

FOCUS CARE ENTERPRISES, INC.

EMPLOYMENT APPLICATION

1520 Germantown Street, Dayton, OH 45417

"YOUR ATTENTION IS DIRECTED TO THE REQUIREMENT OF A CRIMINAL BACKGROUND CHECK AND DRUG TEST FOR ALL APPLICANTS AS STATED ON PAGE 5."

Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Home Telephone _____ Social Security # _____

Relative or Friends employed by us? Yes No (If yes; please identify)

Name _____
Last First Middle

Who referred you to Focus Care? (Check box and name source)

Employment Agency Advertisement University/College Other _____

EDUCATION AND TRAINING

High School Attended or Trade School _____

Address _____
Street City State Zip

Did you graduate? Yes No High School Equivalent Yes No Graduation Date _____

Courses pertaining to job applied for _____

Activities, Awards, Sports, etc... _____

College Attended _____

Address _____
Street City State Zip

Did you graduate? Yes No Degree _____ Graduation Date _____

Courses pertaining to job applied for _____

Activities, Awards, Sports, etc... _____

Graduate School Attended _____

Address _____
Street City State Zip

Did you graduate? Yes No Degree _____ Graduation Date _____

Courses pertaining to job applied for _____

Activities, Awards, Sports, etc... _____

COMPLETE IF APPLYING FOR ADMINISTRATIVE POSITION(S):

Typing Speed _____ wpm Shorthand _____ wpm Speedwriting _____ wpm

Business Equipment Operated _____

Office Applications Proficiency Word Excel Powerpoint Publisher Access Adobe

List Special Skills _____

EMPLOYMENT HISTORY: (BEGIN WITH MOST RECENT POSITION)

Present or Previous Employer _____

Can your present employer be contacted at this time? Yes No N/A

Address _____
Street City State Zip

Telephone _____ Job Title _____ Date Employed _____ to _____

Beginning Salary _____ Ending Salary _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why did you leave _____

2. Previous Employer _____

Can your present employer be contacted at this time? Yes No N/A

Address _____
Street City State Zip

Telephone _____ Job Title _____ Date Employed _____ to _____

Beginning Salary _____

Ending Salary _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why did you leave _____

3. Previous Employer _____

Can your present employer be contacted at this time? Yes No N/A

Address _____

Street

City

State

Zip

Telephone _____ Job Title _____ Date Employed _____ to _____

Beginning Salary _____

Ending Salary _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Why did you leave _____

MILITARY STATUS

Have you ever served in the Military Service Yes No

Types of duties while serving in the military _____

PERSONAL

Have you ever been convicted of a crime? Yes No (if Yes; explain)

Have you a citizen of the United States? Yes No

1-151 Alien Registration Card Number _____

Type of Clinical Licensure/Certification _____ Expiration Date _____

Have you ever been named in any malpractice action? Yes No

Have you ever had malpractice insurance denied, canceled or renewal refused? Yes No N/A

Have there ever been an action against your: (a) License (b) Certification? Yes No N/A

Have your license/certification ever been revoked or suspended? (If yes; explain) Yes No N/A

Has any adverse action been filed against you by Medicare/Medicaid Yes No N/A

Have you ever been sanctioned by a professional association for ethical Yes No N/A

or other violation? (If yes; explain) _____

PLEASE INITIAL EACH PARAGRAPH BELOW TO INDICATE THAT YOU HAVE READ AND UNDERSTAND SAME.

"I certify that all statements made by me in this Employment Application are true to the best of my knowledge. Permission and authorization is hereby granted to Focus Care to solicit, obtain copies of documents and investigate statements from any person or organization with regard to personal history and prior employment and any statements contained in this Application." _____

"I understand and agree that inclusion of any false information may be cause for disqualification and non-consideration for employment and subsequent release after employment." _____

"I understand that nothing contained in this Employment Application or in the granting of an interview creates a contract between Focus Care, and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Focus Care, unless made in writing by the President/CEO or designee. If an employment relationship is established, I acknowledge that no consideration has been furnished to Focus Care, for my employment other than my services. I understand I have a right to terminate my employment at any time, and Focus Care has the same right." _____

"I also understand that Focus Care maintains and subscribes to a policy of drug-free workplace and as such I agree to abide by the provision of the Drug Free Workplace Act and the policies, procedures, rules and regulations of Focus Care adopted in furtherance of the requirements of the Act." _____

"If employed, I will conscientiously abide by the rules and conditions of the agency." _____

"No offer of employment will be made until a **criminal background check** required by the Ohio Revised code 5126.28.1(D) and a **drug test** are completed and Focus Care receives the results. If the results of either the criminal background check or the drug test indicate that I do not qualify for employment, I understand that I will no longer be considered an applicant." _____