



### Employment Application

**IF ACCOMMODATION IS NEEDED TO COMPLETE THIS APPLICATION, PLEASE CONTACT HUMAN RESOURCES AT (330) 797-0070.**  
*We consider applicants for all positions without regard to race, ethnicity, age, color, religion, sex, national origin, sexual orientation, disability, veteran status, or in any manner prohibited by the laws of the State of Ohio and the United States.*

*(Please Print)*

Position Applied For:		Date of Application:	
Name (Last, First, Middle):		Known by any other names? If so, please list:	
Street Address:		Social Security No:   XXX-XX- (Last 4 Digits)	
City, State, Zip:			
Home Phone No:		Cell Phone No:	
		E-Mail:	

**How did you learn about us?**

<input type="checkbox"/> Newspaper Ad Which paper?	<input type="checkbox"/> Friend ( <i>Meridian Employee</i> ) Employee Name:	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Vindy.com or other Online Job Search Website Which Website?	<input type="checkbox"/> Relative ( <i>Meridian Employee</i> ) Employee Name:	<input type="checkbox"/> Other:
<input type="checkbox"/> Meridian’s Website ( <i>www.MeridianHealthCare.net</i> )	<input type="checkbox"/> Direct Mailing from Meridian	

**Are you a client of our agency?**    Yes    No

*Applicants generally are considered for employment on the basis of their qualifications. However, when the applicant is a “client” receiving any treatment services (i.e. Drug and/or Alcohol, Mental Health, Medically Assisted, etc.) from Meridian HealthCare, the hiring of such applicant would result in a conflict of interest and Meridian HealthCare shall not hire such applicant. Consistent with this policy, it is also the intent of Meridian HealthCare that if an employee becomes a “client” at any time during his/her employment, this would also create a conflict of interest and such employment shall be terminated immediately by Meridian HealthCare.*

### **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, ethnicity, age, color, religion, sex, national origin, sexual orientation, disability, veteran status, or in any manner prohibited by the laws of the State of Ohio and the United States.

Employer Name:		Supervisor:	
Street Address:		Phone Number:	
City, State, Zip:		Reason for Leaving:	
Job Title:			
Dates Employed: From:	To:	Salary: \$	\$
_____	_____	_____	_____
Month/Year		Beginning                      Ending	
Duties/Responsibilities:			
Can the above named employer be contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer Name:	Supervisor:
Street Address:	Phone Number:
City, State, Zip:	Reason for Leaving:
Job Title:	
Dates Employed: From: _____ To: _____ Month/Year Month/Year	Salary: \$ _____ \$ _____ Beginning Ending
Duties/Responsibilities:	
Can the above named employer be contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer Name:	Supervisor:
Street Address:	Phone Number:
City, State, Zip:	Reason for Leaving:
Job Title:	
Dates Employed: From: _____ To: _____ Month/Year Month/Year	Salary: \$ _____ \$ _____ Beginning Ending
Duties/Responsibilities:	
Can the above named employer be contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer Name:	Supervisor:
Street Address:	Phone Number:
City, State, Zip:	Reason for Leaving:
Job Title:	
Dates Employed: From: _____ To: _____ Month/Year Month/Year	Salary: \$ _____ \$ _____ Beginning Ending
Duties/Responsibilities:	
Can the above named employer be contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## SPECIAL SKILLS, QUALIFICATIONS, LICENSES AND CERTIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. Please also list any licenses or certifications that you have.

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2.
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4.

### EDUCATION

	NAME & ADDRESS OF SCHOOL	STATUS/YEAR COMPLETED	DIPLOMA/DEGREE	SUBJECT AREA
High School		<input type="checkbox"/> 9th <input type="checkbox"/> 11th <input type="checkbox"/> 10th <input type="checkbox"/> 12th	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate		<input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate		<input type="checkbox"/> 1 <sup>st</sup> year <input type="checkbox"/> 3 <sup>rd</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/> 4 <sup>th</sup> year	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any specialized training, apprenticeship, skills and extra-curricular activities:
Describe any honors you have received:
State any additional information you feel may be helpful/pertinent to your responsibilities here:
Have you ever had any job-related training in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:

Indicate any foreign languages you can speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List any professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal race, ethnicity, age, color, religion, sex, national origin, sexual orientation, disability, veteran status, or in any manner prohibited by the laws of the State of Ohio and the United States).

1.
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3.

What are your salary requirements? \$ \_\_\_\_\_

Have you ever been employed by us before?  Yes  No

Are you currently employed?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Which do you prefer to work:  Full-Time  Part-Time  
 If you prefer part-time, how many hours per week? \_\_\_\_\_

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

Do you have a valid driver's license?  Yes  No

**Nurse or Physician Applicants:** In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If yes, please provide details :  Yes  No  
\_\_\_\_\_

Have you ever pled guilty to or have been convicted of a misdemeanor or felony crime; or are you presently formally charged with committing a criminal offense?  Yes\*\*  No

**\*\*If yes, please provide the following details (use reverse side if needed):**

Date of Arrest	Description of Charge	Date of Conviction/ Guilty Plea	Punishment (i.e. Confinement, Probation, etc.)	Details of Crime (include city/state)

## PROFESSIONAL REFERENCES

Please provide name, address and telephone number of three individuals, not relatives or friends, whom we may contact for a **Professional** recommendation.

NAME	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

## APPLICANT'S STATEMENT

I 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 the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President/CEO of Meridian HealthCare

I give authorization to Meridian HealthCare to seek information from courts and law enforcement agencies for possible pending charges or convictions. I understand that any false information or omission of information will jeopardize my position with respect to employment. I understand that information furnished or recovered as a result of any inquire will not necessarily preclude employment but will be considered as part of an overall evaluation of my qualifications.

I understand that false or misleading information given in my application or interview(s) may result in discharge. I certify that I am emotionally stable and competent to carry out the functions of the job for which I have applied. I understand that Meridian HealthCare is drug-free workplace and that a drug test will be required as a condition of employment. I also understand that if hired I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## MERIDIAN HEALTHCARE IS AN EQUAL OPPORTUNITY EMPLOYER

Meridian HealthCare follows all rules and regulations governing fair employment practices.

All applicants' rights to privacy will be respected. The results of all inquiries shall be treated in confidence by Meridian HealthCare.