

Antoinette Nursing Services LLC

2300 Montana Avenue Suite 200B

Cincinnati, Ohio 45211

Office (513) 326-5429

Fax (513) 772-0340

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER:

It is our policy to abide by all Federal, State and local laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, sexual preference or physical handicap, except where a reasonable, bona fide occupational qualification exists.

Date of Application: _____

Interviewed by: _____

Interview Date: _____

This application will not be considered for open positions unless filled out in its entirety.

PRINT ENTIRE FORM

Personal Information

Name Last First Middle Maiden

Street Address (Apt) (City) (State) (Zip Code)

Area Code/Phone Number Cell Phone

Social Security Number Driver's License #

Have you resided in Ohio for the past five years ___ yes ___ no Birth Date

List ALL previous addresses during the last five years*

Street Address City State/Zip From – To

Street Address City State/Zip From – To

***Further space on back of first page.**

Position for which you are applying: _____
(Support Provider, House Manager, Program Coordinator, LPN)

Check the following employment status options you would consider:

Full time Part time Temporary Live in

Hours/days available to work: _____

List anyone you know who currently works for this organization:

Name: _____ Department _____

If hired, can you provide proof of citizenship? Yes No

If not a U.S. citizen, can you submit verification of your legal right to work permanently in the U.S.?
 Yes No

Were you previously employed by this organization? Yes No

If yes, give dates: _____

Have you ever been convicted of or pled no contest to a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

For purposes of this question "conviction" includes a plea of no contest, a finding of guilty by a judge or jury and bond forfeiture (Conviction will not necessarily disqualify an applicant).

If yes to either of the above, please provide date(s) and name(s) of offense(s): _____

Have you ever been terminated from a place of employment? Yes No

(Termination will not necessarily disqualify an applicant.)

If yes, explain:

Have you ever been accused of being physically or sexually abusive? Yes No

If yes, please explain:

Do you have any physical limitations to being able to perform the job applied for? Yes No

(If yes, explain the type of accommodation required)

Accommodation Needed: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Do you currently have liability insurance on your vehicle? Yes No

If "no", would you be willing to obtain liability insurance after employment? Yes No

How many points do you have on your license? _____

*Not eligible if you have 6 points or more

Education & Training

High School _____ Address _____ Graduated: Yes No

Major: _____

College/University _____ Address _____ Degree Received: _____

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College/University _____ Address _____ Degree Received: _____

List any other education, training, special skills, certificates/licenses that you possess which might be related to this job:

Experience

List ALL work experience during the past 10 years beginning with most recent.

❖ Name of employer: _____	Type of business _____
Address _____	City _____ State _____ Zip _____
Phone _____	Job Title _____ Dates Employed _____
Name & Title of supervisor: _____	
May we contact? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, why? _____	
Brief description of duties: _____	

Full time: <input type="checkbox"/> Part time: <input type="checkbox"/> Reason for leaving: _____	
Starting Pay: _____ Ending pay: _____	

❖ Name of employer: _____	Type of business _____
Address _____	City _____ State _____ Zip _____
Phone _____	Job Title _____ Dates Employed _____
Name & Title of supervisor: _____	
May we contact? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, why? _____	
Brief description of duties: _____	

Full time: <input type="checkbox"/> Part time: <input type="checkbox"/> Reason for leaving: _____	
Starting Pay: _____ Ending pay: _____	

❖ Name of employer: _____	Type of business _____
Address _____	City _____ State _____ Zip _____
Phone _____	Job Title _____ Dates Employed _____

Name & Title of supervisor: _____

May we contact? _____

Yes

No

If not, why? _____

Brief description of duties: _____

Full time: Part time: Reason for leaving: _____

Starting Pay: _____ Ending pay: _____

❖ **Name of employer:** _____

Type of business _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Dates Employed _____

Name & Title of supervisor: _____

May we contact? _____

Yes

No

If not, why? _____

Brief description of duties: _____

Full time: Part time: Reason for leaving: _____

Starting Pay: _____ Ending pay: _____

References

Name

Name

Address

Address

Phone

Phone

Relationship

Relationship

Name

Name

Address

Address

Phone

Phone

Relationship

Relationship

Certification Statement

Please read carefully before signing. Place a check mark in front of each paragraph, and sign below. If you have any questions regarding the following statements, please ask for assistance.

- I certify that to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false or incomplete information contained in this application may result in my discharge.

- I understand that this organization serves people who are in need and as such, the organization may deem necessary that overtime hours or hours outside a normally defined work day or work week may be required at times.

- I understand that if ANS Nursing hires me my employment status will be on an at-will basis. This means that either myself or a supervisory representative of the company may terminate my employment with ANS Nursing at any time for any reason. Any statements, either implied or explicit, in writing or spoken, by anyone other than the President of the company, regarding employment on a contractual basis will be viewed as null and void. Furthermore, I understand that my continued employment is based on the wishes of the consumers ANS Nursing serves, continued funding through local authorities and my ability to continue to appropriately perform the duties of the job as outlined in the job description.

- I understand ANS Nursing is continually looking for qualified applicants. I also understand my application may not currently be a match for the placement the company has available due to the hours I can work or the employment status for which I am looking, among other things. I understand my application will be kept active for a period of 45 days from the date of application listed above

- I understand that due to State and Local regulations, ANS Nursing is required to initiate a criminal background check and motor vehicle record prior to employment to ensure eligibility in accordance with the above rules. I further understand that depending on the results of the aforementioned background checks, I may be ineligible for employment with ANS Nursing unless I am able to have my record expunged or points taken off of my license.

Signature

Date

Applicant Authorization

Applicant Name (Print)

I authorize ANS Nursing (the Company) to communicate with all my former employers, school officials and persons named as references. I also grant permission to the Company to obtain a motor vehicle operating record, and a criminal history record. I hereby release employers, schools, agencies, companies and individuals from any liability for and damaged whatsoever resulting from giving such information.

Signature

Date

I certify that the facts and information provided by me on this application, on other pre-employment documents, and in my employment interviews are true and complete and I agree that, if employed, incorrect, incomplete or falsified information will be grounds for my dismissal, regardless of when discovered.

