

PREVIOUS EXPERIENCE

COMPANY NAME	EMPLOYED FROM	EMPLOYED TO	IMMEDIATE SUPERVISOR	LAST SALARY <small>(HOURLY, MONTHLY OR YEARLY)</small>

MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY ADDRESS	COMPANY PHONE
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JOB TITLE: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

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PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY _____

HAVE YOU EVER BEEN DISCHARGED OR RESIGNED IN LIEU OF DISCHARGE? IF SO, PLEASE EXPLAIN.

Military Service

HAVE YOU SERVED IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	FROM	TO	BRANCH	HIGHEST RANK	DUTIES AND SPECIAL TRAINING

Licensure / Certification

NURSING, STNA OR OTHER PROFESSIONAL LICENSES AND / OR CERTIFICATIONS		
TYPE (LPN, STNA, SOCIAL WORKER, ETC.)	CURRENT CERTIFICATE NO.	EXPIRATION DATE

REFERENCES

List three professional references below. Do NOT list relatives.

NAME	RELATIONSHIP	TELEPHONE	YEARS KNOWN
1.			
2.			
3.			

WERE YOU REFERRED TO COLONIAL BY A PRESENT COLONIAL EMPLOYEE? YES NO

NAME OF REFERRING EMPLOYEE (list only one): _____

LIST ANY RELATIVES WORKING AT COLONIAL	RELATIONSHIP	POSITION / DEPARTMENT
1.		
2.		
3.		

**PLEASE READ THE FOLLOWING CAREFULLY
AND SIGN IN THE SPACE PROVIDED**

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and complete to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, may subject me to termination. I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, Colonial will provide me with any and all information required in compliance with the Fair Credit Reporting Act.

I acknowledge that Colonial reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between Colonial and its employees. I understand that at Colonial, my employment is "at will". This means I am free to terminate my employment at any time, for any reason, with or without cause, and that Colonial retains the same rights. I further understand and agree that the CEO of Colonial is the only person who may make an exception to this and it must be in writing and duly executed by the CEO of Colonial.

AUTHORIZATION TO RELEASE INFORMATION: I authorize Colonial to contact any references employers, or any and all other sources deemed necessary to ensure suitability for employment, and release all parties from all liability for any damage that may result from furnishing such information to Colonial. I agree and understand that Colonial and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, Colonial may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

NO DRUG USE POLICY: Colonial is a drug-free workplace. All persons seeking employment or employed with Colonial will be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by the Colonial and further consent to have the specimen tested at a laboratory selected by the Colonial.

Signature _____

Date _____



BACKGROUND CHECK RELEASE FORM

PER FCRA: 1) Signing this authorizes a background investigation. 2) You may not be hired or your employment continued based on our report. 3) You will be told if that is the intent. 4) You can view the report and dispute items you feel are erroneous with us or the source.

LAST NAME _____ FIRST NAME _____ MIDDLE _____ SS# _____

PRESENT ADDRESS _____ CITY,ST,ZIP _____ County _____ Yrs _____

PRIOR ADDRESS _____ CITY,ST,ZIP _____ County _____ Yrs _____

OTHER PRIOR County(ies) _____ ST _____ County _____ ST _____ DATE OF BIRTH ____/____/____

NOTE: Year of birth used for identification only

DRIVER LICENSE # _____ STATE _____ Maiden/other names used _____

LIST ALL CONVICTIONS INCLUDING TRAFFIC (Indicate "M" for misdemeanor or "F" for felony.)

YEAR	NATURE OF OFFENSE	WHERE (CITY / STATE / COUNTY)	Misd. or Felony
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize the release to Matrix, an independent pre-employment screening agency, of any information held by any parties regarding my prior employment , criminal, credit, driving, workers comp. and educational history as well as information regarding my general character and reputation. I release any providers of such information from any liability for providing same. I understand the information may be reviewed initially and periodically by Matrix and reported to my prospective/actual employer. I agree falsification may make me ineligible for employment or subject to immediate dismissal, if hired. I further acknowledge that Matrix is relying on third party information and I therefore release Matrix, my prospective employer, and their respective owners, officers, agents and employees from any and all liability arising out of errors or omissions. If not hired I understand I do have certain rights under FCRA laws.

Signed _____

Dated _____

Fax: (513) 366-3362 Email: moberrecht@matrixtpa.com Call: (513) 351-1222
CLIENT: Colonial Attn: Debbie Jester PH: 513-785-4754 Return via fax: (513)785-4758 or e-mail: djester@colonialseniors.org

Standard Profile Report

Other

Driving History