentation, or incomplete answer provided by me in this application will cancel the application or may result in termination if I have been employed.**INVESTIGATION**I understand that, as a condition of employment, Employer must conduct and receive favorable results of a thorough pre-employment investigation, and periodic investigations throughout employment. These investigations include, but may not be limited to, current employer reference checks, former employer reference checks, personal reference checks, criminal record checks, drug testing, education records, credit bureau reports, financial institution account verification checks, investigation and review of all internet and web postings and comments made by me, physical examinations, and a review of my driving record if I am applying for a position that involves driving.I authorize Employer to conduct these investigations to obtain any requested information, and to update this information, and to investigate all statements made by me in this application. I direct current and former employers, all references, individuals, organizations, and all applicable government agencies to respond to questions concerning my application for employment. I understand that the information released or provided is for business use by Employer and may be disclosed to third parties as necessary in the conduct of its business. If I am hired, I authorized Employer to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal and proper interest. I release Employer, these parties and any individual, include record custodians, from any and all liability for any damage that may result from furnishing the requested information or any of my personal records. I am not subject to a covenant-not-to-compete agreement, or any other work restricting agreement. I agree to indemnify and hold Employer harmless for any damages and legal expenses in the event that this representation and warranty is or becomes false. I agree not to use any confidential or proprietary information from prior employment in my employment with employer and agree not to disclose any information I am contractually or otherwise legally bound to keep confidential. **EMPLOYMENT AT WILL**I understand that if I am employed by Employer, I will be an employee at will. My employment can be terminated at any time by me or Employer, with or without notice, and with or without reason, in accordance with the laws of the State of Ohio. The terms and conditions of my employment, my compensation, and my benefits may be changed at any time by Employer. Any oral statements or promises to the contrary are not binding on Employer. If hired, I will comply with all rules and regulations of Employer. I have read, understand and by my signature consent to these statements. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date  |