

SAINT MARGARET HALL

APPLICATION FOR EMPLOYMENT

an Equal Opportunity Employer

Date of Application _____

PERSONAL INFORMATION

(Please Print)

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE NO.: HOME: (_____) _____ CELL: (_____) _____

EMAIL ADDRESS: _____ SSN: _____

If you are under 18 years old, can you provide all required certificates and/or permits? Yes No

If no, please explain: _____

Have you ever been convicted of any misdemeanor or felony (this includes, without limitation, pleading guilty, pleading no contest, or having a judicial finding of guilt)? Yes No

If yes, where, for what, and give dates: _____

(Conviction will not necessarily disqualify an applicant from employment) (See last page)

Type of Position Applying for: _____
(Describe)

Full-Time Part-Time Temporary Will you work overtime hours? Yes No

Indicate days and times available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
(_____)	(_____)	(_____)	(_____)	(_____)	(_____)	(_____)

Preference: Day Shift Evening Shift Night Shift Weekends Only

Date available to start work? _____

Previously apply here? Yes No If Yes, give date(s): _____

Previously work here? Yes No If Yes, give date(s): _____

Do you have a reliable means of transportation to and from work? Yes No

List three professional references you have known for at least one year (exclude relatives):

Name and Occupation	Address	Phone Number

EDUCATIONAL BACKGROUND

Type of School	Name and Address	Course of Study	Did You Graduate?	List Degree or Diploma
High School				
College				
Graduate School				
Business/Trade				
Other				

WORK HISTORY (LIST MOST RECENT EMPLOYER FIRST)

Date, Month, and Year	Employer's Name, Address, Phone No.	Supervisor's Name, Address, Phone No.	Job Title and Duties	Reason for Leaving (specify quit, discharge, lay off)
From:				<input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Lay off
To:				
From:				<input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Lay off
To:				
From:				<input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Lay off
To:				
From:				<input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Lay off
To:				
From:				<input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Lay off
To:				

LICENSES OR CERTIFICATIONS

Profession	License No.	Expiration Date	Licensing State

SPECIALIZED SKILLS

- | | |
|---|---|
| <input type="checkbox"/> Typing – W.P.M. _____
<input type="checkbox"/> MS Office
<input type="checkbox"/> Spreadsheet Software
<input type="checkbox"/> Windows | <input type="checkbox"/> Restorative Nursing
<input type="checkbox"/> MDS
<input type="checkbox"/> Infection Control
<input type="checkbox"/> Beginning/Advanced Activities Course |
|---|---|

List any other special skills or training we should be aware of:

Are you on lay off and subject to recall? Yes No

Are you known to schools/references/employers by another name? Yes No

If Yes, please indicate the name(s): _____

If applying for position that involves driving, please list the following:

Driver's License No.: _____ State _____ Exp. Date _____

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CRIMINAL RECORDS CHECK

Pursuant to Ohio law, Saint Margaret Hall conducts a criminal records check on all applicants who are offered a position. If a records check indicates the applicant has been convicted of or pleaded guilty to any of the following offenses (code sections and titles may change over time), the applicant may be disqualified for employment.

2903.01 Aggravated Murder 2903.02 Murder 2903.03 Voluntary Manslaughter 2903.04 Involuntary Manslaughter 2903.11 Felonious Assault 2903.12 Aggravated Assault 2903.13 Assault 2903.16 Failing To Provide For A Functionally Impaired Person 2903.21 Aggravated Menacing 2903.34 Patient Abuse Or Neglect 2905.01 Kidnapping 2905.02 Abduction 2905.11 Extortion 2905.12 Coercion 2907.02 Rape 2907.03 Sexual Battery 2907.05 Gross Sexual Imposition 2907.06 Sexual Imposition 2907.07 Importuning 2907.08 Voyeurism 2907.09 Public Indecency 2907.12 Felonious Sexual Penetration 2907.25 Prostitution 2907.31 Disseminating Matter Harmful To Juveniles 2907.32 Pandering Obscenity 2907.321 Pandering Obscenity Involving A Minor 2907.322 Pandering Sexually Oriented Matter Involving A Minor 2907.323 Illegal Use Of A Minor In Nudity-Oriented Material/Performance 2911.01 Aggravated Robbery	2911.02 Robbery 2911.11 Aggravated Burglary 2911.12 Burglary 2911.13 Breaking And Entering 2913.02 Theft, Aggravated Theft 2913.03 Unauthorized Use Of A Vehicle 2913.04 Unauthorized Use Of Property; Unauthorized Access To Computer Systems 2913.11 Passing Bad Checks 2913.21 Misuse Of Credit Cards 2913.31 Forgery; Identification Card Offenses 2913.40 Medicaid Fraud 2913.43 Securing Writings By Deception 2913.47 Insurance Fraud 2913.51 Receiving Stolen Property 2919.25 Domestic Violence 2921.36 Illegal Conveyance Of Weapons Or Prohibited Items Onto Grounds Of Detention Facility Or Institution 2923.12 Carrying Concealed Weapons 2923.13 Having Weapons While Under Disability 2923.161 Improperly Discharging Firearm At Or Into Habitation Or School 2925.02 Corrupting Another With Drugs 2925.03 Trafficking In Drugs 2925.11 Possession Of Drug 2925.13 Permitting Drug Abuse 2925.22 Deception To Obtain A Dangerous Drug 2925.23 Illegal Processing Drug Document 3716.11 Placing Harmful Objects In Food Or Confection
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APPLICANT STATEMENT

1. I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by Saint Margaret Hall (“SMH”), will subject me to immediate termination, whenever the falsification, misrepresentation, or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
2. My signature authorizes SMH or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record, driving record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify SMH, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.
3. I understand that a drug and/or alcohol screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug and/or alcohol screen, by an examiner selected by SMH if I am made a contingent offer of employment. I release and agree to indemnify SMH, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any medical examination or drug/alcohol screen or for the taking of any action based on the results of any medical examination or drug/alcohol screen.
4. I agree and consent that SMH may inspect any SMH’s property at any time and for any reason, without notice. This property includes, without limitation, work stations, computers, offices, desks, lockers, voice mail, and filing cabinets. Additionally, I agree and consent that any personal items I bring onto SMH’s premises are subject to inspection at any time and for any reason, without prior notice.
5. I can provide legally required documentation permitting me to immediately work in the USA for any employer. If I fail to provide the required legal documentation, I will be terminated from my employment.
6. I understand and agree if I am employed by SMH, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, SMH can terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in SMH’s employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and SMH for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that SMH may modify, revoke, suspend, terminate, or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, hours of work, or for the providing of benefits have been made to me. I further understand and agree that no such promise or guarantee is binding on SMH unless it is confirmed in writing, signed by me and the Administrator of SMH, and that document states that the employment relationship is not “at-will” and details the specific promise or guarantee.
7. **READ CAREFULLY BEFORE SIGNING.** In consideration of SMH’s review of my application, I knowingly agree and understand that any claim or lawsuit arising out of my application for employment with, my employment with, or subsequent separation from SMH must be filed no more than 180 calendar days after the date the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims or actions arising out of an employment action may be longer than 180 calendar days, I agree to be bound by the 180 calendar day period of limitations set forth herein, and I waive any STATUTE OF LIMITATIONS TO THE CONTRARY. If this provision is held to be invalid or unenforceable, I agree that the time period will be increased to the minimum extent necessary to make this provision valid and enforceable.

I have read and understand the contents of this employment application and am fully able and competent to complete it.

Applicant’s Signature

Date