

Personal information

Last Name	First Name	Middle Initial	Date
Street Address			Home Telephone
City	State	Zip	Cellular Telephone
Email Address:			Business Telephone
Are you a citizen of the U.S. or legally eligible to work in the U.S.? Yes () No () If yes, documentation will be required for proof, if hired.			Social Security Number

Position

Position Desired-please be specific	Date Available for Employment	Employment Desired () Full Time () Part Time () PRN/Contigent
Please state hours available to work:	Dates Available: (Check all that apply) Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday () Have you ever applied or worked for Wexner Heritage Village? Yes () No () If yes, give date _____ and position _____	
Referral Source: () Classified Ad () Relative/Friend () Walk-in () Internet () Other _____		
Names of any relative(s) or friend(s) working for us _____		

Educational Record

Education - Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	Course of Study	No. Years Finished	Did you Graduate	Diploma or Degree
High School Attended and Location				
Vocational or Technical School Attending and Location				
College or University and Location				
College or University and Location				
Other (Include special training, military courses, apprenticeships completed and any other education you believe important)				
Please include professional license numbers, if applicable:				

Employment Record (Begin with present or most recent employer)

May we contact your present employer? Yes () No ()	From Mo./Yr.	To Mo./Yr.	What Were Your Major Duties and Title	Reason For Leaving	Highest Wage when left
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1. Company Name					
Address					
Phone					
Name of Supervisor & Title					
2. Company Name					
Address					
Phone					
Name of Supervisor & Title					
3. Company Name					
Address					
Phone					
Name of Supervisor & Title					
4. Company Name					
Address					
Phone					
Name of Supervisor & Title					

List Any Equipment You Are Qualified To Operate and Any Other Skills You Possess

GENERAL INFORMATION

What was your previous address:	How long at previous address:
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Are you over 18 years of age? Yes () No () If no, please state your age: _____

Have you ever been convicted of, or plead guilty or no contest to any of the crimes that would disqualify you from working with older adults under Senate Bill 160? (Please see insert for list of disqualifiers)

Yes () No () If yes, please explain in full indicated date and state of occurrence.

REFERENCES

Please list two people best qualified to comment on your related experience and or education.
Please do not include friends or relatives.

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

PLEASE READ THIS SECTION AND SIGN AND DATE.

The information provided in the Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact of this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon Wexner Heritage Village to continue to employ me in the future.

Signature

Date



WEXNER HERITAGE VILLAGE

APPLICATION FOR EMPLOYMENT

We appreciate your interest in Wexner Heritage Village and assure you that we are sincerely interested in your qualifications.

Wexner Heritage Village is an Equal Opportunity Employer and considers all applicants for employment without regards to sex, race, color, creed, religion, handicap, ancestry, age, or national origin. It is the policy of Wexner Heritage Village to conform to both the letter and spirit of the Federal and Ohio State Civil Rights laws. It is our policy to match the most qualified candidate with the positions that are available.

I authorize, and release all parties from liability, a thorough investigation of all the information stated on my application for employment, including previous employment history, any arrest or conviction records, physical and drug testing. I further authorize Wexner Heritage Village to obtain a police report and agree to be fingerprinted as part of my request for employment.

I understand that any offer, verbal or written, of employment by any authorized agent of Wexner Heritage Village is effective only after Wexner Heritage Village has received a completed fingerprint background check indicating that I am free of any of the disqualifying crimes listed under Senate Bill 160, upon receipt of satisfactory employment references, receipt of clear drug screen and physical pre-employment requirements.

Signature

Date

Mission

Wexner Heritage Village is a Jewish, not-for-profit provider of health, housing, social and spiritual services in the central Ohio community, primarily serving older adults and persons with disabilities. Our mission, guided by Jewish values and traditions, is to assist those we serve in pursuing their fullest human potential.

Values

We Believe ...

- ... Each individual is sacred and deserves unconditional respect*
- ... In demonstrating pride and ownership in what we are and how we serve*
- ... In fostering innovation and creative leadership*
- ... In community involvement that reaches out and enriches lives*
- ... Traditions of the past are to be honored and actively acknowledged*

THE WEXNER HERITAGE VILLAGE FAMILY OF SERVICES:
WEXNER HERITAGE HOUSE, HERITAGE TOWER, SHALOM HOUSE NORTH & SOUTH
BEXLEY HERITAGE APARTMENTS, HERITAGE AT HOME, CREEKSIDE AT THE VILLAGE
AND LARRY AND LENORE ZUSMAN JEWISH COMMUNITY HOSPICE.

I give Wexner Heritage Village permission to see a copy of my arrest record from the Franklin County Sheriff's Department. I do hereby release Franklin County Sheriff's Department and all individuals connected therewith from all liability.

DATE _____ SIGNATURE _____

NAME _____ ALIAS _____

DATE OF BIRTH _____ SEX _____ RACE _____

SOCIAL SECURITY NUMBER _____

AGENCY REQUESTING RECORD _____

SIGNATURE OF AGENT MAKING REQUEST _____

This is a copy of the arrest record on file at the Franklin County Sheriff's Department on the above named subject. It is only a check by name and not by fingerprints, and is un-verified as to the true identity of the subject in question.

OTHER COMMENTS:

SIGNATURE AND TITLE

DATE

AUTHORIZATION

I authorize investigation of any and all of my background, qualifications and/or any other information from whomever the Company deems appropriate or desires, as I also authorize release of any and all information by whomever the Company deems appropriate or desires. I also release all parties from all liability for any damage that my result from furnishing this information to the Company. This release extends to all information deemed appropriate by any requesting and/or releasing party, person or others, as well as to the Company itself.

Applicant's signature

Date