

Employment Application



SERENE SUITES
PREMIER MEMORY CARE

Confidential & Proprietary

**Serene Suites Premier Memory Care
9870 Redhill Drive, Cincinnati, OH 45242**



Employment Application



APPLICANT INFORMATION

Last Name		First Name		MI	Date
Street Address				Apartment/Unit #	
City	State	ZIP	Cell Phone		
Home Phone		E-mail Address			
Driver's License #		Position Applied for			

EMPLOYMENT

Days & Hours you are available			Desired Salary		
Are you available for overtime? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you over 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>		Date available to begin	
Are you able to perform the essential functions of the job for which you are applying for?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
<i>(Note: We comply with The Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)</i>					
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for Serene Suites before?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Have you ever been convicted of a criminal offense?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	
<i>Please refer to disqualifying offenses, which may render employment at Serene Suites</i>					
<i>Please state the nature of offense(s), date(s), city, state and disposition on a separate sheet of paper. Note: An affirmative answer will not necessarily result in a disqualification for employment.</i>					
List any relative or friend employed by Serene Suites				Relationship	
How were you referred to us?					
➤ Advertisement ➤ Employee ➤ Employment Agency ➤ Walk-in ➤ Others					



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EDUCATION

High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

LICENSE/CERTIFICATION (if applicable)

SKILLS

Many of our (clients/patients) speak English. Do you speak, write or understand any foreign language? YES NO

If yes which language(s) and with what proficiency:

Are you able to operate a personal computer? YES NO Types of Software

List other office machines you can operate

Specific skills or training: What knowledge, special skills and / or individual capabilities do you have which especially prepare you for the position applied for?



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REFERENCES

Please list at least two professional references NOT related to you

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		



Employment Application



PREVIOUS EMPLOYMENT

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company	Phone
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Address	Supervisor
---------	------------

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company	Phone
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Address	Supervisor
---------	------------

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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DISCLAIMER AND SIGNATURE

Initial each numbered item as read

1. The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents ____
2. I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure ____
3. I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination ____
4. I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information obtained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it ____
5. I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery ____
6. I understand and agree that the employment for which I am making application is, and is intern to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, express or implied between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company ____
7. I have placed my signature in the space provided below only after I have completed the entire to the best of my ability and have carefully read the foregoing seven (7) statements ____

Signature :

Date

Please print name :



Employment Application



Serene Suites reserves the rights to rescind any job offer, if an employee, has been charged with the following disqualifying offenses. Per State Regulations, no DCP (Direct Care Provider) shall employ a person in a position that involves providing direct care to an older adult if the person has been convicted of or pleaded guilty to violating any of the following sections of the Revised Code.

2903.01 -- Aggravated murder

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 or 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

Former 2907.12 -- Felonious sexual penetration

2907.25 -- Prostitution; after positive HIV test

2907.31 -- Disseminating matter harmful to juveniles

2907.32 -- Pandering obscenity

2907.321 -- Pandering obscenity involving a minor

2907.322 -- Pandering sexually oriented matter involving a minor

2907.323 -- Illegal use of a minor in nudity-oriented material or performance

2911.01 -- Aggravated robbery

2911.02 -- Robbery

2911.11 -- Aggravated burglary

2911.12 -- Burglary

2911.13 -- Breaking and entering

2913.02 -- Theft

2913.03 -- Unauthorized use of a vehicle

2913.04 -- Unauthorized use of property; computer, cable, or telecommunication property

2913.11 -- Passing bad checks

2913.21 -- Misuse of credit cards

2913.31 -- Forgery; identification card offenses

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 -- Illegal conveyance of weapons or prohibited items onto grounds of detention facility or institution

2923.12 -- Carrying concealed weapons

2923.13 -- Having weapons while under disability

2923.161 -- Improperly discharging firearm at or into habitation or school safety zone

2925.02 -- Corrupting another with drugs

2925.03 -- Trafficking in drugs

2925.11 -- Possession of drugs

2925.13 -- Permitting drug abuse

2925.22 -- Deception to obtain a dangerous drug

2925.23 -- Illegal processing of drug documents

3716.11 -- Placing harmful objects in food or confection