

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

USE THE BACK OF THE LAST
PAGE OF THIS APPLICATION IF
NECESSARY

APPLICANTS MAY BE TESTED FOR DRUGS

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____

Last First Middle Maiden

Present address _____

Number Street City State Zip

E-mail address _____ Social Security Number ____ - ____ - ____

How long have you been an Ohio Resident? _____

Telephone _____ If under 18 age _____

Position applied for _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

EDUCATION				
		Name of School	YEARS COMPLETED	MAJOR/DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ **State of issue** _____ **Operator** **Commercial**
(CDL) **Chauffeur** **Expiration Date** _____

Have you had any accidents during the past three years? **How many?** _____

Have you had any moving violations during the past three years? **How Many?** _____

REFERENCES

Please list two references other than relatives.

Name _____ **Name** _____

Position _____ **Position** _____

Company _____ **Company** _____

Address _____ **Address** _____

Telephone _____ **Telephone** _____

EXPERIENCE

An application form sometimes makes it difficult for an individual to adequately summarize their complete background experience. Use the space below to summarize any personal or professional experience you have with children or adults with disabilities.

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WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name.

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address			
City, State, Zip Code		From	Start
Phone number		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Family Care Options, Inc.** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, shall change in any respect the employment-at-will relationship between Family Care Options, Inc. and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President or the Administration of the Company. Both the undersigned and **Family Care Options, Inc.** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for possible pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Please print this application and bring it to our office at 5327 State Route 29, Celina, OH 45822

Required Forms:

Completed Application
Proof of High School
Copy of BCII Check
Personal References
Post Employment Form
Confidentiality Statement
Statement of Offences
Forms for accountant

Required to Transport:

Copy of Driver's License
Copy of Insurance
Driving Record

Required Trainings:

MUI Training
Rights Training
CPR and First Aid
TAPS Training
Defensive Driving Training
Eight Hours of yearly training

Required for Medication Administration or to perform health related activities:

Initial Medication Training