



Employment Application

50 South Findlay St.
Dayton, Ohio 45403
www.widowshome.org

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone (____) _____ Cell Phone (____) _____ Email Address _____

Social Security No: _____ Desired Salary: \$ _____

Position Applied for: _____ Date Available: _____

Shift Preference: 1st ☐ 2nd ☐ 3rd ☐ Fulltime ☐ Part Time ☐ On-Call ☐ Temporary ☐

How did you hear about the Widows Home?

Are you 18 years of age or older? YES ☐ NO ☐

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education & Certifications

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Post Graduate/Other: _____ Address _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____



Professional Licenses:

1. License Type and Number: _____

Issuing State and Date of Expiration: _____

2. License Type and Number: _____

Issuing State and Date of Expiration: _____

3. License Type and Number: _____

Issuing State and Date of Expiration: _____

References

Please list three professional references.

Name/Title: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Full Address: _____

Name/Title: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Full Address: _____

Name/Title: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Full Address: _____

Employment History

Most Recent: From _____ **to** _____

Company: _____ **Phone:** _____

Full Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary: \$** _____ **Ending Salary: \$** _____

Responsibilities: _____

Reason for Leaving _____

May we contact this supervisor for a reference? YES NO
☐ ☐



From _____ to _____

Company: _____

Phone: _____

Full Address: _____

Supervisor: _____

Job Title: _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this supervisor for a reference? YES ☐ NO ☐

From _____ to _____

Company: _____

Phone: _____

Full Address: _____

Supervisor: _____

Job Title: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment.

Applicant Signature: _____

Date: _____



Applicant's Statement and Authorization for Release of Information

(Please read carefully, sign and date)

The information provided in this Employment Application is true and complete. The Widows Home of Dayton may terminate my employment for any false or misleading statements or omissions in this application, as well as any attachments made including resume and cover letter, or during the interview and hiring process, whenever they may be discovered.

I have read and understand the attached acknowledgements, authorizations and disclosures. I understand that this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

In submitting this application for employment, I understand an investigation may be made whereby information is obtained regarding my current and previous employment, educational background and criminal history. I authorize anyone possessing this information to release to the Widows Home of Dayton upon request. I further release the Widows Home of Dayton, their representatives and any other parties furnishing information about me from any claims, liabilities and/or action.

If I receive a conditional offer of employment, I authorize a criminal background check, medical examination, including a drug screen, by an examiner selected by the Widows Home of Dayton. I understand that an offer of employment is contingent on the results of these examinations and background checks. I agree to pay for my background fingerprinting screen if I leave employment for any reason within my first 90 days. The Widows Home will pay for all other pre-employment testing, including a TB test, physical and drug test.

I acknowledge that, if hired, my employment relationship will be "at will" for no definite period and may be terminated at any time with or without cause, with or without notice, by either me or the Widows Home of Dayton. I understand this application does not imply an offer of employment will be made or that any documents issues by the Widows Home will be considered employment contracts. Further, I understand that I will be required to furnish proof of my eligibility to work in the United States.

I understand that, if hired, I may be required to work varied hours, overtime, weekends, and holidays to meet staffing requirements. I agree that, if hired, I will be required to abide by all Widows Home of Dayton rules, regulations, and policies.

Applicant Signature _____

Print Name _____

Date _____

FOR HR OFFICE USE ONLY

Applicant Name _____ **Date of Interview** _____

Contacted By: _____ **Date:** _____

Interview Extended ☐ Yes ☐ No

Interview Accepted ☐ Yes ☐ No

Contacted By: _____ **Date:** _____

Interview Extended ☐ Yes ☐ No

Interview Accepted ☐ Yes ☐ No

NOTES: _____



To Former Employer: _____

From: **The Widows Home of Dayton**
50 S. Findlay St.
Dayton, Ohio 45403

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I authorize this facility to conduct 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 individual business establishments, employers, educational institutions and/or agencies supplying such information.

Date: _____ Signature _____ S.S.# _____

Print Name: _____ Other last names used: _____

(APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE!)

To Former Employer: The above named person has applied for employment at our long term care & rehab center facility. Would you please answer the following questions? All information will be held in strict confidence. An early reply will be greatly appreciated. Thank you! Please fax to: (937) 252-0448. Sincerely, The Widows Home of Dayton

Your Name _____ Title _____

Applicant employed as: _____ From _____ to _____

Reason for leaving: _____

Eligible for Re-Hire? _____ If not, why? _____

PLEASE CIRCLE APPROPRIATE TERMS

| | | | | | |
|--------------------------|-----------|------|------|----------------|-----|
| Attendance & Punctuality | Excellent | Good | Fair | Unsatisfactory | N/A |
| Dependability | Excellent | Good | Fair | Unsatisfactory | N/A |
| Job Knowledge | Excellent | Good | Fair | Unsatisfactory | N/A |
| Quality of work | Excellent | Good | Fair | Unsatisfactory | N/A |
| Ability to learn | Excellent | Good | Fair | Unsatisfactory | N/A |
| Personality traits | Excellent | Good | Fair | Unsatisfactory | N/A |

In what capacity did you work with this individual? _____

How well does he/she assume responsibility? _____

How well does he/she cooperate with supervisors and co-workers? _____

Have you observed him/her working with seniors? _____ Comments about that work: _____

Would you recommend applicant for employment at this facility? _____

Additional comments: _____

Signature _____ Title _____ Date _____



EMPLOYMENT REFERENCE CHECK

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