
Employment Application – Oaks of Hebron

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip - _____

Permanent Address (if different from present address)

No. & Street City State Zip - _____

(____) _____ - _____ (____) _____ - _____
Business Phone Home Phone

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for Oaks of Hebron before?

Yes No

If yes, when? _____

Do you have any friends or relatives working for Oaks of Hebron?

Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Oaks of Hebron?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Oaks of Hebron, Inc. is an equal opportunity employer, and conducts hiring without regard to race, color, ancestry, national origin, citizenship, age, sex, marital status, parental status, or disability of an otherwise qualified individual. In addition to being a 501(c)(3) tax-exempt corporation, Oaks is also a faith based religious organization. As a faith based religious organization pursuant to the Civil Rights Act of 1964, 78 Stat.255, Section 702 (42 U.S.C. @2000e), Oaks has the right to and does hire candidates who agree and attest to our Statement of Faith.

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
 If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)..... Yes No
 If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____ Telephone No. () ____ - ____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Telephone No. () ____ - ____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ Telephone No. () ____ - ____

Address & Street _____ City _____ State _____ Zip _____

Occupation _____ No. of Years Acquainted _____

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company. I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

Date

Applicant's Signature