

Auglaize Acres
 13093 Infirmary Rd.
 Wapakoneta, OH 45895
 Phone: 419-738-3816

SECTION III – EMPLOYMENT HISTORY
(In chronological order beginning with the most recent):

1. _____ Employer's Name _____ Street Address/City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: _____ Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ _____		
Describe your reason(s) for leaving: _____		
2. _____ Employer's Name _____ Street Address/City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: _____ Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ _____		
Describe your reason(s) for leaving: _____		

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3. _____ Employer's Name _____ Street Address/City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: _____ Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ _____		
Describe your reason(s) for leaving: _____		
4. _____ Employer's Name _____ Street Address/City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: _____ Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____		
Describe your reason(s) for leaving: _____		

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SECTION IV – EDUCATION AND TRAINING

	Formal Education	College	Technical School
School Name and Location			
Years Completed	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 Above	1 2 3 4 Above
Diploma/Degree/Major			
Other School(s) attended:			
Please describe the courses you took, technical training you received, or skills you have attained which you feel would help you perform the job for which you are applying (e.g., special machines or equipment you operate, hobbies or volunteer work projects which have taught you qualifying skills, etc.): _____ _____ _____ _____ _____			

SECTION V – MISCELLANEOUS

(The following information will be used only if it is directly related to the classification/position for which you are applying)

Have you ever been employed in the state or county service of the state of Ohio? Yes No

Have you any job-related training in the U.S. Military? Yes No

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If you answered "Yes" to the last question, please explain:

Have you ever filed an application here before? Yes No

Have you ever been employed here before? Yes No

SECTION VI – REFERENCES

(Please give the name, address, and phone number of three references not related to you who would know of your skills for this position):

<hr/> Name	<hr/> Address	<hr/> Phone
<hr/> Name	<hr/> Address	<hr/> Phone
<hr/> Name	<hr/> Address	<hr/> Phone

.....
PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.
Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.
Initials: _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if the employer employs me, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials: _____

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4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials: _____

6. **Fair Credit Reporting Act Notice and Authorization.** In order to process your application, or during the course of your employment, a consumer report may be obtained on you for employment purposes. It may be an investigative consumer report that includes information regarding your character, general reputation, personal characteristics, and mode of living. Such report may also be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, or disciplinary charges associated with your employment. The employer may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

I hereby authorize the employer to obtain a consumer report on me for employment purposes and to conduct investigations as outlined above.

Initials: _____

****READ CAREFULLY BEFORE SIGNING****

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

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FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH AUGLAIZE COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I understand this application will remain in the active application file and be considered only for a period of 60 days, after which I must submit a new application if I wish to continue to be considered for employment by the Auglaize County.

Applicant's Signature

Date

Auglaize Acres Nursing Home
 13093 Infirmary Road, Wapakoneta, Ohio 45895
 Phone: 419-738-3816 Fax: 419-738-6684

PERSONNEL REFERENCE CHECK

TO: HUMAN RESOURCES COMPANY: _____
 FROM: AMY TESTER

.....
 APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I authorize this facility to make a thorough investigation of my previous employment history and all other facts stated on my application for employment. I hereby, release from liability or responsibility all individuals, business establishments, employers, educational institutions and/or agencies supplying such information.

Date: _____ Printed Name: _____
 SSN: _____
 Signature: _____

.....
 The above named person has applied for employment at this health care facility. Would you please answer the following questions? All information will be held in strict confidence. An early reply will be greatly appreciated.

 Signature of Human Resource Director

Employed as _____ From _____
 To _____
 Reason for leaving _____
 Eligible for rehire? _____
 If not, why? _____

 Any accusations of any type of abuse?

 Was employee terminated because of abuse or alleged abuse?

PLEASE CHECK APPROPRIATE TERMS

	Excellent	Good	Fair	Unsatisfactory
Dependability				
Job Knowledge				
Quality of Work				
Ability to Learn/Assume responsibility				

Would you recommend applicant for employment with this facility? _____

 Signature & Title

8. How do you view the organizational chart (chain of command: obstacle or opportunity)?

9. In your opinion, what is the number one contributor to employee satisfaction?

10. Tell us about your last performance evaluation? In which area were you the most disappointed?

11. In hindsight, how could you have improved your performance at your last position?

12. How would your supervisor grade your ability to cope with last minute change without breaking stride?

13. How would you describe your communication skills (verbal and written)?

14. How would you describe your leadership ability? Are you team oriented?

The following questions MUST be answered:

15. What are your feelings about caring for elders?

16. What are your feelings about caring for people with dementia/alzheimers?

17. How would you react to an abusive situation?

18. How many days of work have you missed in the last year of work?

19. How do you handle anger and stress?

20. Have you ever been reprimanded for violating work policies of alcohol or substance abuse?

21. Do you use illegal drugs?

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT QUESTIONNAIRE IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS QUESTIONNAIRE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

Signature