

Elmwood Application For Employment

430 N. Broadway St., Green Springs, OH 44836 Phone: (419) 639-2581 Fax: (419) 639-2519

Name: _____ Social Security #: _____

Address: _____ Today's Date: _____

City: _____ State: _____ Zip: _____ Telephone #: _____

Position (s) Desired: _____

What shift (s) can you work? _____

We have facilities in the following locations. Place an "X" next to the facilities for which you'd like to be considered.

- | | |
|---|--|
| <input type="checkbox"/> Elmwood Skilled Nursing of Green Springs | <input type="checkbox"/> Elmwood Village of Green Springs |
| <input type="checkbox"/> Elmwood Assisted Living of Green Springs | <input type="checkbox"/> Elmsprings Group Home, Green Springs |
| <input type="checkbox"/> Elmwood at The Shawhan Assisted Living of Tiffin | <input type="checkbox"/> Elmvue Group Home, Green Springs |
| <input type="checkbox"/> Elmwood Assisted Living of Fremont | <input type="checkbox"/> Elmwood Assisted Living of New Bremen |
| <input type="checkbox"/> Elmwood Healthcare Center at The Springs | <input type="checkbox"/> Any or all of the above |

Have you lived in Ohio continuously for the past 5 years? Yes or No (circle one)

Do you have any training for the position(s) for which you are applying? _____

Are you related to anyone in our employ? Yes or No (circle one) If yes, Who? _____

Can you physically and mentally perform the essential functions of the job for which you are applying? Yes or No

Do you need reasonable accommodation to be able to perform the job function? _____

Do you hold any professional licenses or certifications? _____ If so, what are the numbers? _____

Education: Name and location on school	Did you Graduate?	College Degree(s)?	Professional License - Certification(s) ?

Former Employers/Experience: Name and Address	Job Title	Period From:	To:	Wage	Reason for Leaving

If employed, in case of an emergency, please notify:

Name: _____ Relationship to you: _____

Address: _____ Telephone #: _____

Elmwood is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, religion, sex, age, military status or handicap. Elmwood shall also make reasonable accommodation according to ADA Guidelines for those who qualify. By affixing my signature below, I understand that I will have to successfully pass a physical examination, TB testing, and random drug testing after the offer to hire. I also agree that if employed, I will serve to the best of my ability and will abide by the policies established by Elmwood. I understand that Elmwood operates as an "employment at will" company. I authorize the former employers/individuals listed above to release all information concerning my prior employment. I also authorize Elmwood to conduct a criminal background check and an FBI check, if applicable, and understand that I have not been convicted of any felony offenses and understand that my employment may be terminated if I have been convicted of a prohibited crime unless I meet personal character standards set by the Director of the Department of Health as an exception to the prohibition on employment. I understand that it is my responsibility to notify Elmwood within 14 days if I am ever convicted of a felony or any of the disqualifying offenses during my employment. I understand that an FBI check is required unless I have lived the prior five years in the state of Ohio. By affixing my signature below, this shall be considered an affidavit that I have answered the residency question and all other questions on this application correctly. Further, I hold the parties and Elmwood harmless from any consequences arising from such release.

Signature: _____ Date: _____