

# Hill View

## Application For Employment

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS POSITION?  Current employee  Daily Times

Community Common  Hill View Website  Other: \_\_\_\_\_

NAME \_\_\_\_\_  
*last name first name middle name maiden/other*

ADDRESS \_\_\_\_\_  
*street city/state zip code*

TELEPHONE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Have you ever been employed by Hill View?  Yes  No *If yes, give dates:* \_\_\_\_\_

Are you available to work:  Full Time  Part Time

Are you currently employed?  Yes  No *If yes, may we contact your present employer?*  Yes  No

Are you related to anyone currently employed by Hill View?  Yes  No

*If yes, please give their name (s)* \_\_\_\_\_

Have you **ever** been convicted of or plead guilty or no contest to a felony, misdemeanor, or any other crime other than a minor traffic violation?  Yes  No

*If yes, describe the details of each crime, including the date, type, and location of the crime; the location of the criminal proceedings, the outcome of the case, and, if applicable, the penalty imposed:*

Have you ever been sued or named in a civil proceeding in which you were accused of engaging in dishonest, violent, or discriminatory conduct (such as assault, battery, theft, embezzlement, fraud, intentional infliction of emotional distress, harassment, invasion of privacy, etc)?  Yes  No *If so, please describe the details of each case, including the location and court or agency where the case was filed, the type of legal claims and factual allegations involved, and the case's final result:*

*Note that answering "yes" to the above questions does not necessarily constitute an automatic bar to employment in all cases. However, Hill View is prohibited by law from employing individuals who have been convicted of certain crimes. For those crimes and civil offenses that fall outside of this law, Hill View will review each crime or lawsuit listed on a case-by-case basis.*

**EDUCATION:**

	<u>Elementary School</u>	<u>High School</u>	<u>College/University</u>
School Name/Location	_____	_____	_____
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4
Diploma/Degree	_____	_____	_____
Course of Study	_____	_____	_____
Describe any specialized training, apprenticeship, skills, or extra-curricular activities.			
_____			
_____			

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE: (Begin with your present or most recent job)**

Employer		Dates Employed:		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Start	Final	
Reason for Leaving				
_____				
Employer		Dates Employed:		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Start	Final	
Reason for Leaving				
_____				

Employer		Dates Employed:		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Start	Final	

Reason for Leaving

Employer		Dates Employed:		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Start	Final	

Reason for Leaving

Employer		Dates Employed:		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Start	Final	

Reason for Leaving

REFERENCES: Give name, address and phone number of three references who are not related to you and are not previous employers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**APPLICANT’S STATEMENT: READ CAREFULLY BEFORE SIGNING**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I agree and understand that, any employment relationship with this organization is of an “at will” nature, which means that the *employee* may resign at any time and the *employer* may discharge an *employee* at any time with or without cause. I also understand and agree that this “at will” employment relationship may not be changed by any statement, promise, or written document unless such change is specifically acknowledged in writing by the President/CEO and/or Director of Human Resources.

I agree that any claim or lawsuit, whether against this organization or any of its affiliates, subsidiaries, employees, or supervisors, that in any way relates to my service with Hill View or any of its subsidiaries or affiliates must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, or any other legally protected status.

## HILL VIEW IS AN EQUAL OPPORTUNITY EMPLOYER

### ***SENATE BILL 160***

Any person convicted of or who has plead guilty to any one of the following is not eligible for hire.

#### **DISQUALIFYING OFFENSES:** (including but not limited to)

- Aggravated murder; specific intent to cause death
- Murder
- Voluntary manslaughter
- Involuntary manslaughter
- Felonious assault
- Aggravated assault
- Assault
- Failing to provide for a functionally impaired person
- Aggravated menacing
- Patient abuse or neglect
- Kidnapping
- Abduction
- Extortion
- Coercion
- Rape
- Sexual battery
- Gross sexual imposition
- Sexual imposition
- Importuning
- Voyeurism
- Public indecency
- Felonious sexual penetration
- Prostitution
- Disseminating matter harmful to juveniles
- Pandering obscenity
- Pandering obscenity involving a minor
- Pandering sexually oriented matter involving a minor
- Illegal use of a minor in nudity-oriented material or performance
- Aggravated robbery
- Robbery
- Aggravated burglary
- Burglary
- Breaking and entering
- Theft, aggravated theft
- Unauthorized use of a vehicle
- Unauthorized use of property; unauthorized access to computer systems
- Passing bad checks
- Misuse of credit cards
- Forgery
- Medicaid fraud
- Securing writings by deception
- Insurance fraud
- Receiving stolen property
- Domestic violence
- Prohibition of conveyance of certain items onto grounds of detention facility or mental health or mental retardation and developmental disabilities facility
- Carrying concealed weapons having weapons while under disability
- Improperly discharging firearm at or into habitation or school
- Corrupting another with drugs
- Trafficking offenses
- Drug abuse; certain violations do not constitute criminal record
- Permitting drug abuse
- Deception to obtain a dangerous drug
- Illegal processing drug document
- Adulteration of food

**Hill View  
Drug-Free Workplace  
Employment Drug Testing Agreement**

It is our policy to require all new employees to undergo drug testing within the first thirty days of employment. Employees are hired conditionally, with continued employment being contingent upon passing drug testing. This testing will be scheduled by the Human Resources Department. There is no charge to the employee for this testing.

I understand that in order to be employed at Hill View, I must submit to drug testing at the time and date scheduled by Hill View, sometime between Hill View's offer of employment and the first thirty days of employment. I understand and agree that failure to report for testing, or to submit a specimen for testing will result in termination of my employment at Hill View. Further, I understand that a positive drug test will result in termination of my employment at Hill View.

I also understand that Hill View requires employees to undergo drug and alcohol testing randomly, for reasonable suspicion, and following workplace accidents. If Hill View has reasonable cause to believe that I am under the influence of alcohol or a controlled substance at the time of an accident as provided in Ohio Revised Code Section 4123.54, I understand that I may be disqualified for compensation and benefits under Ohio's worker's compensation laws if I test positive or refuse to submit to chemical testing. Attached is a notice from the Ohio Bureau of Workers' Compensation regarding the effect of a positive test or a refusal to test on my right to worker's compensation benefits.

By signing below, I acknowledge my agreement to the above statements and my receipt and review of the attached Ohio Bureau of Workers' Compensation "Required Posting."

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Employment Candidate's Name

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Employment Candidate's Signature

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Date

## Hill View Retirement Center

### Authorization to Release Employment Information

I \_\_\_\_\_, in connection with evaluation for employment eligibility  
( Print full name)  
with Hill View Retirement Center understand that verification of former employment and work history may be done on me. I give my permission to any person, business, organization, agency or institution contacted in the course of this verification to release information on or about me.

I release any such person, business organization, agency or institution from all liability in providing correct information. I also release Hill View Retirement Center, its officers, employees, agents and contractors from any liability in connection with gathering this information. I understand that all information collected will be handled as confidential and will be used for the sole purpose of determining eligibility for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date