



DEAR APPLICANT,

Thank you for choosing Friends for Life Residential Care, LLC (FFL). In order for FFL to process your application in a timely manner, you will be required to fill out the entire application. FFL will review your application and run the six mandatory checks, including Ohio Abuser Registry. The prospective employee must not be negatively active on any list. Once that has been determined, the applicant may be called by FFL to schedule an interview. The applicant must bring the following to the scheduled interview: **A copy of your valid Driver's License, A copy of your valid car insurance, A copy of your Social Security Card, A copy of your High School Diploma or GED, Copies of any other certificates if available.**

After the interview, if FFL would like to pursue employment, the applicant will be asked to obtain an Ohio Criminal Background Check at applicant's cost, (FBI check, if required), and obtain a Driver's Abstract (no more than 6 moving violation points) at applicant's cost. The Criminal Background Check and Driver's Abstract must come back satisfactory.

WHAT IS YOUR AVAILABILITY?						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:	FROM:	FROM:	FROM:	FROM:	FROM:	FROM:
TO:	TO:	TO:	TO:	TO:	TO:	TO:

CHECK HERE IF YOU HAVE AN OPEN AVAILABILITY

I certify that the information provided on this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize Friends For Life to contact former employers and educational organizations give any and all information concerning my previous employment and any pertinent information that may result from utilization of such information.

Signature of Applicant: _____ Date: _____



Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.		Date			
Street Address				Apartment/Unit #					
City			State			ZIP			
Phone			E-mail Address						
Status	Full Time	Part Time	Position Applied for		Shift: (Circle)		1st	2nd	3rd
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 resided in Ohio for the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, how long have you resided in Ohio?						
Do you have a Valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Expiration Date						
Do you have Valid Car Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Expiration Date						
Do you have a High School Diploma or Equivalent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list graduation date or date of G.E.D.						
Are you certified for CPR/First Aid?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Expiration Date						
Have you ever applied for or worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Do you have friends or family members that work for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?						
How did you hear about this position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?						
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

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	

WORK REFERENCES

Please list three professional references.

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

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SPECIAL SKILLS OR TRAININGS

WHY SHOULD WE HIRE YOU?
