



## Employment Application

(McGregor PACE is an Equal Opportunity Employer)  
 26310 Emery Road · Warrensville Heights, OH 44128  
 Phone: (216) 791-3580 – Fax: (216) 378-6237

Last Name	First Name	Middle Initial
Address		
City/State	Zip	Home Phone (     )
Position Applied for		Desired Rate of Pay
How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> School <input type="checkbox"/> Other (Explain) _____		
Do you have any relatives who currently work for McGregor PACE or other McGregor facilities? <input type="checkbox"/> Yes, name: _____ <input type="checkbox"/> No		
Hours available for work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Have you applied previously for work with McGregor PACE or other McGregor facilities? <input type="checkbox"/> Yes, when: _____ <input type="checkbox"/> No		
Can you provide proof of citizenship status or eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have an automobile available for work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have auto insurance that meets the requirements of Ohio's Financial Responsibility Law? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No		



## EDUCATION

High School	Location (City/State)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	Course of Study
Graduate School		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	Course of Study
Other (Trade/Business School)		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	Course of Study

List any Licenses/Certification issued: (include numbers)

Special Skills/Continuing Education:



## EMPLOYMENT HISTORY

### PRESENT AND PAST EMPLOYMENT: (List the most recent position first)

Company	Position		
Start Date	End Date	Reason for Leaving	Salary
Address	City/State		
Type of Business	Name of Supervisor		
Summarize experience gained, special training received			
Phone Number			

Company	Position		
Start Date	End Date	Reason for Leaving	Salary
Address	City/State		
Type of Business	Name of Supervisor		
Summarize experience gained, special training received			
Phone Number			



## EMPLOYMENT HISTORY (Continued)

Company	Position		
Start Date	End Date	Reason for Leaving	Salary
Address	City/State		
Type of Business	Name of Supervisor		
Summarize experience gained, special training received			
Phone Number			

Company	Position		
Start Date	End Date	Reason for Leaving	Salary
Address	City/State		
Type of Business	Name of Supervisor		
Summarize experience gained, special training received			
Phone Number			



**PLEASE READ CAREFULLY – APPLICANT CERTIFICATION AND AGREEMENT**

I certify that all my answers and statements are complete and true, and any falsification or omission may cause my employment to be terminated or my application rejected. I hereby authorize my former employers to furnish their records of my service, my reason for leaving their employment, together with all information they may have concerning me, whether on record or not. I also release any individual or partnership or corporation which formerly employed me, its officers, agents and employees, from any liability for any damage whatsoever for issuing such information. I realize that falsification or omission of any information, or receipt of a poor reference, or failure to successfully complete a drug screening and physical examination, may be cause for rejection or dismissal. If employed, I agree to observe all McGregor PACE rules and regulations at all times. I also agree and understand that whatever scheduled hours of work I accept now or in the future while employed are not guaranteed and neither are any other terms, conditions, or length of employment.

McGregor PACE is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, sex, color, religion, national origin, ancestry or age. In addition, McGregor PACE does not discriminate against qualified individuals with disabilities.

Signature	Date
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**MCGREGOR PACE  
APPLICANT/EMPLOYEE RELEASE FOR  
BACKGROUND INFORMATION**

I hereby authorize McGregor PACE, (hereafter referred to as "Company") or its agent, The Pre-check Company, (hereafter referred to as "Pre-Check") to investigate my background in order to process my application for employment and for continued employment with the Company. I understand the consumer reporting agency will conduct an investigation to obtain information as deemed necessary for continued employment with the Company. The information obtained may cover up to the last seven (7) years regarding my employment with the Company. The information obtained may cover up to the last seven (7) years regarding my work habits, salary history, education, felony convictions, motor vehicle history (if applicable to the position), civil records, current use of illegal substances and alcohol, personal characteristics, mode of living, and general reputation.

I understand direct or indirect contact from former employers, schools, financial institutions, landlords, public agencies, and through personal interviews with my associates, friends, acquaintances, neighbors, or other persons who may have such knowledge may be made to obtain such information.

I forever release and discharge the Company, Pre-Check, and their respective employees and agents, my past employers, schools, persons named in my employment application or resume from any claims, damages, losses, liabilities and expenses arising out of gathering and reporting information.

I also understand that before being denied an assignment or continued employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand I may request an outline of the nature and scope of the investigation if such request is made in writing within a reasonable period after the completion of the investigation. The address of the Pre-Check Company is 14701 Detroit Avenue, Suite LL 70, Lakewood, Ohio, 44107, and their toll-free telephone number is (800) 268-2435.



**PLEASE FILL IN EACH BLANK SPACE**

Name		Phone		
Former Name		Social Security Number		
Current Address		City	State	Zip
Current County		Length Of Residence: Years: _____ Months: _____		
Previous Address		City	State	Zip
Previous County		Length Of Residence: Years: _____ Months: _____		
Driver's License #	State	Have you ever been convicted of a felony? Yes ____ No ____		
May we contact your employer? ____ Yes ____ No				
<i>I certify that the information I have provided is true and complete, and I understand that if I am employed, false or incomplete statements of material fact on this authorization shall be sufficient cause for dismissal.</i>				
Signature		Date		



**MCGREGOR PACE**

**AUTHORIZATION FOR DRUG SCREENING**

As part of my application for employment as well as continued employment with McGregor PACE,

I, \_\_\_\_\_

(Please Print Full Name Legibly)

Give my consent for a Drug Screening Test, which I understand will be conducted by OccuCenters.

If offered employment, I also give my consent to participate in the Drug Screen Workplace Program, which may include Random Drug Screening.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_



## MCGREGOR PACE

### PRE-EMPLOYMENT SCREENING FOR EMPLOYMENT

State law requires fingerprinting and a criminal background check of each applicant who is selected for employment in a direct service position. State law prevents us from employing any such applicant who has been convicted of or has pleaded guilty to a wide variety of criminal offenses, including patient abuse or neglect, repeated offenses of any other type of violence, sexually oriented offenses – and also many other specified offenses (except that if the applicant meets the *personal character standards* defined by law, the employer may, nevertheless, consider employing an individual who has committed the other specified offenses).

Under this State law, we are permitted to hire new direct service employees on a conditional basis only, pending the results of the criminal background check.

**A criminal background check is required for all applicants of McGregor PACE.**

Employment will be conditional, pending the results of the criminal background check. If this background check reveals that an individual has been convicted of or has pleaded guilty to an offense that is relevant to the position for which he or she was hired (including an act of violence indicating a potential for danger to the workforce), then his/her employment will be terminated immediately – unless evidence of a lengthy period of rehabilitation is presented and such evidence is satisfactory to the President/CEO of McGregor PACE.

**McGregor PACE requires drug and alcohol testing for applicants for whom the organization has made an offer of employment.**

Please sign the statement below to specify that you have reviewed this information.

*I have carefully reviewed the Pre-Employment Screening for Employment form and I understand that if I am hired for a position, my initial period of employment will be on a conditional basis only pending the results of a criminal background check and a drug and alcohol screening.*

Name (Please Print)

Signature

Date

**Residency Statement:** I have been a resident of Ohio for the past (5) years

Yes     No



**MCGREGOR PACE  
REFERENCE DOCUMENTATION**

APPLICANT NAME: \_\_\_\_\_

**THE INDIVIDUALS LISTED MUST BE WORK-RELATED REFERENCES  
(PLEASE DO NOT LIST FRIENDS OR FAMILY MEMBERS)  
AT LEAST ONE REFERENCE MUST BE A SUPERVISOR**

REFERENCE NAME	TELEPHONE
RELATION TO APPLICANT (CHECK ONE) ____ SUPERVISOR ____ CO-WORKER ____ CLIENT ____ OTHER _____	
<b>DO NOT FILL OUT THIS SECTION</b> COMMENTS: _____ _____	

REFERENCE NAME	TELEPHONE
RELATION TO APPLICANT (CHECK ONE) ____ SUPERVISOR ____ CO-WORKER ____ CLIENT ____ OTHER _____	
<b>DO NOT FILL OUT THIS SECTION</b> COMMENTS: _____ _____	

REFERENCE NAME	TELEPHONE
RELATION TO APPLICANT (CHECK ONE) ____ SUPERVISOR ____ CO-WORKER ____ CLIENT ____ OTHER _____	
<b>DO NOT FILL OUT THIS SECTION</b> COMMENTS: _____ _____	