



Filling Memorial Home of Mercy, Inc.
N-160 State Route 108
Napoleon, Ohio 43545
Email: loriadams@fillinghome.org
Phone:419-592-6451 Fax:419-592-6596

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, age, sex, marital status, or physical handicap, except where reasonable bona fide occupational qualification exists.

Name: Telephone #:

Address: Email:

City: State: ZIP: 18 Years or Older:

Have you been a resident of Ohio for the last five years?:

Previous Addresses During The Last Five 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: Circle choices.

Full-Time Part-Time Temporary 1st Shift 2nd Shift 3rd Shift

Were you previously employed by the Filling Home? If Yes, Date(s) Employed:

How did you hear about the job you are applying for?

List any relatives working currently for Filling Home:

Person who referred you:

Have you ever been convicted of a felony, or pleaded no contest in a felony?

If Yes, Description of conviction:

Date of Conviction: Jurisdiction:

Conviction will not necessarily disqualify an applicant.

Education and Training

High School: _____ Graduated or GED: _____

Complete Address: _____

College or University: _____ Major: _____ Degree: _____

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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: _____

Date Started: _____ Date Ended: _____

Reason for leaving: _____

Name of Employer: _____ Position: _____

Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____

Date Started: _____ Date Ended: _____

Reason for leaving: _____

Name of Employer: _____ Position: _____

Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____

Date Started: _____ Date Ended: _____

Reason for leaving: _____

References

Name: _____ Title: _____ Business: _____

Phone: _____ Years Known: _____ May we contact this person? _____

Name: _____ Title: _____ Business: _____

Phone: _____ Years Known: _____ May we contact this person? _____

Name: _____ Title: _____ Business: _____

Phone: _____ Years Known: _____ May we contact this person? _____

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

<p>PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK FOR ASSISTANCE.</p>
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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 PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THAT 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 OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER 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 RELATING 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.

Name: _____ Date: _____

Signature: _____ Date: _____