



EMPLOYMENT APPLICATION

(AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER)

Instructions: Please complete all information requested in this application completely and accurately. It is important to provide accurate dates of employment and telephone numbers. Thank you.

PERSONAL INFORMATION

Name (Last)	(First)	(Middle)	Social Security Number
Home Address	City	State	Zip Code
Home Telephone () ()	Business Telephone () ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position applying for: _____ Date available: _____		How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> School <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative (please indicate) <input type="checkbox"/> Walk-in <input type="checkbox"/> Other-Explain _____	
Please circle the type of employment desired: Full-time Part-time PRN			
Circle ONLY your FIRST CHOICE of shift to work: 1 st 2 nd 3 rd			
Please indicate any other scheduling preferences: _____			
Have you previously worked for McGregor or other McGregor facilities? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, dates employed: From _____ to _____ Position Held _____			
Supervisor _____ Reason for Leaving _____			
Do you have any relatives who currently work for McGregor or other McGregor facilities? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, name(s) _____			
If the position requires you to drive, 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"/> NO			

EDUCATION

Type of School	Name and Location of School	Degree/ Course of Study	Number of Years attended	Graduated Yes/No
High School	Name			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Address, City, State, Zip Code			
College	Name			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Address, City, State, Zip Code			
College	Name			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Address, City, State, Zip Code			

Graduate School	Name			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Address, City, State, Zip Code			
Other(Trade/ Business School)	Name			<input type="checkbox"/> YES <input type="checkbox"/> NO
	Address, City, State, Zip Code			

List any Licenses/Certification issued: (Include numbers)

Special Skills/Continuing Education:

Do you have a legal right and the necessary documents to work in the U.S.? Yes No
(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Were you ever discharged by any company? Yes No If yes, give name of company (ies) _____
Reason for discharge _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If yes, when, where and what was the final disposition of the case? _____

EMPLOYMENT HISTORY

List your employers, starting with the most recent first. Please account for any time during this period that you were unemployed by stating the nature of your activities. Also, please indicate if you were employed under a different name. May we contact your present employer? YES NO

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	SALARY OR WAGES	REASON FOR LEAVING
From: _____/_____/_____ To: _____/_____/_____	Name _____ Address _____ _____ Phone () _____	Job Title: _____ _____ Supervisor: _____ _____	Starting: _____ _____ Final: _____ _____	

Summarize experience gained, special training received:

From: ____/____	Name _____	Job Title: _____	Starting: _____	
To: ____/____	Address _____	Supervisor: _____	Final: _____	
	Phone () _____			

Summarize experience gained, special training received:

From: ____/____	Name _____	Job Title: _____	Starting: _____	
To: ____/____	Address _____	Supervisor: _____	Final: _____	
	Phone () _____			

Summarize experience gained, special training received:

From: ____/____	Name _____	Job Title: _____	Starting: _____	
To: ____/____	Address _____	Supervisor: _____	Final: _____	
	Phone () _____			

Summarize experience gained, special training received:

References – Business references: (do not list friends or relatives) (give the names of three persons whom you have known at least one year) (please indicate if you were employed under a different name)

Name	Address	Work Phone #	Title	# of Year(s) Acquainted

McGregor complies with federal and state regulations regarding the hiring of convicted felons in long term care and residential facilities: Please complete the following:

Details if yes

Have you ever been convicted of a felony? Yes No

Have you ever plead guilty to a felony? Yes No

Have you ever plead no contest to a felony? Yes No

If you responded “yes” to any of the questions, please list the county, date, and type of conviction:

Please read carefully

I certify that all the information I have given in this application and any other material submitted by me in connection with this application is true, correct, and complete. I understand that false or incomplete information given by me on this application or any other materials in connection with this application may be grounds for not hiring me or dismissal after I begin work. Further my signature constitutes my authorization for former employers, schools, licensing agencies, or additional references to release information regarding me to McGregor or other McGregor facilities and that I release all parties of any liability in connection with the release of any information regarding me to McGregor or other McGregor facilities. I understand that McGregor complies with federal and state regulations regarding background checks and must terminate my employment if at some time it is found that I am a convicted felon. I also understand that if employed, my employment is at will and that McGregor or other McGregor facilities or I may terminate employment at any time and for any reason, with or without notice.

APPLICANT SIGNATURE _____ DATE _____

FOR HUMAN RESOURCES ONLY:
 HIRED: YES NO POSITION: _____ DEPARTMENT: _____
 START DATE: _____ RATE OF PAY: _____ SUPERVISOR: _____