



Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Application Date _____
Last Name _____ First Name _____ Middle Name _____
Street Address _____
City _____ State _____ Zip _____
Telephone _____ Social Security # _____ Email Address _____
Date of Birth _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may required to provide documentation.)

Yes No

What hours are you available to work? _____ Are you willing to work nights? Yes No

Are you willing to work weekends? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe condition

Employment Desired

Position applied for _____ Position applied for _____
Have you ever applied for employment here? Yes No When? _____
Where? _____ Are you presently employed Yes No
Date available to begin work _____ Desired starting Salary _____

Please list applicable skills

Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that should considered?

Are you planning to continue your studies? Yes No

If yes, where and what courses of study _____

Education

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities

Reason for Leaving

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities

Reason for Leaving

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities

Reason for Leaving

References

List two personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____
Address _____

Name _____ Phone _____ Years Known _____
Address _____

Emergency Contact

In case of emergency please notify:

Name _____ Phone _____ Years Known _____
Address _____

Please Read Before Signing

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

Boschulte's Pride

2242 South Hamilton Road, Suite 201

Columbus, Ohio 43232

Telephone: **614-751-6308**

Fax: **614-573-8459**

Employment Applicant Authorization to Release Information

I hereby authorize Boschulte's Pride II LLC to investigate all references regarding my previous employment history and to secure all job related information about me. I hereby release from liability BP2 LLC and/or its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Applicant Signature _____ Date _____

Applicant Name PRINTED _____

Applicant: DO NOT WRITE BELOW THIS LINE

EMPLOYER: Please provide all relevant employment information on the following individual who is applying for a position working with individuals who are elderly, children, and MR/DD. Please note: Pursuant to Ohio Reference Law 4113.71, employers are not liable when they provide truthful information on employee job performance but can be held liable for failing to provide information that results in negligent hire.

Name _____ SS# _____

Company Name _____ Position Held _____

Hire Date _____ Separation Date _____ Still Employed: Yes No

Eligible for Rehire: Yes No If no, WHY? _____

Because this individual will be working directly with elderly, children, and MR/DD individuals, it is important for us to know if the applicant was ever disciplined or terminated for any of the following: Theft or Misappropriation, Neglect of Patients/Residents, Abuse or Suspected Abuse, Failure to Report Suspected Abuse, Illegal Harassment, Discrimination, or Workplace Violence. Please comment below:

Form completed by _____ Title _____

Applicant Signature _____ Date _____