

APPLICATION FOR EMPLOYMENT

New Dawn Retirement Community

PERSONAL INFORMATION:

DATE _____
SOCIAL SECURITY
NUMBER _____

NAME _____
Last First Middle

PRESENT ADDRESS _____
Street City State Zip Code

TELEPHONE NUMBER _____ REFERRED BY _____

POSITION DATE YOU SALARY
DESIRED _____ CAN START _____ DESIRED _____

HAVE YOU EVER APPLIED HERE BEFORE? **Yes - No** (Circle One Choice) IF 'YES', WHEN _____

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RESIDENCY:

(Pursuant to Ohio Senate Bill 160)

PLEASE PROVIDE ADDRESSES WHERE YOU HAVE RESIDED OVER THE LAST (5) FIVE YEARS.

Street City State Zip Code

HAVE YOU LIVED OUTSIDE THE STATE OF OHIO ANYTIME DURING THE LAST (5) FIVE YEARS?
Yes - No (Circle One Choice) If 'Yes', list all the states that you have resided in: _____

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EDUCATION:

SCHOOL NAME	LOCATION OF SCHOOL	YEARS ATTENDED	YEAR GRADUATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When selecting employees, New Dawn does not discriminate based on race, color, religion, sex, national origin, age, disability or genetic information.

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY OR PRESENT MEMBERSHIP IN
NAVAL SERVICE _____ RANK _____ N.C. OR RESERVES _____

SPECIAL QUESTIONS:

The following information is required for a bona fide occupation qualification, or dictated by national security laws, or is needed for other legally permissible reasons:

* HEIGHT: _____ FEET _____ INCHES * CITIZEN OF U.S.: _____ YES _____ NO
* WEIGHT: _____ LBS. * DATE OF BIRTH _____
* MARRIED _____ SINGLE _____ DIVORCED _____ SEPARATED _____

SECTION 504 OF THE REHABILITATION ACT OF 1973 - New Dawn complies with Section 504 of the Rehabilitation Act of 1973, which prohibits employment discrimination on the basis of handicap. The regulation at 45 CFR 84.14(a) limits the circumstances under which employer's may make pre-employment inquires concerning the existence of a handicap and the nature and severity of the handicap.

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PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL PROBLEMS THAT PRECLUDE YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE BEING CONSIDERED? _____

IN CASE OF EMERGENCY NOTIFY _____
Name Address Phone No.

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REFERENCES:

(Give below the name of three persons not related to you, whom you have known at least one year)

Name Address Phone No. Years Acquanted

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FORMER EMPLOYERS:

(List below your last three employers, starting with the last one first)

Date	Name & Address of Employer	Salary	Position	Reason For Leaving
Month & Year				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ARE YOU CURRENTLY EMPLOYED? **Yes - No** (Circle One Choice)
IF SO, MAY WE INQUIRE ABOUT YOU WITH YOUR PRESENT EMPLOYER? **Yes - No** (Circle One Choice)

By my signature below, I authorize investigation by New Dawn, to my past employers listed above. I understand that misrepresentation or omission of facts called for is cause for dismissal.

SIGNATURE _____ **DATE** _____

Ohio Senate Bill 160 Compliance

Persuant to Ohio Senate Bill 160, Employers who provide personal care services to individuals over the age of 60 are required to comply with SB 160. Applicants who are under final consideration for employment will be required to submit to a criminal background check by the Bureau of Criminal Identification. If at some time you are offered a position with us, your employment will be considered *Conditionally Employed* until such time as you have completed your probationary period and we have received favorable result from the Background Check.

SB 160 also requires us to verify residency during the last (5) five years. Therefore, we may ask you to provide proof of residency during this time period.

HAVE YOU EVER BEEN CONVICTED OF A CRIME LISTED BELOW? **Yes - No** (Circle One Choice)

SENATE BILL 160 OHIO REVISED CODE EMPLOYMENT DISQUALIFIERS

ORC	2903.01	Aggravated Murder; Specific Intent To Cause Death	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 & Neglect	2905.01	Kidnapping
	2905.02	Abduction		
			2905.11	Extortion
	2905.12	Coercion	2907.02	Rape
	2907.03	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	2911.11	Aggravated Burglary
	2907.25	Prostitution	2907.31	Disseminating Matter Harm to Juveniles
	2907.32	Pandering Obscenity	2907.32.1	Pandering Obscenity Involving a Minor
	2907.32.2	Pandering Sexually Oriented Matter Involving a Minor	2907.32.3	Illegal use of Minor in Nudity-oriented Material or Performance
	2911.01	Aggravated Robbery	2911.02	Robbery
	2911.12	Burglary	2911.13	Breaking and Entering
	2913.02	Theft: Aggravated Theft	2913.03	Unauthorized Use of a Vehicle
	2913.04	Unauthorized Use of Property; Unauthorized Access to Computer System	2913.11	Passing Bad Checks
			2913.21	Misuse of Credit Cards
			2913.31	Forgery
	2913.40	Medicaid Fraud	2913.43	Securing Writings by Deception
	2913.47	Insurance Fraud	2913.51	Receiving Stolen Property
	2919.25	Domestic Violence	2921.36	Prohibition of Conveyance of Certain Items on to Grounds of Detention Facility or Mental Health or MRDD
	2923.12	Carrying Concealed Weapons		
	2923.13	Having Weapons While Under Disability		
Facility				
	2923.16.1	Improperly Discharging Firearm at or into Habitation or School	2925.02	Corrupting Another with Drugs
			2925.03	Trafficking Offenses
	2925.11	Drug Abuse; Certain Violations Do Not Constitute Criminal Record	2925.13	Permitting Drug Abuse
	2925.22	Deception to Obtain Dangerous Drugs	2925.23	Illegal Processing of Drug Documents
	3716.11	Adulterated Food		

Ohio Senate Bill 160 Compliance

I hereby certify that I have given New Dawn Health Care & Retirement Center permission to obtain a copy of any arrest or conviction record pertaining to me now in the files of the OHIO BUREAU of CRIMINAL IDENTIFICATION and INVESTIGATION, London, Ohio. I further authorize New Dawn Health Care and Retirement Center to verify my former residencies that I have listed or have been discovered by any inquiries.

I hereby release New Dawn Health Care and Retirement Center and all individuals connected therewith from all liability in connection with the dissemination of such arrest and conviction data.

Applicants Signature

Date