

LIGHT OF HEARTS VILLA
283 Union Street
Bedford, OH 44146
440-232-1991 or Fax 440-735-3429

APPLICATION FOR EMPLOYMENT

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, non-job related handicap or disability or veteran status.

Name _____	Last	First	Middle	Social Security Number _____ - _____ - _____
Present Address _____	Number	Street	City	State Zip
Telephone (_____) _____				
If under 18, please list age _____	Can you produce work certificate necessary to obtain employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position applying for: _____	Salary desired: _____			
Day/hours available to work: No pref _____	Mon _____	Tue _____	Wed _____	
Thur _____	Fri _____	Sat _____	Sun _____	
Employment Desired: _____	Full Time Only	Part Time Only	Full or Part Time	
Date Available to Work: _____	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Previous application to Light of Hearts Villa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, indicate date: _____
Do you have a driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Means of transportation to work _____
Driver's license number _____	State of Issue _____ Expiration Date _____		

If driving is a requirement of your job, continued employment is contingent on maintaining a valid driver's license.

As a Licensed Residential Care Facility, Light of Hearts Villa is unable to employ anyone who has been convicted of or pleaded guilty to a violation of any of the following sections of the Revised Code: (excluding convictions sealed or expunged)

3701-13-05 Disqualifying offenses

2903.01 – Aggravated murder	2911.01 – Aggravated robbery
2903.02 – Murder	2911.02 – Robbery
2903.03 – Voluntary manslaughter	2911.11 – Aggravated burglary
2903.04 – Involuntary manslaughter	2911.12 – Burglary
2903.11 – Felonious assault	2911.13 – Breaking and entering
2903.12 – Aggravated assault	2913.02 – Theft
2903.13 – Assault	2913.03 – Unauthorized use of a vehicle
2903.16 – Failing to provide for a functionally impaired person	2913.11 – Passing bad checks
2903.21 – Aggravated menacing	2913.21 – Misuse of credit cards
2903.34 – Patient abuse or neglect	2913.31 – Forgery; Identification card offenses
2905.01 – Kidnapping	2913.40 – Medicaid fraud
2905.02 – Abduction	2913.43 – Securing writings by deception
2905.11 – Extortion	2913.47 – Insurance fraud
2905.12 – Coercion	2913.51 – Receiving stolen property
2907.02 – Rape	2919.25 – Domestic violence
2907.93 – Sexual battery	2921.35 – Illegal conveyance of weapons or prohibited items onto grounds of detention facility or institution
2907.05 – Gross sexual imposition	2923.12 – Carrying concealed weapons
2907.06 – Sexual imposition	2923.13 – Having weapons while under disability
2907.07 – Importuning	2923.161 – Improperly discharging firearm at or into habitation or school safety zone
2907.08 – Voyeurism	2925.02 – Corrupting another with drugs
2907.09 – Public indecency	2925.03 – Trafficking in drugs
2907.12 – Felonious sexual penetration	2925.11 – Possession of drugs
2907.25 – Prostitution or after positive HIV test	2925.13 – Permitting drug abuse
2907.31 – Disseminating matter harmful to juveniles	2925.22 – Deception to obtain a dangerous drug
2907.32 – Pandering obscenity	2925.23 – Illegal processing drug documents
2907.321 – Pandering obscenity involving a minor	3716.11 – Placing harmful objects in food or confection
2907.322 – Pandering sexual oriented matter to a minor	
2907.323 – Illegal use of a minor in nudity-oriented material	

Have you ever been convicted of a felony or any of the above crimes? Yes No

If yes, please explain. _____

U.S. Military or Naval Service: Yes No Rank _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade				
Professional School				
Other				

Please list your last four employers, starting with your present or last place of employment.

May we contact your present employer? Yes No

Name of Employer _____	Name of last supervisor _____
Address _____	Employment Dates: From _____ To _____
City, State, Zip _____	Pay or Salary: Start _____ Final _____
Phone Number _____	Your last job title _____
Reason for leaving	

Name of Employer _____	Name of last supervisor _____
Address _____	Employment Dates: From _____ To _____
City, State, Zip _____	Pay or Salary: Start _____ Final _____
Phone Number _____	Your last job title _____
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City, State, Zip _____	Pay or Salary: Start _____ Final _____
Phone Number _____	Your last job title _____
Reason for leaving	

Please use the attached sheet for References.

Completion of the I-9 form which verifies legal eligibility to work will be required no later than three business days after date of hire.

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it may constitute grounds for immediate dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by Light of Hearts Villa, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

Applicant's Signature

Date