



Filling Memorial Home of Mercy, Inc.

N-160 State Route 108

Napoleon, Ohio 43545

Email: nwiechers@fillinghome.org

Phone: 419.592.6451 Fax: 419.592.6596



Employee Number: _____

Application of Employment

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or physical handicap, except where reasonable bona fide occupational qualification exists.

PERSONAL	
NAME (LAST, FIRST, MIDDLE)	TELEPHONE
ADDRESS	SOCIAL SECURITY NUMBER
CITY, STATE, ZIP	18 YEARS OR OLDER YES <input type="checkbox"/> NO <input type="checkbox"/>
EMAIL ADDRESS	
HAVE YOU BEEN A RESIDENT OF OHIO FOR THE LAST FIVE (5) YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PREVIOUS ADDRESSES DURING THE LAST FIVE (5) YEARS			
STREET ADDRESS	CITY, STATE, ZIP	FROM	TO
STREET ADDRESS	CITY, STATE, ZIP	FROM	TO
STREET ADDRESS	CITY, STATE, ZIP	FROM	TO

OTHER EMPLOYMENT-RELATED INFORMATION	
WHAT POSITION(S) ARE YOU APPLYING FOR?	CHECK THE FOLLOWING OPTIONS YOU WOULD CONSIDER <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> 1ST SHIFT <input type="checkbox"/> 2ND SHIFT <input type="checkbox"/> 3RD SHIFT
WERE YOU PREVIOUSLY EMPLOYED BY THE FILLING HOME? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE(S) EMPLOYED:	LIST ANY RELATIVES WORKING CURRENTLY FOR FILLING HOME:
HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST IN A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DESCRIPTION OF CONVICTION:	
DATE OF CONVICTION:	JURISDICTION:

CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT

HAVE YOU PREVIOUSLY WORKED WITH INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, EXPLAIN:

EDUCATION AND TRAINING

HIGH SCHOOL	COMPLETE ADDRESS	GRADUATED:	
		GED:	
COLLEGE OR UNIVERSITY	COMPLETE ADDRESS	MAJOR	DEGREE/YEAR
COLLEGE OR UNIVERSITY	COMPLETE ADDRESS	MAJOR	DEGREE/YEAR

LIST OF ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS, OR CERTIFICATIONS/LICENSES THAT YOU POSSESS RELATED TO THIS JOB:

PROFESSIONAL ORGANIZATION MEMBERSHIP, HONORS RECEIVED, VOLUNTEER OR COMMUNITY SERVICE OR OTHER QUALIFICATIONS YOU HAVE WHICH YOU FEEL ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:

EXPERIENCE

NAME OF EMPLOYER		POSITION	
ADDRESS	CITY, STATE, ZIP		PHONE
DATES EMPLOYED	STARTING WAGE	ENDING WAGE	REASON FOR LEAVING

NAME OF EMPLOYER		POSITION	
ADDRESS	CITY, STATE, ZIP		PHONE
DATES EMPLOYED	STARTING WAGE	ENDING WAGE	REASON FOR LEAVING

NAME OF EMPLOYER		POSITION	
ADDRESS	CITY, STATE, ZIP		PHONE
DATES EMPLOYED	STARTING WAGE	ENDING WAGE	REASON FOR LEAVING

REFERENCES

NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN
NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN
NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN



EMPLOYEE REFERENCE CHECK

Filling Memorial Home of Mercy, Inc.
 N-160 State Route 108
 Napoleon, Ohio 43545

Phone: 419.592.6451 Fax: 419.592.6596

I AUTHORIZE THE RELEASE OF INFORMATION REGARDING MY EMPLOYMENT RECORDS TO FILLING MEMORIAL HOME OF MERCY, INC.
 I UNDERSTAND THAT THIS INFORMATION WILL BE USED FOR EMPLOYMENT PURPOSES ONLY AND WILL REMAIN CONFIDENTIAL.

APPLICANTS SIGNATURE	PRINT YOUR NAME	MAIDEN NAME/OTHER NAME USED
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THE ABOVE INDIVIDUAL HAS APPLIED FOR A POSITION WITH OUR FACILITY AND STATES HE/SHE WAS EMPLOYED BY YOUR ORGANIZATION. RESPONSE TO THE FOLLOWING INQUIRIES WOULD BE GREATLY APPRECIATED. YOU MAY ASSURED THAT YOUR REPLY WILL BE HELD IN STRICT CONFIDENCE. IF THIS INDIVIDUAL IS A PERSONAL ACQUAINTANCE RATHER THAN BUSINESS, PLEASE SHARE YOUR KNOWLEDGE OF THIS PERSON WITH US.

 NANCY WIECHERS, HUMAN RESOURCES COORDINATOR

 DATE

TO BE COMPLETED BY APPLICANT			TO BE COMPLETED BY PREVIOUS EMPLOYER		
POSITION APPLIED FOR AT FILLING HOMES			AGREE	DISAGREE	COMMENT
FORMER EMPLOYER	DATES EMPLOYED FROM _____ TO _____		<input type="checkbox"/>	<input type="checkbox"/>	_____
POSITION			<input type="checkbox"/>	<input type="checkbox"/>	_____
WOULD EMPLOYER RE-HIRE <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/>	<input type="checkbox"/>	_____
IF NO EXPLAIN:			<input type="checkbox"/>	<input type="checkbox"/>	_____
REASON FOR LEAVING:			<input type="checkbox"/>	<input type="checkbox"/>	_____
MY DEPENDABILITY WHILE EMPLOYED WAS: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			<input type="checkbox"/>	<input type="checkbox"/>	_____
MY JOB PERFORMANCE WHILE EMPLOYED WAS: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			<input type="checkbox"/>	<input type="checkbox"/>	_____
MY ABILITY TO WORK WITH LITTLE OR NO SUPERVISION: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			<input type="checkbox"/>	<input type="checkbox"/>	_____
MY ATTITUDE AND CAPACITY FOR WORK WAS: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			<input type="checkbox"/>	<input type="checkbox"/>	_____
MY ATTENDANCE WAS: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			<input type="checkbox"/>	<input type="checkbox"/>	_____
MY ABILITY TO WORK WITH PEERS WAS: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			<input type="checkbox"/>	<input type="checkbox"/>	_____
MY SUPERVISORY CAPABILITY WAS: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			<input type="checkbox"/>	<input type="checkbox"/>	_____

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YOU WILL BE SUBJECT TO SCREENING TESTS FOR ILLEGAL DRUGS AND ALCOHOL PRIOR TO HIRING AND DURING EMPLOYMENT.

PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK FOR ASSISTANCE.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR DISMISSAL IN ACCORDANCE WITH FILLING MEMORIAL HOME OF MERCY POLICY. I AUTHORIZE THE REFERENCES LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIED FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF FILLING MEMORIAL HOME OF MERCY AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE FILLING HOME OR MYSELF.

I UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF FILLING MEMORIAL HOME OF MERCY OTHER THAN THE EXECUTIVE DIRECTOR OF THE FILLING HOME HAS ANY AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I AGREE THAT ANY CLAIM OR LAWSUIT RELATED TO MY SERVICE WITH FILLING HOME OR ANY OF ITS SUBSIDIARIES MUST BE FILED NO MORE THAN ONE HUNDRED EIGHTY (180) DAYS AFTER THE DATE OF EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

SIGNATURE

DATE

FOR OFFICE USE ONLY:

HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION/AREA	SHIFT
HOURS	STARTING DATE	SALARY/HOURLY RATE