

Epilepsy Foundation of Greater Cincinnati Application for Employment

Please fill out form completely for employment consideration. Print and fax or mail when completed.
*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. **We are an equal opportunity employer.***

Personal Information

Last Name:	First:	Middle:
Street Address:		City, State, Zip:
Home Phone:	Mobile Phone:	E-mail address:
Social Security Number:	Date:	

Best time to contact you is: _____

Are you over 18 years of age? Yes No
 If not, can you provide proof of your eligibility to work? Yes No

Have you ever applied for employment with us? Yes No
 If Yes: Date _____

Have you ever been employed with us? Yes No
 If Yes: Date _____

Are you legally eligible for employment in the United States? Yes No
 When will you be able to work? _____

Have you been convicted of a crime in the past ten years which has not been annulled, expunged or sealed by a court? Yes No
 If Yes, describe in full _____

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? Yes No
 If Yes, please explain _____

Do any of your friends or relatives work here? Yes No
 If Yes, state name and relationship _____

Are you currently employed? Yes No

Are you prevented from becoming legally employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full time (Please indicate: 1 2 3 shift)
 Part time (Please indicate: Mornings Afternoons Evenings)

Education

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

Military

Complete this section if you served in the U.S. Military.

Describe your duties and any special training:	
Period of Active Duty (Month & Year)	From To
Rank at Discharge	

Employment History

Please give accurate and complete full-time and part-time employment information. Start with present or most recent employer.

Company:		Hourly Rate:	
Address:		Dates Employed:	From To
Telephone:			
Job Title:	Work Performed:		
Supervisor:			
Reason for Leaving:			

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Telephone:			
Job Title:	Work Performed:		
Supervisor:			
Reason for Leaving:			

We may contact the employers that were listed for reference unless you indicate those you do not want us to contact.

Do not contact:

Employer(s): _____

Reason: _____

References: Give below the names of three persons not related to you, whom you have known at least one year. Do not list past supervisors.

Name:	Phone:	Business/Occupation:	Years Acquainted:
1.			
2.			
3.			

Additional Information

Describe any specialized training, apprenticeships, skills, extra-curricular activities, qualifications or explanations of any of the information provided in this Application for Employment that you feel may be beneficial in this agency arriving at an employment decision.

I, _____, authorize the Epilepsy Foundation of Greater Cincinnati to conduct a reference check which will include a national police record check and fingerprinting.

Social Security Number: _____ Date of birth: _____

- The information provided in this Application for Employment is true, correct and complete.
- If employed, any misstatements or omissions of fact on this application may result in my dismissal.
- I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
- I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

Date

Signature

Please complete and mail or fax a copy of this form to:

Epilepsy Foundation of Greater Cincinnati
895 Central Ave., Suite 550
Cincinnati, OH 45202
Fax: 513-721-0799