



**EMPLOYMENT APPLICATION**  
**(Type-in all answers)**

Open Arms Caring does not discriminate in hiring or employment on the basis of race, color, national origin, religion, sex, or physical or mental disability. All employment decisions will be made solely upon the basis of the individual's qualifications as related to the requirements of the position being filled.

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Legal Last Legal First Suffix (Jr., III, IV, etc.) Middle

Other names under which you have been employed or attended school \_\_\_\_\_

Address \_\_\_\_\_  
Number Street Apt. # City State Zip Code

Telephone ( ) \_\_\_\_\_ (Home) Are you 18 years or older? Yes No  
( ) \_\_\_\_\_ (Mobile)

Email address: \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to any offense? All applicants shall disclose a conviction for any offense even if that offense has been sealed.

No I have not  Yes I have - Please describe in detail including dates \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please also sign page 10 which states you agree to notify the Director of Staff Services or the Human Resource Manager no later than the next business day if, while in the application process or while employed by the Open Arms Carings , you are is formally charged with, convicted of, or plead guilty to a disqualifying offense or any offense. Failure to make the notification may result in termination of the applicant's employment or disqualify an applicant from becoming employed.*

Are you legally authorized to work in the United States?  Yes  No

Have you ever lived outside of Ohio in the last five years?  Yes  No

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**EMPLOYMENT DESIRED**

How were you referred to us? \_\_\_\_\_

Position Desired \_\_\_\_\_

*Please check all that are applicable*

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ Weekends \_\_\_\_\_  
Mornings \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

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# EDUCATION

<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Did you Graduate?</u>	<u>Degree or Course</u>
<i>Accredited High School</i> *Include all attended  And / Or  GED Program			(Circle) Yes No <b>Received</b> (Circle) High School Diploma GED	
Business/Technical				
Nursing				
College				
Additional Schooling or Trades				

Have you previously worked at Open Arms? \_\_\_\_\_ If yes, dates of employment \_\_\_\_\_

Have you previously applied to Open Arms? \_\_\_\_\_ If yes, when \_\_\_\_\_

## WORK HISTORY *List present or most recent employer first. Include any periods of military service.*

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Reason for leaving \_\_\_\_\_

Nature of duties \_\_\_\_\_ Salary \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Reason for leaving \_\_\_\_\_

Nature of duties \_\_\_\_\_ Salary \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Reason for leaving \_\_\_\_\_

Nature of duties \_\_\_\_\_ Salary \_\_\_\_\_

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**REFERENCES**

Give the names of three persons **not** related to you, whom you have known for at least one year.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>BUSINESS</u>	<u>YEARS KNOWN</u>

CERTIFICATION: I certify that the answers given by me to the previous questions and statements are true and without omissions. I authorize **Open Arms Caring Foundation** to investigate the above, and any other information, which might assist in determining any qualifications for employment. I release **Open Arms Caring Foundation**, my former employers, and all others from any liability for damage, which may result from such investigation. If anything contained in this application is found to be untrue, I understand I will be subject to termination at any time during my period of employment or disqualify me from becoming employed. I understand and agree that if hired, my employment is at will and may be terminated at any time without prior notice.

I certify the above is true to the best of my knowledge. \_\_\_\_\_  
**SIGNATURE / DATE**

**Open Arms Caring Foundation**



I authorize **Open Arms Caring Foundation** and also authorize and request former employer and person, firm or given as reference to answer all questions that may be asked. I also authorize and request that they give all information that may be sought in connection with this application, or concerning my work habit, character or my action in any transaction.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**A SUMMARY of YOUR RIGHTS  
UNDER the FAIR CREDIT REPORTING ACT**

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy from information in the files of every “consumer-reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s website (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or state attorney general to learn those rights.

**DISCLOSURE REGARDING CONSUMER REPORTS**

Please be advised that one or more consumer reports may be obtained by Open Arms Caring Foundation for employment purposes prior to any offer of employment (or contract for services) and prior to other employment decisions including decisions regarding protection, reassignment or retention as an employee. These consumer reports may contain information concerning your credit worthiness, credit standing, credit capacity, character, driving record, general reputation, personal characteristics, or mode of living.

Please sign the attached “Consent to Obtaining Consumer Reports” form to indicate that you authorize Open Arms Caring Foundation to obtain these reports for employment purposes.

**CONSENT TO OBTAINING CONSUMER REPORTS**

**READ CAREFULLY BEFORE SIGNING**

- 1) I have read the attached “Disclosure Regarding Consumer Reports” and hereby authorize **Open Arms** to obtain consumer reports concerning me for employment purposes, which purposes include but are not limited to the following: evaluating me for employment, promotion, reassignment or retention as an employee, or any other employment purposes, at all times during the consideration of my employment application and, if hired (or contracted), throughout the duration of my employment. If I am hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for **Open Arms** to procure consumer reports for lawful purposes at any time during my employment (or contact) period.
  
- 2) I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agencies, financial institutions, or any other person or agency having knowledge of me to relate information or opinions about myself, including data received from other sources, in order that I may be evaluated for employment purposes. I hereby release these persons and/or organizations from all liability for damages of whatever kind or nature, whether known or unknown, who may at any time accrue to me on account of information, obtained pursuant to this authorization.

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SIGNATURE

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PRINT YOUR NAME

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DATE