

Application for Employment

Oesterlen Services for Youth, Inc.
1918 Mechanicsburg Road
Springfield, OH 45503
937/399-6101

Equal access to employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact the administrator in the department of the position for which you are applying.

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number () _____ Social Security Number _____

Position(s) applied for _____ Date of application _____

Referral Source Advertisement Employee Relative Employment Agency
 Walk-in Friend Other _____
 Name of Source (if applicable) _____

In case of an emergency contact:

| | |
|----------------|---------------------|
| Name | Telephone |
| Address | Relationship |

Have you been employed here before? Yes No
 If so, dates _____ and under what name _____

Are you legally eligible for employment in this country?
 (Proof of U. S. Citizenship or immigration status will be required upon employment.) Yes No

Date available for work / /

Type of employment desired Full-time Part-time Temporary

Do you have a valid Ohio Driver's License? Yes No

Do you have any physical/mental limitations that would prevent you from performing the essential functions of the job as it has been described to you? Yes No
 If yes, explain _____

Have you been convicted of a felony?* Yes No
 If yes, explain _____

*The law requires the final candidate for all positions to authorize a police check on him/herself. Refusal to authorize will exclude the candidate from further employment consideration.

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Exclude organizations which indicate race, color, religion, gender, or national origin.

Complete and sign the enclosed "Employment Information Release Form" for each employer listed below.

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|----------|----------------------------------------------------------------------|
| Employer | Telephone () | Dates Employed | | Summarize the nature of the work performed and job responsibilities: |
| | | From: | To: | |
| Address | City | State | Zip Code | |
| Job Title | Hourly Rate/Salary | | | |
| | Starting | | | |
| Immediate Supervisor and Title | \$ | | Per | |
| Immediate Supervisor Email Address | | | | |
| Reason for Leaving | | Hourly Rate/Salary | | |
| | | Final | | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ | Per | |

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|----------|----------------------------------------------------------------------|
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| Immediate Supervisor Email Address | | | | |
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| Immediate Supervisor Email Address | | | | |
| Reason for Leaving | | Hourly Rate/Salary | | |
| | | Final | | |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ | Per | |

Have you lived only in Ohio for the last five years? Yes No If no, where else have you lived? _____

Comments regarding employment (including explanation of any gaps in employment): _____

Special Skills and Qualifications

Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may further qualify you as being able to perform job-related functions of the position for which you are applying. _____

Educational Background

List the last three (3) schools attended starting with the most recent.
You may be required to provide proof of education (license, diploma, etc.).

| SCHOOL (Name and Address) | YEARS COMPLETED | DEGREE DIPLOMA | MAJOR | MINOR |
|---------------------------------------------------------|--------------------|-------------------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| Honors/Certificates Received: | | | | |
| Other training, licenses, or specialized skills: | | | | |

Personal References

List the name, address, and telephone number of three (3) references who are *not* related to you or are *not* previous supervisors.

| Name | Address, City, State, Zip Code | Telephone Number | Years Known |
|------------------------------------|--------------------------------|---------------------|----------------|
| 1. | | | |
| Reference #1 Email Address: | | | |
| 2. | | | |
| Reference #2 Email Address: | | | |
| 3. | | | |
| Reference #3 Email Address: | | | |

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal gender, race, religion, national origin, age, color, disability or other protected status.)

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |

List any additional information you would like us to consider. _____

This section to be completed by Youth Leader applicants ONLY.

Oesterlen does not discriminate based on race, religion, color, gender, national origin, age, or handicap. Because a Youth Leader does work closely and directly with the clients, it is necessary to provide the following information.

Are you between the ages of 21 and 70? _____

Have you ever been disciplined or fired from a job? Yes No If yes, explain: _____

Oesterlen maintains strict confidentiality of clients and employees.

APPLICANT STATEMENT FOR ALL APPLICANTS FOR ALL POSITIONS
PLEASE READ CAREFULLY

I certify that the information on this application is accurate. I authorize Oesterlen Services for Youth, Inc. to verify and fully investigate any of this information without liability, and I release from all liability or responsibility all persons, agencies, educational institutions, companies, or corporations supplying information. I understand that any false or misleading statements on this application may render it void or result in my termination in the event I have been hired.

Because Oesterlen is licensed by The Ohio Departments of Mental Health, Oesterlen must require all employees to pass a physical examination and tuberculosis test. I consent to any medical examination required by the agency at any time to determine my ability to perform the duties of my job or other jobs with the agency, and I understand that my employment may be conditioned upon a satisfactory physical examination and tuberculosis test. I understand that I will be required to satisfactorily complete an alcohol/drug screening as a condition of my employment and may be subject to additional random screenings thereafter according to agency policy.

Should I accept employment with Oesterlen, I hereby agree it would be on an employment at-will basis and that my employment may be terminated at any time, with or without notice or cause, by myself or Oesterlen. No representative of the employer has the authority to make any assurances to the contrary, and any employment agreements to the contrary must be in writing and signed by the Executive Director and Board President. I also agree to abide by the policies, rules, and regulations of the agency.

I agree (type name) _____ Date _____

FOR DEPARTMENTAL USE ONLY

Interviewed by _____ **Date** _____

Remarks: _____

AN EQUAL OPPORTUNITY EMPLOYER