



Sisters of Charity Senior Care Corporation
 Bayley
 990 Bayley Place Drive
 Cincinnati, Ohio 45233

In compliance with federal and state equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, ancestry, or the presence of a disability, which with or without reasonable accommodation does not impair performance of essential job duties.

APPLICATION FOR EMPLOYMENT

Please provide all information necessary for employment consideration. Incomplete or incorrect information may disqualify you for employment.

Position(s) Applying For: 1) _____ 2) _____ 3) _____

Shift Preferred: ___ 1st ___ Any ___ 2nd ___ 3rd ___ On Call	___ Full-Time ___ Part-Time ___ Any	Hours Available for Work: _____ _____ _____	Date Available for Work: _____ Salary Expected: _____
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PERSONAL (Please Print)

Last Name	First	Middle	Date of Application
Street Address			Home Telephone ()
City, State, Zip			Other Telephone (specify) ()
Do you have an email address and may we use it to contact you? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list _____			
Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			Last four (4) digits of Social Security # ___ ___ ___ ___
Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, please list date of birth: _____			

How did you hear about us? If referred, please indicate by whom?

List all other names you have had (aliases, maiden, other married, etc.)

Were you previously employed by Sisters of Charity Motherhouse, Mother Margaret Hall, or Bayley? _____ If yes, list positions and dates of employment.

Do any of your relatives currently work for Sisters of Charity Motherhouse, Mother Margaret Hall or Bayley? _____ If yes, list name and relationship.

Please list all appropriate licenses or certifications which would qualify you for work at Sisters of Charity Senior Care Corporation, i.e., nursing license.

TYPE	NUMBER	EXPIRATION DATE

For Office Use Only:

Verified by: _____ Date: _____

Have you filed any fraudulent claim(s) against any of your present or past employers? YES NO
(Please Circle)

If yes, please explain _____

Were you ever convicted of a crime, including DUI/DWI? YES NO (Include minor traffic violations)
(Please Circle)

If YES, give date, location, and offense. _____
(A conviction will not necessarily disqualify you from employment)

NOTE: Organization policy requires ALL convictions to be listed, including misdemeanors, felonies and offenses satisfied with a ticket and payment, including even "failure to keep your dog on a leash," for example. Please make sure EVERY offense is listed to avoid being disqualified from consideration for employment.

Are you currently obliged by any employment contract or agreement which would prohibit your employment with Sisters of Charity Senior Care Corporation? YES NO
(Please Circle)

If yes, please explain: _____

EDUCATION					
School	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Elementary					
Junior High/Middle					
High School					
Business/Trade/Technical					
College					
Graduate					

List other experiences, skills, qualifications, scholastic honors or licenses which you feel would qualify you for work with the Sisters of Charity Senior Care Corporation. _____

MILITARY SERVICE RECORD
Did you serve in the U.S. Armed Forces? _____ If yes, what Branch? _____
Dates of Duty: From _____ To _____ Rank at Discharge _____

EMPLOYMENT HISTORY

List below, beginning with most recent, all present and past employment.

Please fill this section out even if you submitted a resume.

Add employers not listed on your resume.

Company Name		Telephone ()
Address		Employed (month and year) From To
Job Title	Supervisor and Title	Salary Starting Ending
Job Responsibilities		Reason for Leaving
		May we contact this employer? Yes _____ No _____

Company Name		Telephone ()
Address		Employed (month and year) From To
Job Title	Supervisor and Title	Salary Starting Ending
Job Responsibilities		Reason for Leaving
		May we contact this employer? Yes _____ No _____

Company Name		Telephone ()
Address		Employed (month and year) From To
Job Title	Supervisor and Title	Salary Starting Ending
Job Responsibilities		Reason for Leaving
		May we contact this employer? Yes _____ No _____

Company Name		Telephone ()
Address		Employed (month and year) From To
Job Title	Supervisor and Title	Salary Starting Ending
Job Responsibilities		Reason for Leaving
		May we contact this employer? Yes _____ No _____

REFERENCES
(Not former employers or relatives)

Name	Occupation	Day Phone Number
		()
		()
		()

PLEASE READ CAREFULLY

I declare the foregoing information to be a truthful and complete statement of facts which, if found false, will result in refusal of hire or termination of employment whenever such falsity is discovered.

I authorize my former employers, references indicated, any law enforcement agencies and all other sources deemed necessary to release to Sisters of Charity Senior Care Corporation any information necessary to make employment decisions. I release all parties concerned from any liability arising out of such investigation. I also understand that any offer of employment is contingent upon the successful completion of a post offer employment examination.

In consideration of my employment, I agree to comply with the rules and regulations of Sisters of Charity Senior Care Corporation. **My employment is at will and such employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either Sisters of Charity Senior Care Corporation or myself.** I understand that no representative of Sisters of Charity Senior Care Corporation other than the president of Sisters of Charity Senior Care Corporation has any authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and any such agreement must be in writing, signed by the president.

Signature

Date

Applications are retained for a period of one (1) year, or as required by law.