

OAKS OF HEBRON, INC.

Employment Application

The filing of this Application does not indicate that there are positions open and it in no way obligates Oaks of Hebron, Inc. ("Employer"). The information contained herein is the property of Employer.

IMPORTANT NOTICE: This is a very significant document. Be very careful as you complete it. Answer each item accurately and completely. Failure to do so may result in not being considered for the position or in termination, if inaccurate or omitted information is discovered after employment has begun. Please attach additional sheet(s), if space provided is insufficient.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		Zip	
Phone		E-mail Address			
Date Available			Salary Expectations		
How did you hear about this position?			Position applied for:		
EMPLOYMENT DESIRED					
Are you legally eligible to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> License No. State: Expiration:					
For Driving Position Only: Please provide details and dates of any accidents in the past 7 years:					
Type of Employment Desired? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary or Contract <input type="checkbox"/>					
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain					
Do you have any other employment that would continue if you were employed by Employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					
Are you related to anyone who works for Employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					
EDUCATION					
High School			City/State		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree			
College			City/State		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree			
Other			City/State		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree			
Please list special training and skills (foreign languages, computer skills, certifications, word processing and other programs, business machines, etc.)					

Hours You Are Available To Work:

Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____

Days/Times You are Not Available To Work: _____

REFERENCES PLEASE LIST THREE PROFESSIONAL REFERENCES.	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

ACTIVITIES AND INTERESTS (You may exclude those which indicate race, color, religion, sex, age, or national origin)
What hobbies do you enjoy?
In what professional associations are you a member?

PREVIOUS EMPLOYMENT		
Company	Phone ()	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

ACKNOWLEDGEMENTS	
Please read carefully and initial each item below:	
_____	Truthful Information: I swear under penalty of perjury that all of the information provided by me for this job application is true. I further certify that I, the undersigned applicant, have personally completed this application. I hereby authorize investigation of all statements made by me in this application. I authorize the references listed above to provide the Employer any and all information concerning my employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Employer or its agents. I understand that any misrepresentation, falsification or material omission of information on this application, regardless of when it is discovered, may result in my failure to receive an offer or, if I am hired, termination of my employment.
_____	Overtime: I understand that the ability to work overtime is a condition of employment. If I require an accommodation related to a religious practice, I will discuss it with my interviewer.
_____	At-Will Employment: I understand and agree that, if I am hired by Employer, our relationship will be for an unspecified term and it will be employment at-will. Consequently, the employment relationship can be terminated at will, by either the Employer or me, at any time either with or without cause or advance notice for any reason not prohibited by law. No one other than the Executive Director has the right or the authority to enter into any agreement for any different terms of employment. Any such agreement must be in writing, signed by the Executive Director.
_____	Background/DMV Check: I understand and agree that I may receive a conditional offer of employment which requires me to authorize Employer to conduct a criminal background check and/or DMV record check. In that event, I agree to sign any required authorizations.
_____	Physical Exam: I understand that I may receive a conditional offer of employment which requires me to submit to a physical examination. I agree to submit to a physical examination by a licensed medical doctor selected by Employer. The cost of said physical examination shall be paid by Employer.
_____	Drug/Alcohol Testing: I understand that I may receive a conditional offer of employment which requires me to submit to drug and/or alcohol testing. I agree to submit to drug and alcohol testing by an authorized testing facility and to submit a urine sample as part of the testing process. The cost of said testing shall be paid by Employer.
_____	Disability Accommodation: I understand that Employer does not discriminate against disabled applicants who are otherwise qualified to perform the essential functions of a particular position. If I am an individual with a disability and require a reasonable accommodation in order to perform the essential functions of a particular position, I will discuss it with my interviewer. In the event I request an accommodation, I may be asked to provide medical documentation of my disability that lists specific restrictions. We will then engage in an interactive process in which potential accommodations are proposed, discussed and evaluated. I understand that if the accommodation can be accomplished without creating an undue hardship, the Employer will cooperate in making this accommodation.

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview, regardless of when it is discovered, may result in termination of my employment.	
Signature	Date