

Employment Application for Gantt Homes, Inc.

300 N Mulberry St, Mount Vernon, OH 43050

Phone: (740) 263-7681

Fax: (740) 830-6515

E-Mail: jenn.gantthomesinc@gmail.com

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	How were you referred to us?
	Position Applying for:

Full Name:			
Address:	City:	State:	Zip:

Cell Phone:	Home Phone:	E-mail:
-------------	-------------	---------

Date Available to Start:	Pay Requirements:	Are you 18 or older? Yes No
--------------------------	-------------------	-----------------------------------

Social Security Number:	Driver License Number:	Are you Legally allowed to work in the United States? Yes No
-------------------------	------------------------	--

Education History

Name and Location of High School:	Did you Graduate?
-----------------------------------	-------------------

Name and Location of College:	Years Attended:
Degrees Completed:	Other Subjects Studied:
Trade, Business or Correspondence School:	Years Attended:
Subjects Studied:	Did you Graduate?

Summarize Your Special Skills or Qualifications

Availability – please be advised that all shifts may not be available at time of application

Please Check All that Apply:

- | | |
|--|--|
| <input type="checkbox"/> Mornings (6a-9a) | <input type="checkbox"/> Week Days (Mon-Fri) |
| <input type="checkbox"/> Days (9a-2/4p) | <input type="checkbox"/> Week Ends (Fri-Sun) |
| <input type="checkbox"/> Afternoons/Evenings (1/2p-8/9p) | <input type="checkbox"/> On- Call |
| <input type="checkbox"/> Over Nights (8/9p until 8/9am) | <input type="checkbox"/> Floater |

Previous Employment

Dates of Employment: From ___/___/___ To ___/___/___		Position(s) Held
Company Name:		Address:
City:	State:	Zip:
Phone:	Supervisor:	Ending Wage:
Responsibilities:		
May We Contact this Employer for a reference? Yes No		

Dates of Employment: From ___/___/___ To ___/___/___		Position(s) Held
Company Name:		Address:
City:	State:	Zip:
Phone:	Supervisor:	Ending Wage:
Responsibilities:		
May We Contact this Employer for a reference? Yes No		

Dates of Employment: From ___/___/___ To ___/___/___		Position(s) Held
Company Name:		Address:
City:	State:	Zip:
Phone:	Supervisor:	Ending Wage:
Responsibilities:		
May We Contact this Employer for a reference? Yes No		

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature of Applicant:	Date:
-------------------------	-------

Gantt Homes, Inc.

300 N Mulberry St.

Mount Vernon, OH 43050

Email: jenn.ganttshomesinc@gmail.com

Phone: 740.263.7681

Fax: 740.830.6515

PRE-EMPLOYMENT SCREENINGS

Criminal Background/ Offender Checks

Gantt Homes Inc. is required by Federal Law and the Ohio Revised Code to conduct a background/offender check on all employees who work with any individual we serve. Any individual convicted of offenses specified by Ohio Department of Developmental Disabilities in section 5123:2-1-051 in compliance with Ohio Revised Code Section 5123:2-2-02 are rendered un-employable in the field. To satisfy this requirement, Gantt Homes Inc. conducts pre-employment background checks on applicants. Upon employment, each employee must submit fingerprints for a BCI check to the Bureau of Criminal Identification and Investigation at Gantt Homes Inc. expense*.

Driving Record Check

A pre-employment driving record check will be conducted on all applicants who are applying for positions that operate Gantt Homes Inc. vehicles to determine insurance eligibility.

Ohio Department of MR/DD Abuse Registry

A pre-employment check will be conducted on all applicants to determine whether the applicant is included on the Ohio Department of MR/DD Abuse Registry pursuant to section 5123.52 of the Ohio Revised Code to determine employment eligibility.

Ohio Department of Health Nurses Aide Registry

A pre-employment check will be conducted on all applicants to determine whether the applicant is included on the nurse aide registry established under section 3721.32 of the Revised Code to determine employment eligibility.

Alcohol and Illegal Drug Screening

Screening test for alcohol and illegal drug use in compliance with Ohio Revised Code 123:1-76-09.

Applicant please print the following information:

NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER	
ADDRESS	PHONE NUMBER	
CITY, STATE, ZIPCODE	DRIVERS LICENSE NUMBER	STATE OF ISSUANCE

PRE-EMPLOYMENT SCREENING AUTHORIZATION

I, _____, do hereby authorize Gantt Homes INC. to conduct a pre-employment criminal background check, driver record check, Ohio Department of DD Abuse Registry check, and the Ohio Department of Health Nurse Aide Registry check. I understand that I must submit to a screening test for alcohol and illegal drug use should I be offered a position with Gantt Homes, Inc.

I authorize and allow Gantt Homes, Inc. to obtain a copy of my driver's license record/abstract information, which may include personal information, to be used for verification of information and for Employment purposes, and to release my information to Gantt Homes, Inc., P.O. Box 600, Gambier, OH 43022.

APPLICANT'S SIGNATURE	DATE
-----------------------	------

Authorization to Request Motor Vehicle Record

Federal and state laws provide individuals with privacy rights with respect to personal information contained in their motor vehicle record. Disclosure of your motor vehicle record is permitted under specific circumstances. Two of those circumstances are (1) upon the written consent of the driver, and (2) for use by any insurer or insurance support organization or its agents, employees, or contractors in connection with claim investigation activities, antifraud activities, insurance rating or underwriting.

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

That the undersigned gives his/her consent to the release of his/her driving record for use by the Insured, its agents, employees, contractors, insurers and other insurance support organizations in connection with claim investigation activities, rating and underwriting.

DRIVER NAME (PRINT FULL NAME AS IT APPEARS ON YOUR LICENSE)

LICENSE # AND STATE OF ISSUANCE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
---------------------------------	---------------	------------------------

SIGNATURE	DATE
-----------	------

CONFIDENTIALITY AGREEMENT

I, _____, agree with the following statements:

I have read and understood Gantt Home, Inc.'s Privacy Policy.

I understand that I may come in contact with confidential information during my time at Gantt Homes, Inc. As part of the condition of my work with Gantt Homes, Inc. I hereby undertake to keep in strict confidence any information regarding any client, employee or business of Gantt Homes, Inc. or any other organization that comes to my attention while at Gantt Homes Inc. I will do this in accordance with the Gantt Homes, Inc.'s privacy policy and applicable laws, including those that require mandatory reporting.

I also agree to never remove any confidential material of any kind from the premises of Gantt Homes Inc. unless authorized as part of my duties, or with the expressed permission or direction to do so from Gantt Homes Inc.

PRINTED NAME	
SIGNATURE	DATE
WITNESS	DATE

VOLUNTARY WAIVER AND CONSENT OF DISCLOSURE OF INFORMATION

I, the undersigned applicant, hereby waive all provision of any law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, college or universities which I attend/attended, past or present employers, county or state agencies, or personal acquaintances/references from disclosing any knowledge or information which they hereby acquired relevant to volunteering, work record, and/or to my personal character and I hereby consent that they may disclose such knowledge or information to Gantt Homes, Inc.

A photocopy of this wavier and authorization shall be as valid as the original.

PRINTED NAME	
SIGNATURE	DATE
WITNESS	DATE

