



Application of Employment

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

Today's date ___/___/___

Full Name: _____

Address: _____

Telephone Number: _____

Secondary#: _____

Social Security Number: _____ Driver License

#: _____

Are you 18 years old or older? YES NO

If not, please give your date of birth:

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted Basis: YES NO if applicable, list your type, visa# and expiration:

Have you ever been convicted of a felony? YES NO

If you answered yes, please

explain: _____

Have you ever served in the U.S. Military? YES NO

If yes, provide the following information:

Branch of Service: _____ Rank at the time of separation:

_____ to

Special Honors:

EMPLOYMENT HISTORY

Beginning with your most recent employment and working back in time, please give the following information:

Employer 1

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

Employer 2

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

Employer 3

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

PERSONAL REFERENCES

Please provide the names of two references that have not employed you and are not related to you.

Reference 1

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Reference 2

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

EDUCATION

High School

Name and

Address _____

Did you graduate YES NO If so what year _____

Diploma GED

Special honors or awards:

College or University

Name and Address

Did you graduate YES NO If so what year _____

Degree: _____ Major: _____

Special honors or awards:

Other

Name and Address

Did you graduate YES NO If so what year _____

Degree: _____ Major: _____

Special honors or awards:

ADDITIONAL QUALIFICATIONS

Please tell us about any other training, education, skills or achievements that you feel should be considered.

POSITION INFORMATION

What position are you applying for? _____

If you are hired, when can you start work? _____

Desired salary: _____ per: _____

Referral Source Newspaper Advertisement Private employment Agency Walk-in

Internet Advertisement Job Fair Associate Referral

Other _____

Would you be able to work weekends? [] YES [] NO Are you willing to travel if needed [] YES [] NO

JOB DESCRIPTION

Attached to this application is a complete job description. Please review it carefully. In the space provided below, please explain generally your ability to perform the listed duties. If you are called for a job interview, please be prepared to discuss this more fully at that time.

APPLICATION STATEMENT

This application is current for only 120 days. At the conclusion of this time, if I have not heard from the employer, and still wish to be considered for employment, it will be necessary to fill out a new application.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that false statements or omissions on this application are grounds for rejection and, if I am employed for immediate dismissal. I authorize the foregoing reference to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liabilities and any damage the may result from furnishing the same to you.

I give my permission to any agent, or representative of Focus Service Provider Unlimited Inc. to receive and to copy any information obtained in the file of any federal, state, law enforcement or governmental agency, concerning or relating to me. I understand that I may be required and agree to undergo a medical examination and drug screen before beginning work and I understand and agree that from time to time if I am employed, I may be required to submit to tests for drug and alcohol detection.

In consideration of my employment, I agree to abide by the company's rules and regulations. I understand that my employment will be at will and can be terminated, with or without cause, and with or without notice, at any time, and at the option of either the Company or myself. I understand this application does not constitute an agreement or contract for employment.

Applicant's Signature: _____ Date: _____

Applicant's Please do not write below this line

Office Use Only:

Reviewed By: Name _____

Title _____ Date _____

Ref 1 Checked (work related) ____ Ref 2 (work related) ____ Ref 3 (personal) ____

BCI ____ FBI ____ (if applicable) or Five year Residency notarized form ____ Client Rights ____

Abuser Registry ____ Nurse Aide Registry ____ MVR ____ Drug Screen ____ TB ____

To Comply with State of Ohio legislation and administrative rules promulgated by the Ohio Department of MRDD and/or our company policies the following are required to be check on every possible employee BCI code 5123:1-7-01 / FBI or Ohio five year residency Nurse aide registry section 3721.32 Abuser Registry 5123.29 Client Rights 5123.62.and, Three reference checks, Company Preference being two work related and one personal. MVR, Drug screening and TB screening.