



EMPLOYMENT/VOLUNTEER APPLICATION

94 Columbus Road
Athens, OH 45701
(740) 447-0500

Position Applied for: _____

Date: _____

The Athens Village (TAV) considers all applicants for employment and volunteers without regard to race, color, religion, sex, sexual preference, national origin, age, mental or physical handicap, disability, status as a Vietnam-era or special disabled veteran, or genetic information in accordance with federal law. In addition, The Corporation complies with applicable state and local laws prohibiting discrimination in employment. The Corporation also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Last Name		First	Middle	E-Mail Addresses
Street Address			Apartment/Lot	Phone Number ()
City, State, ZIP				Alternate Phone Number ()
Were you previously employed or volunteered for any program in this organization <input type="checkbox"/> No <input type="checkbox"/> Yes, Date(s) and Position				
Referred by:				Are you over the age of 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check the following options which you would consider <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary If Part-time, specify days and hours:				Wages Desired
Date you can start:			Can you verify your legal right to work and remain in the United States by providing proof of U.S. citizenship or other means? *	
Are you willing to work overtime if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there anything which would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:				
Have you ever been convicted of a crime? (A conviction record will not necessarily be a bar to volunteering or employment. The information will be used only for job-related purposes and only to the extent permitted by applicable law) <input type="checkbox"/> No <input type="checkbox"/> Yes, state nature of offense, when, where and disposition				

* Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, The Corporation will verify the status of every individual offered employment with the Corporation. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

EDUCATION AND TRAINING				
School	Name, Address of School	Course of Study	No. of Yrs. Completed	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills, or certificates, licenses that you possess which are relevant to the position for which you have applied:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PRIOR WORK HISTORY - List your work experience beginning with last or current employer first.

1	Company Name	Type of Business	Phone No. ()
	Address	Employed (Month and Year) From: _____ To: _____	
	Supervisor's Name/Title:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part-time
	Last Job Title, describe your work (attach separate sheet if needed)	Wages: Starting _____ Last: _____ Reason for Leaving:	
2	Company Name	Type of Business	Phone No. ()
	Address	Employed (Month and Year) From: _____ To: _____	
	Supervisor's Name/Title:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part-time
	Last Job Title, describe your work (attach separate sheet if needed)	Wages: Starting _____ Last: _____ Reason for Leaving:	
3	Company Name	Type of Business	Phone No. ()
	Address	Employed (Month and Year) From: _____ To: _____	
	Supervisor's Name/Title:	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part-time
	Last Job Title, describe your work (attach separate sheet if needed)	Wages: Starting _____ Last: _____ Reason for Leaving:	
<p>If you have had any other experiences or you possess other qualifications in addition to those indicated above which are relevant to the job for which you are applying, please describe. And/or, if you have gaps, give explanation.</p> <hr/> <hr/>			

SKILLS: (List any other experiences, skills, or abilities that you feel especially qualify you for work or volunteering with The Corporation.)

Military Service Record: Have you ever served in the U. S. Armed Forces? Yes No
List duties in the Service, including special training that is relevant to the position for which you are applying:

REFERENCES: (Excluding relatives) List persons, other than those listed above, who can provide first-hand knowledge of your skills and abilities.

Name	Title	Business	Phone No.	Years Known
1				
2				
3				

To be complete, this information must be accompanied by a signed Pre-employment Statement.

PREEMPLOYMENT STATEMENT

(Please read carefully and sign the statement below.)

I understand and agree that:

The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or a volunteer service.

Any offer of employment or volunteer service I may receive from TAV is contingent upon my successful completion of the agency's total preemployment screening process, including the agency's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer preemployment medical examination that the agency may require. I also agree, if employed, to submit to a medical examination at any time at the agency's request. I hereby consent to having the results of any post-offer preemployment or postemployment medical exams I may be required to take disclosed to TAV.

I understand that as a condition of employment or volunteer service I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed or selected for volunteer service, I may be required to submit to any alcohol or drug screening at any time at the discretion of TAV. I hereby consent to having the results of any such alcohol or drug screen I may be required to undergo disclosed to TAV.

In processing my application for employment or volunteer service TAV may verify all the information provided by me, or may procure or have prepared an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and driver's abstract from a Bureau of Motor Vehicle check.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record which may include a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment or volunteer service, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I also release TAV and its representatives from liability for seeking such information.

In consideration of my employment or volunteer service, I agree to comply with the policies, rules, regulations, and procedures of The Athens Village and understand that my employment, compensation, or volunteer service can be terminated with or without cause or notice, at any time at the option of either the Corporation or myself. I further understand that no manager, supervisor, director, vice president or president has any authority to enter into any agreement with me for employment or volunteer service for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable.

Signature: _____

Date: _____

EMPLOYMENT APPLICATION RIDER INDICATING NEED TO REAPPLY

I understand the following:

1. This application will be active for only one (1) year from the date below.
2. I will only be considered for the job that I specified on the application or one like it that becomes available within one (1) year.
3. If I wish to be considered for jobs other than the one I am applying for, or like the one I am applying for, or if I wish to be considered for employment after this application becomes inactive, I must reapply by completing a new application form.

Date: _____

Signature of Applicant: _____

Date: _____

Remit Address: 94 Columbus Road
Athens, OH 45701

To: _____

I give my permission that the education records from the above named place of schooling be released to The Athens Village

Applicant's Signature

Name used while attending school.

Name

Was a student at your school from _____ to _____. Please give details of student's classroom and/or clinical achievements.

Would you recommend for hire? _____ If not, why? _____

Date

Signature

Request for Reference with Rating of Applicant's Abilities

Name: _____ SSN _____

Has applied to us for employment as _____ and has stated that they were in your employ at _____ from _____ to _____ in the capacity of _____. Will you please complete the following and return it to The Athens Village, Athens OH 45701

Employment Date _____ Termination Date _____ Position Held _____

Reason for termination: _____

Please check the appropriate column indicating your rating of the applicant.

	Excellent	Good	Adequate	Unsatisfactory
Technical ability				
Attendance record				
Ability to get along with others				
Cooperation				
Appearance				
Ability to take instructions				
Common sense				
Effective use of time				

Would you reemploy? _____ If no, why _____

Do you recommend applicant? _____ Additional remarks _____

Signed _____ Date: _____

Title: _____

This report will be kept strictly confidential.

I hereby authorize and request all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I also release The Athens Village and its representatives from liability for seeking such information.

Signature of Applicant: _____

Voluntary Affirmative Action Information (Completion of this form is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date ____/____/____

Position(s) applied for _____

Referral Source

- Advertisement Employee Relative Walk-in School
- Government Employment Agency Private Employment Agency
- Other--Name of Source (if applicable) _____

Applicant's Name: _____ () -
Last First Middle Phone

Address: _____
Street City State Zip Code

As required, we comply with government regulations, including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated. Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Check one of the following Race/Ethnic Groups

- Hispanic Black White American Indian/Alaskan Native Asian Pacific Islander

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- VIETNAM ERA VETERAN DISABLED VETERAN HANDICAPPED INDIVIDUAL

To be completed by applicant-Not for interview purposes-To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.