

HOCKING VALLEY COMMUNITY RESIDENTIAL CENTER

111 West Twenty-Nine Drive ~ Nelsonville, OH 45764
Phone: (740) 753-4400 ~ Fax: (740) 753-4448

APPLICATION GUIDELINES

PLEASE READ THE FOLLOWING BEFORE COMPLETING OUR APPLICATION

1. There is no guarantee of a job offer or job interview by completing our application. Your application will be considered with others who have submitted applications and decisions about interviews will be based on this comparison.
2. Our application must be completely filled out in order for it to be considered for employment. This includes complete addresses (with zip codes) for all of your references.
3. If the information provided on our application cannot be satisfactorily verified by employment reference checks, your application could be considered as incomplete.
4. Applications are filed according to job title. Be as specific as possible in stating the job in which you are applying. "ANY" position is not an acceptable response on our application.
5. Due to the large number of applications we receive and the competitive nature of our employment process, specific reasons for employment decisions will be not released.
6. If you are selected for a job interview, you will be subject to the following checks:
 - a. Personal and professional reference checks including former employers.
 - b. Criminal record check.
 - c. Driving record check.
 - d. Drug screen. *
 - e. Health Screen. *
 - f. Diana Screen ®.

*** Pre-employment drug and health screens are at the employee's expense.**

I have read the above statements and understand all possible ramifications of completing Hocking Valley Community Residential Center's employment application.

(Signature of Applicant)

(Date)

Hocking Valley Community Residential Center

111 West Twenty-Nine Drive
Nelsonville, OH 45764
(740)753-4400

AN EQUAL OPPORTUNITY EMPLOYER

.....
Please print or type responses to all of the questions
contained on the entire application
.....

Position Sought: _____

Last Name: _____ First Name: _____

Middle Initial: _____ County of Residence: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone (**Required**) _____ Social Security Number: _____

Are you at least 21 years of age? ___ YES ___ NO

..... Employment History and Work Experience

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.
.....

Current Employer: _____
(Enter none if unemployed)

May we contact your current employer prior to employment? ___ YES ___ NO

Address: _____

Phone Number: _____ Dates Employed: From _____ to _____

Job Title: _____ Supervisor's Name: _____

Beginning Salary: _____ per _____ Current Salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc: _____

Why do you want to leave? _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: From _____ to _____

Job Title: _____ Supervisor's Name: _____

Beginning Salary: _____ per _____ Ending Salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc: _____

Why did you leave? _____



Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: From _____ to _____

Job Title: _____ Supervisor's Name: _____

Beginning Salary: _____ per _____ Ending Salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc: _____

Why did you leave? _____



Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: From _____ to _____

Job Title: _____ Supervisor's Name: _____

Beginning Salary: _____ per _____ Ending Salary: _____ per _____

Describe your duties, responsibilities, equipment operated, promotions, etc: _____

Why did you leave? _____

Education and Training

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

.....
High School Attended: _____

Address: _____

Date You Graduated: _____ High School Equivalent? _____

Courses pertaining to job applied for: _____

Activities, awards, sports, etc: _____

College or Trade School Attended: _____

Address: _____

Dates of attendance: from _____ to _____ Did you graduate? _____

Degree _____

Courses pertaining to job applied for: _____

Activities, awards, sports, etc: _____

Graduate School(s) Attended: _____

Address: _____

Dates of attendance: from _____ to _____ Did you graduate? _____

Degree: _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

Personal Information

Do you have any commitments (i.e., second job, school, etc.) That might interfere with or adversely affect your employment should we select you for a position? ____ Yes ____ No

If Yes, please explain: _____

Do you possess a valid Ohio Driver's License? ____ Yes ____ No

If no, can you obtain one prior to employment? ____ Yes ____ No

Are you eligible to work in the United States? ____ Yes ____ No

Are you a resident of Ohio? ____ Yes ____ No

If not, are you willing to become a resident upon employment? ____ Yes ____ No

Please list three references that are not related to you that have known you at least one year:

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

1. I understand and accept that, when I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance testing.

Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and holidays and be on call and work mandatory overtime hours.

Initials: _____

3. I understand and accept that if any information in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it will be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

5. I hereby authorize my present and past employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials: _____

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my omission, misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant's Signature

Date

HOCKING VALLEY COMMUNITY RESIDENTIAL CENTER

**111 WEST TWENTY-NINE DRIVE
NELSONVILLE, OHIO 45764
Ph: (740) 753-4400 Fax: (740) 753-4448**

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the ongoing policy of Hocking Valley Community Residential Center (HVCRC) to afford equal employment opportunity to qualified individuals regardless of their race, color, religion, sex, national origin, age, sexual orientation, physical or mental handicap, veteran status, or because he or she is a disabled veteran, and to conform to applicable laws and regulations. In keeping with the intent of this policy, HVCRC will adhere strictly to the following personnel practices:

Recruitment, hiring, and promotion of individuals in all job classifications will be conducted without regard to race, color, religion, national origin, age, sex, physical or mental handicap, sexual orientation, veteran status, or because he or she is a disabled veteran, except where a bona fide occupational qualification exists.

Employment decisions will be made in such a manner as to further the principle of equal employment opportunity.

Promotional decisions will be made in accordance with the principles of equal employment opportunity through the use of valid job-related criteria.

All other personnel actions such as compensation, benefits, transfers, training and development, educational assistance, and social and recreational programs will be administered without regard to race, color, religion, national origin, age, sex, physical or mental handicap, sexual orientation, veteran status, or because he or she is a disabled veteran, except where a bona fide occupational qualification exists.

Thorough and documented analyses of all personnel actions will be conducted to insure compliance with the concept of equal opportunity.

Overall responsibility for the development and execution of our Affirmative Action Program is delegated to the Executive Director as EEO/AAP Coordinator.

Applicant Signature

Date

HOCKING VALLEY COMMUNITY RESIDENTIAL CENTER

111 West Twenty-Nine Drive ~ Nelsonville, OH 45764
Phone: (740) 753-4400 ~ Fax: (740) 753-4448

Criminal and Driver's License Check Acknowledgement

Senate Bill 38 requires that all interns, volunteers, and prospective employees who may have the care, custody, and control of a child must undergo criminal record checks conducted by the Bureau of Criminal Identification and Investigation (BCII) or Federal Bureau of Investigation (FBI). The check will include fingerprint analysis and criminal records examination. All prospective employees will also have their driving record checked.

The results of the aforementioned checks are not considered public record and shall be kept confidential. The results will be used to assist in determining suitability for employment with Hocking Valley Community Residential Center (HVCRC). Findings shall not bar employment automatically, but will be evaluated according to the seriousness of the offense(s) and the relation to and probable effect upon job performance. HVCRC will retain all investigative findings and results for personnel purposes.

I, _____, hereby give my permission for the required investigation.
(First, Middle, Last)

(Street Address)

(City)

(State)

(Zip)

(Years of State Residency)

(Date of Birth)

(Social Security Number)

(Race)

(Gender)

(Driver's License Number)

(State)

(Expiration Date)

(Applicant Signature)

(Date)

(Program Coordinator Signature)

(Date)