

EMPLOYMENT HISTORY

Have you ever been employed with WCV before? YES NO Dates employed from ___ / ___ / ___ to ___ / ___ / ___
 If YES: Department _____ Supervisor _____

LIST YOUR LAST THREE (3) EMPLOYERS (including military experience) STARTING WITH THE MOST RECENT.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		Summarize the nature of work and job responsibilities:	
REASON FOR LEAVING		May we contact for references?	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		Summarize the nature of work and job responsibilities:	
REASON FOR LEAVING		May we contact for references?	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		Summarize the nature of work and job responsibilities:	
REASON FOR LEAVING		May we contact for references?	

I certify that the answers given herein are true and complete to the best of my knowledge. I understand and agree that any misrepresentation by me in this application or any interview will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I am employed. I further understand and agree that if I am employed, my employment is for no definite period of time, and can be terminated at any time, with or without prior notice, at the option of either the employer or myself. I understand that no representative of the employer has authority to make any agreements, representatives, or assurances to the contrary.

I authorize the employer to verify all information I have proved in this application to investigate all references, and to secure additional job-related information about me. I hereby release the employer and its representatives from all liability for seeking, obtaining, and relying upon such information, all other persons, corporations from all liability for furnishing such information.

This form has been designed to strictly comply with State and Federal Employment Practice Law prohibiting discrimination.

Signature of Applicant _____ Date ___ / ___ / ___

"I agree to submit to any lawful medical examinations, and to take any lawful fitness for duty test required by the employer, as a condition of any offer of employment I may receive, or, if I am hired, as a condition of the continued employment. I further agree that my refusal to take any such examinations or tests may be cause for separation of my employment. I hereby release the employer and all persons, corporations, or organizations conducting any such examinations or tests from all liability relating to the examination or tests."

Signature of Applicant _____ Date ___ / ___ / ___

EMERGENCY INFORMATION (TO BE FILLED IN UPON EMPLOYMENT WITH WCV).

Contact Name _____ Relationship _____ Telephone () _____
 Address _____



WORTHINGTON CHRISTIAN VILLAGE

A Caring Community
165 Highbluffs Boulevard
Columbus, Ohio 43235
(614) 846-6076

REFERENCE CHECK FORM

Name of
Applicant

I hereby authorize you to provide to Worthington Christian Village any and all information concerning my employment with your organization and any other information concerning me that you have personal or otherwise. I agree to release you from any and all liability for any damage that might otherwise result from furnishing that same. I agree not to institute any action in any forum concerning your release of information regarding me.

I understand this information may be reviewed initially and periodically by Worthington Christian Village, and I release Worthington Christian Village and its employees and officers from any and all liability and responsibility for damages and/or claims of any kind or nature whatsoever arising from any investigation of my background.

Signature

Date

FOR OFFICE USE ONLY

Dates of Employment: From _____ To _____

Position at Termination _____ Salary _____

If the above information is incorrect, please indicate correction in the "Remarks" section.

How would you rate the applicant in the following areas? (Circle each answer)

INITIATIVE	Excellent	Good	Fair	Poor
QUALITY OF WORK	Poor	Fair	Good	Excellent
FLEXIBILITY	Fair	Good	Excellent	Poor
ABILITY TO LEARN	Excellent	Good	Fair	Poor
ATTENDANCE	Fair	Good	Excellent	Poor
ABILITY TO GET ALONG WITH OTHERS	Good	Fair	Excellent	Poor
PUNCTUALITY	Fair	Good	Excellent	Poor
EMOTIONAL STABILITY	average		below average	
CHARACTER	questionable		above reproach	

REASON FOR LEAVING _____

ELIGIBLE FOR REHIRE YES NO

If no, please explain: _____

REMARKS: _____

Signature and Title of Person Completing Form

Date