



HENNIS CARE CENTRE

Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.
WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name _____ Date _____

Address _____ Phone _____

Professional License No. _____

Best time to contact you at home _____ A.M. / P.M. Position Applied For _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes _____ No _____

Have you ever filed an application with us before? Yes _____ No _____

If yes, please provide date _____

Have you ever been employed with us before? Yes _____ No _____

If yes, please provide date _____

Do any of your friends relatives, other than spouse, work here? Yes _____ No _____

If yes, state name, relationship and location _____

Are you currently employed? Yes _____ No _____

May we contact your current employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in the United State because of VISA or Immigration Status? Yes _____ No _____

Proof of citizenship, immigration status, and right to work in the US will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: _____ Full Time (Please indicate 1 2 3 shift)

_____ Part Time (Please indicate 1 2 3 shift)

_____ As needed (Please indicate 1 2 3 shift)

Are you currently laid off and subject to recall? Yes _____ No _____

WORK EXPERIENCE

List your current job first, then your previous employment history. Include any job related military service assignments, and volunteer activities.

Employer _____

Address _____

Telephone Number(s) _____

Starting/Present Job Title _____

Supervisor/Manager _____ May we contact? Yes _____ No _____

Reason for Leaving _____

Dates Employed Start Date ____/____/____ End Date ____/____/____

Hourly Rate/Salary Beginning _____ Ending _____

Duties/Work performed _____

Employer _____
 Address _____
 Telephone Number(s) _____
 Starting/Present Job Title _____
 Supervisor/Manager _____ May we contact? Yes _____ No _____
 Reason for Leaving _____

Dates Employed Start Date ____/____/____ End Date ____/____/____
 Hourly Rate/Salary Beginning _____ Ending _____
 Duties/Work performed _____

Employer _____
 Address _____
 Telephone Number(s) _____
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 Duties/Work performed _____

Employer _____
 Address _____
 Telephone Number(s) _____
 Starting/Present Job Title _____
 Supervisor/Manager _____ May we contact? Yes _____ No _____
 Reason for Leaving _____

Dates Employed Start Date ____/____/____ End Date ____/____/____
 Hourly Rate/Salary Beginning _____ Ending _____
 Duties/Work performed _____

Please explain any gaps in your employment history.

EDUCATION

	Name And Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate college				
Graduate Professional				
Technical/Specialty				
Other				

LIFE EXPERIENCE

Describe any specialized training, apprenticeships, skills or extra curricular activities.

Describe any job related training received in the United State military.

Describe any professional, trade, business, civic or other activities or office you have held.

Describe any other job related skills, qualifications or experiences.

PERSONAL PROFESSIONAL REFERENCES

Do not include family members or past supervisors/managers.

Name	Phone Number	Occupation	Best Time to Call

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APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete.
 I authorize the investigation of all statements contained in the application for employment as may be necessary in arriving in an employment decision.
 This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant who desires to be considered for employment past 45 days should inquire as to whether or not applications are being accepted at that time. I hereby understand and agree that any employment relationship with Hennis Care Centre, a smoke free facility, is of an "AT WILL" nature, which means that the employee may resign at any time and Hennis Care Centre may discharge the employee at any time with or without cause or notice. It is further understood that this "AT WILL" employment relationship may not be changed by any written documentation or verbal authority unless such change is authorized and specifically acknowledged in writing by the President of Hennis Care Centre. In the event of employment, I understand that false or misleading information given on my application or during an interview(s) may result in termination of employment. I understand that I will be required to abide by all the policy and procedures, rules and and regulations of Hennis Care Centre.

Signature of Applicant

Date

Mail to: Hennis Care Centre of Dover
 Attention: Human Resources
 1720 Cross St.
 Dover, OH 44622

Fax to: 330-364-2128

Mail to: Hennis Care Centre of Bolivar
 Attention: Human Resources
 300 Yant St.
 Bolivar, OH 44612

Fax to: 330-874-9937