

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 _____			Social Security Number _____ - _____ - _____		
Last	First	Middle			
Present Address _____					
Number	Street	City	State	Zip	
Telephone (____) _____					
If under 18, please list age _____. Can you produce work certificate necessary to obtain employment? ___Yes ___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? ___Yes ___No					

Previous application to Light of Hearts Villa		___Yes	___No	If yes, indicate date: _____
Do you have a driver's license?		___Yes	___No	Means of transportation to work _____
Driver's license number _____		State of Issue _____		Expiration Date _____
<i>If driving is a requirement of your job, continued employment is contingent on maintaining a valid driver's license.</i>				

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

- | | |
|---|---|
| <ul style="list-style-type: none"> 2903.01 – Aggravated murder 2903.02 – Murder 2903.03 – Voluntary manslaughter 2903.04 – Involuntary manslaughter 2903.11 – Felonious assault 2903.12 – Aggravated assault 2903.13 – Assault 2903.16 – Failing to provide for a functionally impaired person 2903.21 – Aggravated menacing 2903.34 – Patient abuse or neglect 2905.01 – Kidnapping 2905.02 – Abduction 2905.11 – Extortion 2905.12 – Coercion 2907.02 – Rape 2907.93 – Sexual battery 2907.05 – Gross sexual imposition 2907.06 – Sexual imposition 2907.07 – Importuning 2907.08 – Voyeurism 2907-09 – Public indecency 2907.12 – Felonious sexual penetration 2907.25 – Prostitution or after positive HIV test 2907.31 – Disseminating matter harmful to juveniles 2907.32 – Pandering obscenity 2907.321 – Pandering obscenity involving a minor 2907.322 – Pandering sexual oriented matter to a minor 2907.323 – Illegal use of a minor in nudity-oriented material | <ul style="list-style-type: none"> 2911.01 – Aggravated robbery 2911.02 – Robbery 2911.11 – Aggravated burglary 2911.12 – Burglary 2911.13 – Breaking and entering 2913.02 – Theft 2913.03 – Unauthorized use of a vehicle 2913.11 – Passing bad checks 2913.21 – Misuse of credit cards 2913.31 – Forgery; Identification card offenses 2913.40 – Medicaid fraud 2913.43 – Securing writings by deception 2913.47 – Insurance fraud 2913.51 – Receiving stolen property 2919.25 – Domestic violence 2921.35 – Illegal conveyance of weapons or prohibited items onto grounds of detention facility or institution 2923.12 – Carrying concealed weapons 2923.13 – Having weapons while under disability 2923.161 – Improperly discharging firearm at or into habitation or school safety zone 2925.02 – Corrupting another with drugs 2925.03 – Trafficking in drugs 2925.11 – Possession of drugs 2925.13 – Permitting drug abuse 2925.22 – Deception to obtain a dangerous drug 2925.23 – Illegal processing drug documents 3716.11 – Placing harmful objects in food or confection |
|---|---|

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

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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