



Fairfax Place At Home, LLC

Application for Employment

PLEASE PRINT

Position(s) applied for _____ Date of Application ____/____/____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational

Licensure# _____ Exp. Date _____ CPR Cert. Exp Date _____
(If applicable) (If applicable)

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip Code

TELEPHONE # () _____ Cell Phone # () _____

SS# _____ DOB _____

Driver's License Number (If Job Related) _____ State _____

Next of Kin _____
Name Address Telephone #

Can you after employment submit verification of your legal right to work in the United States? Yes No

Date available for work: _____

Have you filed an application with Fairfax Place At Home, LLC. before? Yes No
Date: _____

Have you been employed with Fairfax Place At Home, LLC. before? Yes No
If Yes, give dates: _____

May we contact you at work? Yes No
If Yes, give Work phone number and best time to call () _____

Are you on lay-off or subject to recall? Yes No

Are you able to meet the attendance requirements of this position? Yes No

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

If you are under 18, can you furnish a work permit? Yes No

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military assignments. Explain any gaps in employments in comments section below.

Employer:	Dates Employed		Summarize the nature of work performed
Telephone: ()	From:	To:	
Address:			
Job Title:	Hourly Rate/Salary Starting		
Immediate Supervisor & Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary Final		
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

Employer:	Dates Employed		Summarize the nature of work performed
Telephone: ()	From:	To:	
Address:			
Job Title:	Hourly Rate/Salary Starting		
Immediate Supervisor & Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary Final		
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

Have you ever been convicted of a felony? Yes No
(Such conviction may be relevant if job related, but does not bar you from employment.)

if Yes, please explain: _____

Educational Background (Job Related)

List last three (3) schools attended, starting with most recent:

School	Years Completed	Degree / Diploma	GPA / Class Rank	Major

References

List names of persons *not* related to you who are willing to provide professional and/or character references.

Name	Telephone	Years Known
	()	
	()	
	()	

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and separation from the employer's Services if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons and corporations or organizations for furnishing such information.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current only for 60 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 understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time with or without notice. I understand that no representative of the company has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation would be required by the ADA.

Signature of Applicant _____ Date ____/____/____

Referral Source Advertisement Employee Relative Govt. Employment Agency
 Walk-in Private Employment Agency Other

Name of Source if applicable _____

Interviewer's Comments _____

Hours of Availability:

<u>Day</u>	<u>Times Available</u>
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Hours preferred:

___ Day ___ Evenings ___ Nights ___ No preference ___ Weekends

Preferred Areas:

___ Cleveland East ___ Cleveland West ___ Cleveland South ___ No Preference



FAIRFAX AT HOME, LLC

AUTHORIZATION TO RELEASE INFORMATION

I, _____ **authorize my**
(name)

employers (both current and past) and their supervisors and managers, education institutions and those to whom inquiry is made about me to give Fairfax Place At Home, LLC any and all information including opinions concerning my employment and any other pertinent information they may have about my professional abilities and accomplishments and personal traits and characteristics in order to assess my capacity for success and achievement at Fairfax Place At Home, LLC. I authorize Fairfax Place At Home, LLC to obtain criminal history to the extent authorized by Ohio state law. I authorize Fairfax Place At Home, LLC to obtain information about me from such third parties as Fairfax Place At Home, LLC may see fit to contact.

I **release** and agree to hold harmless all persons or entities from liability for any and all damages that could be related in any way to furnishing information to Fairfax Place At Home, LLC . I also **release** Fairfax Place At Home, LLC from all liability in any way related to gathering and relying upon the information furnished. I authorize Fairfax Place At Home, LLC to obtain such information confidentially, and I agree that Fairfax Place At Home, LLC may maintain the confidentiality of such information, and may not be required to disclose it to me or to any other person at my request.

Applicant's Signature

Date

Social Security Number