



St. Francis Home, Inc.
Subsidiary of St. Francis Senior Ministries, Inc.

182 St. Francis Avenue
 Tiffin, OH 44838

Employment Application

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
Position Applied For		<input type="checkbox"/> Full - Time <input type="checkbox"/> Part - Time		Licensure #		
Date Available		Desired Salary		Last four digits of Social		
Shift Preference?				Alternate Phone		
Have you ever worked or attended school under any other name(s)? If yes, give name(s): _____						
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	* If hired, you will be required to submit proof of age*			
Are you authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever applied here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever worked here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Do you have relatives or friends currently working here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, whom?			
Have you ever been convicted of a felony or misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.						
Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please provide date(s) and details: _____						

How were you referred to us?

Employment Agency Newspaper (Specify) _____

Placement Service Current Employer (Specify) _____

Walk In Other (Specify) _____

EDUCATION

High School				Address			
			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address			
			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address			
			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

REFERENCES

List Names and telephone numbers of three business/work references who are **not** related to you. If not applicable, list three school or personal references that are **not** related to you.

Full Name			Relationship		
Company			Phone	()	
Address					
Full Name			Relationship		
Company			Phone	()	
Address					
Full Name			Relationship		
Company			Phone	()	
Address					

EMPLOYMENT HISTORY

ARE YOU EMPLOYED NOW?

Company			Phone	()	
Address			Supervisor		
Job Title			Starting Salary	\$	Ending Salary \$
Responsibilities					
From		To		Reason for Leaving	

What did you like most about your job?							
What did you like least about your job?							
May we contact your present/previous supervisor/employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone		()	
Address				Supervisor			
Job Title		Starting Salary		\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
What did you like most about your job?							
What did you like least about your job?							
May we contact your previous supervisor/employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone		()	
Address				Supervisor			
Job Title		Starting Salary		\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
What did you like most about your job?							
What did you like least about your job?							
May we contact your previous supervisor/employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
EMPLOYMENT HISTORY (CONTINUED)							
* Explain any gaps in your employment, other than those due to personal illness, injury or disability.							
* If not addressed on previous page, have you ever been terminated or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please explain: _____							

DISCLAIMER AND SIGNATURE							
I CERTIFY that all information I have provided in order to apply for and secure work with this employer is complete and correct.							
I expressly authorize, without reservation, St. Francis Home, Inc., its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding St. Francis Home, Inc., its agents, employer representatives, for seeking, gathering and using truthful and non defamatory information , in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that St. Francis Home, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or elimination any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.							

I UNDERSTAND that this application remains current for **six (6) months**. At the conclusion of that time, if I have not heard from St. Francis Home, Inc. and still wish to be considered for employment, it will be necessary for me to reapply.

If I am hired, I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and St. Francis Home, Inc. reserves the same right to terminate my employment at any time, with or without cause, and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of St. Francis Home, Inc. is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I UNDERSTAND that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

St. Francis Home, Inc. does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law.

I UNDERSTAND that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from St. Francis Home, Inc., whenever it is discovered.

I AGREE, in consideration of my employment, to conform to all company rules and regulations and understand that these rules and regulations are subject to change from time to time at St. Francis Home, Inc. unilateral discretion.

I UNDERSTAND that all employer property must be returned and any indebtedness to the employer must be paid on or before my last day of work. I authorize the employer to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

I UNDERSTAND as a final step in the hiring process, I may be subject to a post-offer, pre-employment medical examination. If a job offer is made, it is contingent upon the success of this employment medical examination. I agree to sign all necessary consent forms.

I UNDERSTAND and consent to any and all drug or alcohol testing which I may be subjected to by the employer, whether it is pre-offer, post-offer or at any time during my employment. This testing may be random, mandatory, incident specific or based on the employer's reasonable suspicion. I further understand that my participation in the employer's drug testing program, which includes my signing all necessary consent forms, is a mandatory condition of my employment and that refusal to participate may subject me to discipline, up to and including termination of employment.

I AGREE that any claim or lawsuit relating to my service with the employer must be filed no more than six (6) months after the date of the employment act that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I UNDERSTAND that I do not have any expectation of privacy if employed and that all information and data, in any form, paper, electronic or otherwise produced, possessed or reviewed at work is subject to review by the employer.

I UNDERSTAND that anything on company property is subject to search or surveillance, including, but not limited to my person, vehicle, work area, locker, desk, electronic files, and any issued company property.

I UNDERSTAND that a Criminal Records check will be made in accordance with Senate Bill 160.

I UNDERSTAND St. Francis Home, Inc. is a Drug-Free/Tobacco Free Workplace.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature		Date	
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