

Employment Application

The Senior Resource Connection is an equal opportunity employer, and selects the best matched individual for our positions based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, disability, sexual orientation or other protected groups under state, federal or local Equal Employment laws.

Personal Information

Last		First	MI	Are you 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Are you 21 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	ST	Zip	Home Phone
Are you legally eligible to work in the US?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	Mobile Phone
Have you been convicted of a misdemeanor or felony or been incarcerated in connection with a felony since age 18?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
What position are you applying for?			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	How did you hear about this position?	
Have you worked for us in the past?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you referred by a current employee, friend or relative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so when?			Name/relation:		
Expected Hourly Rate	Expected Weekly Earnings		Date Available		

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Duties						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name/Location	Last Year Complete				Degree	Major or Emphasis
High School		9	10	11	12		
College/University		1	2	3	4		
Trade School							
Other							
List any applicable special skills, training or proficiencies.							

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I consent to submit to a State and/or Federal background check as required for conditions of employment. I also provide consent for former employers to be contacted regarding work records.

Signature

Date



222 Salem Ave
Dayton, OH 45406

Phone: (937)223-8246
Fax: (937)222-6307

References and MVR

Provide 3 reliable professional reference contacts. State how you know the person and provide contact phone numbers. References should be work-related and personal contacts; not relatives.

References	1	2	3
Name			
How do you know this person?			
Address			
Email			
Telephone			

Motor Vehicle Report Authorization

Driving position? Yes No **if No, you are not required to complete this section*

By signing this document, I authorize Senior Resource Connection to obtain a motor vehicle report on me.

I understand that my ability to be insured and bonded are requirements for employment. I further understand and agree that failure to meet the underwriting approval requirements set forth by the insurer of my employer may result in no job offer, changes in job classification, or termination of employment.

The information provided below is necessary for the insurer and its representatives to perform the motor vehicle report. I understand that all information will be treated as personal and confidential.

Printed Name:	
Ohio Driver's License Number:	
Social Security Number:	
Date of Birth:	
Home Address:	
City/State/Zip Code:	

STNA ONLY

Registry Number:	
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Signature	Date
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Voluntary EEO Disclosure

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. These pages are separated from your application immediately upon being received and is always kept confidential. This form is to be completed voluntarily and failure to do so will not have an effect on the application process.

Name: _____ Date: _____

Title of job to which you are qualified to apply: _____

Source of referral: (how did you learn of this job) _____

SEX: Male Female

ETHNIC GROUP:

Please check one:

Hispanic or Latino – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups found below)

Non-Hispanic/Latino (if this category is checked, please select from the racial groups found below)

RACIAL GROUPS: If Non-Hispanic/Latino was selected above, please check one of the race categories below.

White (not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East.

Black or African American (not of Hispanic origin); All persons having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian *(not Hispanic or Latino) – all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) – all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment.

Two or more Races (not Hispanic or Latino) – all persons who identify with more than one of the above race

HANDICAPPED: Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s). Handicapped

DECLINE SELF IDENTIFICATION: If you do not wish to self- identify your gender, ethnicity, or race, please check the box below.

I do not wish to self identify.

Signature: _____



Voluntary Veteran Self-Identification

Prospective employees are requested to provide the information below so that our company can comply with important federal mandates. Provision of the information requested below is voluntary and will be kept confidential by us. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only to support veterans' programs in accordance with the regulations implementing 38 U.S.C. 4212.

SPECIAL DISABLED VETERAN (check if either or both categories apply to you)

A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at (a) thirty (30) percent or more, or (b) at ten or twenty (10 or 20) percent in the case of a veteran who has been determined under Section 1506 to Title 38, U.S.C. to have a serious employment handicap;

Or

A veteran who was discharged or released from active duty because of a service-connected disability.

VETERAN OF THE VIETNAM-ERA (check if either or both that apply to you)

A veteran who served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975 in all other cases;

Or

A veteran who was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 6, 1964 and May 7, 1975 in all other cases.

OTHER VETERANS (check if either or both categories apply to you)

A veteran with active duty service at any point between December 7, 1941 and April 28, 1952

Or

A veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. A veteran qualifies under this criterion ONLY based upon military service IN the identified campaign or expedition and NOT simply based any military service during the time of the campaign or expedition. The campaign badges, service medal, and expeditionary medals that qualify under this criterion will be listed on the veteran's "Armed Forces of the U.S. Report of Transfer or Discharge," commonly known as the "DD-214" If the veteran meets this criterion. For additional help in determining this qualification, please go to: <http://www/opm.gov/veternas/html/vgmedal2.htm>

List Campaign(s) you served in: _____

NEWLY SEPARATED VETERANS

A veteran discharged or released from active duty within the last one year period.

Date of release from service: _____

DECLINE SELF IDENTIFICATION: If you do not wish to self- identify your gender, ethnicity, or race, please check the box below.

I do not wish to self identify.

Signature: _____