
Belmont Senior Services, Inc.
Application for Employment

We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic.

Social Security # _____ - _____ - _____

Date: _____

Name: _____
(Last / First / Middle)

Address: _____
(No. Street / City / State / Zip)

Telephone: (_____) _____ - _____

Email Address: _____

Are you 18 years of age or older? Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Are you a Resident of the state of Ohio? Yes No if yes, for more than 5 (five) years? Yes No
If you have not carried primary residency in Ohio for 5 or more years, list the previous state that you resided in:

EDUCATION

| Type | Name/Location | Course of Study | # Years Completed | Degree/Diploma |
|--------------------|---------------|-----------------|-------------------|----------------|
| High School | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ |
| Technical or Other | _____ | _____ | _____ | _____ |

If you are presently employed, may we contact your employer? Yes No

EMPLOYMENT RECORD (please start with your most recent employer)

| Company Name and address | Kind of Work | Date: Started/Left | Rate of Pay | Reason for Leaving |
|--------------------------|--------------|-----------------------|----------------|-----------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

U.S. MILITARY SERVICE

Branch of Service _____ Rank _____

From _____ to _____

REFERENCES (Do Not Include Relatives, DO include at least 2 "work-related" references)

Name/ Occupation/ Years/ Known Address

1. _____
2. _____
3. _____

EMPLOYMENT

Type of Work Desired _____ Salary Desired _____

Do you have a valid driver's license? ___ YES ___ NO

Do you have a car to use for work? ___ YES ___ NO

Do you have automobile insurance (will require proof for certain positions)? ___ YES ___ NO

How Were You Referred To Our Organization? _____

Do You Have Any Relatives Who Are Employed By This Organization? ___ Yes ___ No (if Yes, please specify)

Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ NO

If yes, give details _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief Executive officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 6 months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I understand that I am subject to a criminal records check, and will be placed under "conditional" employment until notification is received by BCII or FBI that I have no disqualifying offenses on my record.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____