



Application For Employment

Providing a lifetime of caring!

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status. We are an equal opportunity employer.

Please Print

EMPLOYMENT POSITION

Position Applied For _____ Date of Application ____/____/____

How Did You Learn About Us? ☐ Advertisement ☐ Friend ☐ Inquiry
☐ Employment Agency ☐ Relative ☐ Other _____

CONTACT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ - _____ Alternate Telephone (_____) _____ - _____

E-Mail _____

Date of Birth (Optional) ____/____/____ Social Security Number (Optional) ____ - ____ - ____

Best Time To Contact You ____ : ____ ☐ am ☐ pm ☐ Weekdays (Preferred Day: _____) ☐ Weekend

ADDITIONAL INFORMATION: (PLEASE CHECK ALL THAT APPLY)

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If yes, give the date you submitted the application ____/____/____

Have you ever employed with us before? ☐ Yes ☐ No

If yes, give the dates you worked for us ____/____/____ until ____/____/____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

If yes, state name, relationship and location _____

Are you currently employed? ☐ Yes ☐ No May we contact your current employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of
Visa or immigration status? (Proof of citizenship or immigration status will be required upon employment) ☐ Yes ☐ No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time Please indicate: 1st Shift ____ 2nd Shift ____ 3rd Shift ____
☐ Part-Time Please indicate: 1st Shift ____ 2nd Shift ____ 3rd Shift ____
☐ Temporary Please indicate: 1st Shift ____ 2nd Shift ____ 3rd Shift ____

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No Do you have an Ohio Driver's License? ☐ Yes ☐ No

EDUCATION

	Name and Address of School	Course of Study	# Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

WORK EXPERIENCE

*(Start with your present job. Include any job related military service assignments and volunteer activities.
You may exclude organizations which include race color, religion, gender, national origin, or other protected status)*

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone				
Starting/Present Job Title		Hourly Rate / Salary		
Supervisor		Starting	Final	
Reason For Leaving				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone				
Starting/Present Job Title		Hourly Rate / Salary		
Supervisor		Starting	Final	
Reason For Leaving				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone				
Starting/Present Job Title		Hourly Rate / Salary		
Supervisor		Starting	Final	
Reason For Leaving				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone				
Starting/Present Job Title		Hourly Rate / Salary		
Supervisor		Starting	Final	
Reason For Leaving				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: (Include explanation of any gap in employment) _____

Name _____
Position _____
Date ____/____/____

SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES (Give a full description)

JOB RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY (Give a full description)

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD (Give a full description)

(You may exclude organizations which include race color, religion, gender, national origin, or other protected status)

ADDITIONAL INFORMATION AND OTHER QUALIFICATIONS (Give a full description)

(Summarize special job-related skills and qualifications acquired from employment or other experience.)

SPECIALIZED SKILLS AND EQUIPMENT OPERATION: (PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/> Terminal	Production / Mobile Machinery (List) <hr/> <hr/> <hr/> <hr/>	Other (List) <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> PC / Mac		
<input type="checkbox"/> Typing Skills (_____ wpm)		
<input type="checkbox"/> Spreadsheet		
<input type="checkbox"/> Word Processing		

State any additional information you feel may be helpful to us in considering your application:

JOB REQUIREMENT

(Note to applicant... DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE INQUIRING)

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

☐ Yes ☐ No

PERSONAL / PROFESSIONAL REFERENCES (Do not include family members or past supervisors)

Name of Reference	Occupation	Phone Number	Best Time To Call



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IN AN EMERGENCY, CONTACT:

Name _____

Phone Number (_____) _____ - _____

Address _____

Relationship: _____

RELEASE OF INFORMATION

I, _____, hereby grant The Judson Palmer Home permission to contact references, employers (current and/or previous) and to complete a law enforcement agency and a Bureau of Motor Vehicles background check as part of the selection process for volunteer participation.

Signature _____

Date _____

PHOTOGRAPH RELEASE

I, _____, hereby grant The Judson Palmer Home an irrevocable license to use my likeness now or at any time in the future, in any manner it so chooses and in any medium now existing or later developed. This includes, without limitation, use on 50 North brochures, newsletters and any other promotional material it wishes. I acknowledge that The Judson Palmer Home is under no obligation to use my likeness.

I agree that there are to be no fees, commissions or royalties paid to me for the use of my likeness.

Signature _____

Date _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without written cause. It is further understood that this "at will" employment relationship may not be changed by written document or by conduct unless such change to specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

_____/_____/_____
Date

The Judson Palmer Home
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www.judsonpalmer.com