



300 Lytle Street, Cincinnati, OH 45202
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APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. This application must be completed in its entirety to be considered.

PLEASE PRINT

Position(s) applied for:		Date of Application:	
How did you learn about us? Ad <input type="checkbox"/> Ad Source: Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/> Please explain:			
Last Name:		First Name:	Middle Initial:
Address:		City:	State: Zip:
Email:	Telephone Number(s) Home:		Cell:
On what date would you be available for work? _____			
Are you available for work: Full time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Shift Work: <input type="checkbox"/> Temporary: <input type="checkbox"/>			
If you are under 18 years of age, can you provide required proof of your eligibility to work?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever filed an application with us before? If YES, give date _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed with us before? If YES, give date _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a relative employed by us?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a child/children enrolled in a CUB Head Start/Early Childhood Education program? If yes, where: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed?			<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact your present employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <i>Proof of citizenship or immigration will be required upon employment</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently on "lay-off" status and subject to recall?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you travel if a job requires it?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been convicted of a felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain:			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or most current job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

#1. Employer:	Dates Employed:		Hourly Rate/Salary:	
	From:	To:	Starting:	Final:
Address:				
Telephone Number(s):	Work Performed:			
Job Title:				
Reason for Leaving:	Supervisor Name & Phone Number:			
#2. Employer:	Dates Employed:		Hourly Rate/Salary:	
	From:	To:	Starting:	Final:
Address:				
Telephone Number(s):	Work Performed:			
Job Title:	Supervisor Name & Phone Number:			
Reason for Leaving:				
#3. Employer:	Dates Employed:		Hourly Rate/Salary:	
	From:	To:	Starting:	Final:
Address:				
Telephone Number(s):	Work Performed:			
Job Title:	Supervisor Name & Phone Number:			
Reason for Leaving:				
#4. Employer:	Dates Employed:		Hourly Rate/Salary:	
	From:	To:	Starting:	Final:
Address:				
Telephone Number(s):	Work Performed:			
Job Title:	Supervisor Name & Phone Number:			
Reason for Leaving:				

EDUCATION	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location:			
Years Completed: (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree/GPA:			

Describe Course of Study:			
Describe any specialized training, apprenticeship, skills and relative extracurricular activities:			
Describe any honors you have received:			
List professional, trade, business, or civic activities and offices held:			

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status

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

	Fluent	Good	Fair
Speak			
Read			
Write			

As an applicant for employment with the (Company), I understand the following:

This application will remain on active file for one year. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired within a year, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Cincinnati Union Bethel. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date. My employment is contingent upon the results of a drug screening analysis for substance abuse. The results of such analysis may be grounds for disqualifying me or terminating my employment. If my application for employment is accepted, the effective date of my employment shall be the date I actually start work. All information (including information on accompanying resume) is subject to verification.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Cincinnati Union Bethel.

I understand that if employed, policies and rules which are issued are not conditions of employment and that Cincinnati Union Bethel may revise policies or procedures, in whole or in part, at any time. Cincinnati Union Bethel reserves and retains the right to make changes in terms and conditions of my employment as it determines to be appropriate. Further, if I am employed, I agree to comply with all policies, safety health rules, regulations, and rules of conduct of Cincinnati Union Bethel.

I understand that if employed with Cincinnati Union Bethel, it is "at will" which means that my employment can be terminated with or without cause, and with or without notice, at any time, at the option of either Cincinnati Union Bethel or myself, except as otherwise provided by law.

I hereby authorize the following organizations, individuals, and entities to furnish Cincinnati Union Bethel or its agents with any and all available information and copies of records/transcripts pertaining to me, my activities, and/or my status:

Present and past employers	Schools, colleges and other institutions of learning	Persons or organizations named in this application or accompanying resume	Law enforcement agencies and custodians of court records	Custodians of state records
Branches of military service	Credit bureaus and financial reporting institutions	Physicians, hospitals and medical clinics	Individuals who serve as references	Custodians of medical records

I hereby hold harmless from liability any and all person(s) or agencies and their employees and agents who may provide or discuss pertinent information. A machine copy of this authorization shall be considered as effective and valid as the original.

PRINT FULL NAME (Last, First, Middle)

Other Names Used (Include Maiden Name)

Current Address City State Zip How long?

Previous Address City State Zip How long?

Previous Address City State Zip How long?

Driver's License Number and or/State ID: _____

State of Issue: _____

SIGNATURE

DATE