

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Exclude organizations which indicate race, color, religion, gender, or national origin.

Complete and sign the enclosed "Employment Information Release Form" for each employer listed below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From:	To:	
Address	City	State	Zip Code	
Job Title	Hourly Rate/Salary			
	Starting			
Immediate Supervisor and Title	\$	Per		
Immediate Supervisor Email Address				
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From:	To:	
Address	City	State	Zip Code	
Job Title	Hourly Rate/Salary			
	Starting			
Immediate Supervisor and Title	\$	Per		
Immediate Supervisor Email Address				
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From:	To:	
Address	City	State	Zip Code	
Job Title	Hourly Rate/Salary			
	Starting			
Immediate Supervisor and Title	\$	Per		
Immediate Supervisor Email Address				
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Have you lived only in Ohio for the last five years? Yes No If no, where else have you lived? _____

Comments regarding employment (including explanation of any gaps in employment): _____

Special Skills and Qualifications

Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may further qualify you as being able to perform job-related functions of the position for which you are applying. _____

Educational Background

List the last three (3) schools attended starting with the most recent.
You may be required to provide proof of education (license, diploma, etc.).

SCHOOL (Name and Address)	YEARS COMPLETED	DEGREE DIPLOMA	MAJOR	MINOR
Honors/Certificates Received:				
Other training, licenses, or specialized skills:				

Personal References

List the name, address, and telephone number of three (3) references who are *not* related to you or are *not* previous supervisors.

Name	Address, City, State, Zip Code	Telephone Number	Years Known
1.			
Reference #1 Email Address:			
2.			
Reference #2 Email Address:			
3.			
Reference #3 Email Address:			

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal gender, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List any additional information you would like us to consider. _____

To be completed by Youth Leader applicants ONLY.

Oesterlen does not discriminate based on race, religion, color, gender, national origin, age, or handicap. Because a Youth Leader does work closely and directly with the clients, it is necessary to provide the following information.

Are you between the ages of 21 and 70? _____

Have you ever been disciplined or fired from a job? Yes No If so, explain: _____

Oesterlen maintains strict confidentiality of clients and employees.

**APPLICANT STATEMENT
Please Read Carefully**

I certify that the information on this application is accurate. I authorize Oesterlen Services for Youth, Inc. to verify and fully investigate any of this information without liability, and I release from all liability or responsibility all persons, agencies, educational institutions, companies, or corporations supplying information. I understand that any false or misleading statements on this application may render it void or result in my termination in the event I have been hired.

Because Oesterlen is licensed by The Ohio Departments of Mental Health, Oesterlen must require all employees to pass a physical examination and tuberculosis test. I consent to any medical examination required by the agency at any time to determine my ability to perform the duties of my job or other jobs with the agency, and I understand that my employment may be conditioned upon a satisfactory physical examination and tuberculosis test. I understand that I will be required to satisfactorily complete an alcohol/drug screening as a condition of my employment and may be subject to additional random screenings thereafter according to agency policy.

Should I accept employment with Oesterlen, I hereby agree it would be on an employment at-will basis and that my employment may be terminated at any time, with or without notice or cause, by myself or Oesterlen. No representative of the employer has the authority to make any assurances to the contrary, and any employment agreements to the contrary must be in writing and signed by the Executive Director and Board President. I also agree to abide by the policies, rules, and regulations of the agency.

“I have been provided a copy of my Summary of Your Rights Under the Fair Credit Reporting Act”

Signature _____ Date _____

FOR DEPARTMENTAL USE ONLY

Interviewed by _____ Date _____

Remarks: _____

AN EQUAL OPPORTUNITY EMPLOYER