



Date: _____

| | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|--|--|--|--|--|--|-------|-----|------|--|--|
| PERSONAL DATA | LAST NAME _____ FIRST _____ MIDDLE _____ Address: _____ _____ City _____ State _____ Zip _____ Email: _____ | | Employed Under _____ Any Other Name: _____ Your Home Telephone Number: _____ Are you eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of eligibility required at time of hire | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Date Available to Begin Work</td> <td colspan="2" rowspan="2">Last four digits of Social Security Number</td> <td rowspan="2" style="width: 20px; height: 20px;"></td> <td rowspan="2" style="width: 20px; height: 20px;"></td> <td rowspan="2" style="width: 20px; height: 20px;"></td> <td rowspan="2" style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20%;">Month</td> <td style="width: 20%;">Day</td> <td style="width: 20%;">Year</td> </tr> </table> | | Date Available to Begin Work | | | Last four digits of Social Security Number | | | | | | Month | Day | Year | | |
| Date Available to Begin Work | | | Last four digits of Social Security Number | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | | | |
| HOW DID YOU BECOME INTERESTED IN EMPLOYMENT WITH THE BENJAMIN ROSE INSTITUTE ON AGING? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend/Relative – Name: _____ <input type="checkbox"/> Other-Explain: _____ | | | | | | | | | | | | | | | | |
| GENERAL INFORMATION | Position applied for (first preference) _____ | | Desired rate of pay \$ _____ per _____ | | | | | | | | | | | | | |
| | Position applied for (second preference) _____ | | Desired rate of pay \$ _____ per _____ | | | | | | | | | | | | | |
| | CHECK ALL EMPLOYMENT CONDITIONS YOU ARE WILLING TO ACCEPT: | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Full Time Work <input type="checkbox"/> Regular Work <input type="checkbox"/> Day Shift <input type="checkbox"/> Overtime Work <input type="checkbox"/> Part Time Work <input type="checkbox"/> Temporary Work <input type="checkbox"/> Evening Shift <input type="checkbox"/> Weekend Work <input type="checkbox"/> Summer Work <input type="checkbox"/> Night Shift | | | | | | | | | | | | | | | |
| If part time work is desired, specify days and hours available: | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> Previously applied for work at Benjamin Rose Institute on Aging. <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 25%;"> If yes, date applied and position(s) for which you applied. Month _____ Year _____ Positions(s) _____ _____ _____ </td> <td style="width: 25%;"> Previously employed by the Benjamin Rose Institute on Aging. <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 25%;"> If yes, termination date and last position(s) held. Month _____ Year _____ Positions(s) _____ _____ _____ </td> </tr> </table> | | Previously applied for work at Benjamin Rose Institute on Aging. <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, date applied and position(s) for which you applied. Month _____ Year _____ Positions(s) _____ _____ _____ | Previously employed by the Benjamin Rose Institute on Aging. <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, termination date and last position(s) held. Month _____ Year _____ Positions(s) _____ _____ _____ | | | | | | | | | | | |
| Previously applied for work at Benjamin Rose Institute on Aging. <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, date applied and position(s) for which you applied. Month _____ Year _____ Positions(s) _____ _____ _____ | Previously employed by the Benjamin Rose Institute on Aging. <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, termination date and last position(s) held. Month _____ Year _____ Positions(s) _____ _____ _____ | | | | | | | | | | | | | |
| We are an equal opportunity employer and welcome qualified applicants from any race, color, sex, age, sexual orientation, cultural heritage, national origin, economic status, disability or any other protected characteristic as established by law. | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|--------------------------|---------------------------------|----------------------------|---------------------------|----|--------------------------|--------------------------|--------------------------|--|--------|-----------------------|--|----------------------------------|--|--|--|
| GENERAL EDUCATION | CIRCLE HIGHEST GRADE COMPLETED: | | GRADE SCHOOL 4 5 6 7 8 | | | | | HIGH SCHOOL 9 10 11 12 | | | | COLLEGE OR UNIVERSITY 1 2 3 4 | | | |
| | List All Schools Completed | Name and Address of School | DATES | | Scholastic Average | Did You Graduate? | | Year or anticipated year of graduation | Degree | Major Course of Study | | | | | |
| | | | from | to | | Yes | No | | | | | | | | |
| | High School | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| | College | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| | Other Education* | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |

*Include Post-Graduate Work, Training Classes, Present Courses, etc.

| | | | | | | | | | | |
|--|----------------------------|--|------------------|---------------|---|--------------------------|--------------------------|--|--------|-----------------------|
| PROFESSIONAL/TECHNICAL EDUCATION | Name and Address of School | | Dates | | Scholastic Average | Did You Graduate? | | Year or anticipated year of graduation | Degree | Major Course of Study |
| | | | from | to | | Yes | No | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Professional License and/or Registration | | | Registration No. | State of Ohio | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date Issued | Expiration Date | | |

| | | | | | | | | |
|--|--|---|--|--|--|-----------------------------|--|--|
| SPECIAL SKILLS/TRAINING, IF APPLICABLE | Typing Speed WPM | | Shorthand Speed WPM | | | Business Machines Operated: | | |
| | Medical Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No | | Medical Transcription <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Word Processing <input type="checkbox"/> Yes <input type="checkbox"/> No | | Data Entry <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Please describe any training or special skills you may feel are appropriate: | | | | | | | | |

| | | | | | | | | | |
|----------------------------|---|--|--|-------------------|-------------------------|--|-------------------|--|--|
| US MILITARY SERVICE | US Military Record. If None, Check Here: <input type="checkbox"/> | | | | Active Service (Branch) | | | | |
| | Date Entered: | | | Dated Discharged: | | | Rank at Discharge | | |
| | Special Training or Honors Received | | | | | | Reserve Status | | |

EMPLOYMENT HISTORY

| | | | | | | | | | |
|--|-------------------------|--|--|------|-------|------|-------------|------|------------------------|
| Name of Organization | | Position(s) held Specify if part time | Highest Salary in each position | | From | | To | | Reasons(s) for Leaving |
| | | | | | Month | Year | Month | Year | |
| Address | | | | | | | | | |
| Telephone | Name of Last Supervisor | | | | | | | | |
| Type of Business | | | | | | | | | |
| Name of Organization | | Position(s) held Specify if part time | Highest Salary in each position | | From | | To | | Reasons(s) for Leaving |
| | | | | | Month | Year | Month | Year | |
| Address | | | | | | | | | |
| Telephone | Name of Last Supervisor | | | | | | | | |
| Type of Business | | | | | | | | | |
| Name of Organization | | Position(s) held Specify if part time | Highest Salary in each position | | From | | To | | Reasons(s) for Leaving |
| | | | | | Month | Year | Month | Year | |
| Address | | | | | | | | | |
| Telephone | Name of Last Supervisor | | | | | | | | |
| Type of Business | | | | | | | | | |
| Name of Organization | | Position(s) held Specify if part time | Highest Salary in each position | | From | | To | | Reasons(s) for Leaving |
| | | | | | Month | Year | Month | Year | |
| Address | | | | | | | | | |
| Telephone | Name of Last Supervisor | | | | | | | | |
| Type of Business | | | | | | | | | |
| Briefly summarize experience gained, including special training you received. | | | | | | | | | |
| PLEASE CHECK EMPLOYERS WE MAY CONTACT: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | | LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT BEGINNING WITH YOUR MOST RECENT | | | | | | |
| | | | From | | To | | EXPLANATION | | |
| | | | Month | Year | Month | Year | | | |
| | | | | | | | | | |
| | | | | | | | | | |

AGREEMENT

PLEASE READ CAREFULLY -- APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that my answers are complete and true and any falsification or omission may cause my employment to be terminated or my application rejected. I hereby authorize my former employers to furnish their records of my service, my reason for leaving their employment, together with all information they have on me whether on record or not. I also release any individual or partnership or corporation which formerly employed and its officers, agents and employees from any liability for any damage whatsoever for issuing such information. I realize that falsification or omission of any information, or receipt of a poor reference, or failure to successfully complete a physical examination if required, may be cause for rejection or dismissal. If employed, I agree to observe all Benjamin Rose Institute rules and regulations at all times. I also agree and understand that whatever scheduled hours of work I accept now or in the future while employed are not guaranteed and neither are any other terms, conditions or length of employment.

Signature of Applicant: _____

BENJAMIN ROSE INSTITUTE ON AGING
ADDENDUM TO EMPLOYMENT APPLICATION

TO ALL APPLICANTS: PLEASE ALSO COMPLETE THE FOLLOWING INFORMATION AS PART OF YOUR APPLICATION FOR EMPLOYMENT

Check One

Have you ever been convicted of a crime? Yes No

- If you checked yes, how long ago did the conviction occur?

- Please provide further details.

NOTE TO APPLICANTS:

In addition to fingerprinting all those selected for employment for the purpose of a Statewide Criminal Background Check, Benjamin Rose also conducts a Pre-employment criminal records background check in the county where you reside for all applicants. Therefore, please complete the top half of the AUTHORIZATION FOR BACKGROUND INVESTIGATION AND RELEASE FORM.

ALSO, PLEASE ANSWER THE FOLLOWING QUESTIONS IF YOU ARE APPLYING FOR A DIRECT SERVICE POSITION.

1. Do you have a car available for work? _____
2. Do you have car insurance that meets the requirements of Ohio's Financial Responsibility Law? _____
3. Do you have a valid Ohio Driver's License? _____

DISCLOSURE REGARDING CONSUMER REPORT AND/OR INVESTIGATION

I hereby authorize Benjamin Rose Institute on Aging - (hereafter referred to as "Client") and or its agent, including but not limited to The Pre-Check Company (hereafter referred to as "consumer reporting agency"), to investigate my background for employment purposes.

I understand that the consumer reporting agency will conduct investigations to obtain information as deemed necessary for employment purposes. The information obtained may include an "investigative consumer report" into the last seven (7) years of my credit background and beyond seven (7) years regarding my past employment, work habits, salary history, education, criminal background (when applicable according to state and federal laws), motor vehicle history, any and all workers' compensation history, civil records, use of illegal substances and alcohol abuse, personal characteristics, mode of living and general reputation. Pre-Check will not disclose any information regarding arrest records past 7) years or conviction records that have been expunged or sealed.

I understand that any direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies may be made, and that personal interviews with my associates, friends, acquaintances, neighbors, or other persons who may have such knowledge may be held to obtain such information.

I understand that any consumer report or investigative consumer report requested will be used strictly for "employment purposes," as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, 15 U.S.C. § 1981, et seq., as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. I hereby agree to submit to a background investigation, any post-offer/pre-employment and post-hire drug and alcohol testing and authorize the lab performing the test, any medical review officer who may review the results, the entity arranging for the lab test, and or the Client to release any results to parties who have a "need to know" basis for such results. A photographic or faxed copy of this form shall be as valid as the original.

I also understand that before an adverse action based on information obtained in the report will be taken, I will be provided a copy of the report and the document titled, "Disclosure Regarding Consumer and/or Investigative Report."

I understand I may request an outline of the nature and scope of the investigation if such request is made in writing within a reasonable period after the completion of the investigation. The address of The Pre-Check Company is P.O. Box 45375, Westlake, Ohio, 44145, and its toll free telephone number is (800) 268-2435.

Table with 1 column and 7 rows containing state-specific disclosure information for California, Minnesota, New York, New York, Oregon, Vermont, and Washington State.

PRE-CHECK APPLICANT RELEASE

CLIENT: Benjamin Rose Institute on Aging

I understand that by signing my name below, that I am signing the Authorization form directing the background check as described below, and I certify that:

- I have received the Disclosure Regarding Consumer and/or Investigative Report (page 1 of 2), have read and received the Summary of Your Rights, and if a California resident/applicant, the document entitled, "A Summary of Your Rights Under the Provisions of California Civil Code §1786.22."
- I understand that my signature now and throughout this process will be binding. Additionally, notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile ("fax") electronic or printout of this authorization may be accepted with the same authority as the original.
- I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **The Pre-Check Company** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information including an "investigative consumer report" into the last seven (7) years of my credit background and beyond seven (7) years regarding my past employment, work habits, salary history, education, criminal background, motor vehicle history, any and all workers' compensation history, civil records, use of illegal substances and alcohol abuse, personal characteristics, mode of living and general reputation.

| PLEASE FILL IN EACH BLANK SPACE: PLEASE PRINT | | | |
|--|------|--|------|
| NAME: | | PHONE: | |
| FORMER NAME: | | SOCIAL SECURITY#: | |
| CURRENT ADDRESS: | | PREVIOUS ADDRESS: | |
| CITY: | | CITY: | |
| STATE: | ZIP: | STATE: | ZIP: |
| COUNTY: | | COUNTY: | |
| LENGTH OF RESIDENCE: Years: Months: | | LENGTH OF RESIDENCE: Years: Months: | |
| DRIVER'S LICENSE STATE: | | DRIVER'S LICENSE NUMBER: | |
| IDENTIFICATION CARD STATE: | | STATE ID NUMBER: | |
| DATE OF BIRTH: | | | |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? ____ Yes ____ No ____ NA | | | |
| In addition to authorizing the background investigation, I declare under penalty of perjury that the foregoing is true and correct, and understand that if I am employed, false or incomplete statements of material fact on this authorization shall be sufficient cause for dismissal/refusal to employ. | | | |
| DATE: | | SIGNATURE: | |

Benjamin Rose Institute on Aging is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, religion, gender, gender identity, sexual orientation, marital or civil status, age, national origin, disability, or veteran status.

- CRIMINAL SEARCH - BASIC (County of Residence) Motor Vehicle Check
- CRIMINAL SEARCH - STATEWIDE (Counties of Present and Prior Residence)
- CRIMINAL SEARCH - NATIONAL (Counties of Present and Prior Residence)

Client Account #728
 FAX : 440-348-5441
 Rev. 01/01/15

BENJAMIN ROSE INSTITUTE ON AGING

INFORMATION TO APPLICANTS FOR EMPLOYMENT

State law requires fingerprinting and a Criminal Background Check of each applicant who is selected for employment in a direct service position. State law prevents us from employing any such applicant who has been convicted of or has pleaded guilty to a wide variety of criminal offenses, including patient abuse or neglect, repeated offenses of any other type of violence, sexually oriented offenses - and also many other specified offenses (except that if the applicant meets the Personal Character Standards defined by law, the employer may, nevertheless, consider employing an individual who has committed the other specified offenses).

Under this State law, we are permitted to hire new direct service employees on a conditional basis only, pending the results of the Criminal background Check.

ADDITIONALLY, BENJAMIN ROSE POLICY REQUIRES A CRIMINAL BACKGROUND CHECK OF ALL OTHER APPLICANTS SELECTED FOR EMPLOYMENT. Employment will be conditional pending the results of the Criminal Background Check. If this background check reveals that an individual has been convicted of or has pleaded guilty to an offense that is relevant to the position for which he or she was hired (including an act of violence indicating a potential for danger to the workforce), then his/her employment will be terminated immediately- unless evidence of a lengthy period of rehabilitation is presented and such evidence is satisfactory to the President and the Vice Presidents of Benjamin Rose Institute. (The relevance of an offense to a specific position will be determined by the Vice President for that area.)

Please sign the statement below to specify that you have reviewed this information.

I have carefully reviewed the Information to Applicants for Employment, and I understand that if I am hired for a position my initial period of employment will be on a conditional basis only pending the results of a Criminal Background Check.

Applicant's Name: _____
(Please Print)

Applicant's Signature: _____

Date: _____

STATEMENT REGARDING RESIDENCE

- Yes, I have been a resident of Ohio for the past 5 years.
- No, I have not been a continuous resident of Ohio for the past 5 years.

BENJAMIN ROSE INSTITUTE ON AGING

DRUG TESTING INFORMATION

It is the policy of Benjamin Rose to ensure a workplace free of alcohol or illegal drugs.

It is the right, obligation and intent of Benjamin Rose to maintain the highest standards of health, safety and efficiency for its clients, employees, visitors and general public, and to protect its property, equipment and operations.

Being under the influence of alcohol or illegal drugs on the job poses serious safety and health risks to the user and to clients, fellow employees, visitors and the general public who come into contact with the user. The possession, manufacture, distribution, dispensing, use, purchase or sale of alcohol or illegal drugs on the job is also unacceptable.

NOTIFICATION OF DRUG TESTING

Illegal drug use by employees is inconsistent with the policies and goals of Benjamin Rose Institute.

Employment is contingent upon participating in a required test(s) for illegal drug use prior to beginning employment with Benjamin Rose. This is your notification of that requirement.

These tests will utilize a urine sample and/or a blood serum screen. An initially positive test result will be subjected to a confirmation test to verify the results. Applicants with positive test results will not be employed.

I have read, understand, signed below and have received a copy of this form.

Employment Applicant

Interviewer

Date

Date

Name Printed

**BENJAMIN ROSE INSTITUTE
SUPPLEMENT TO APPLICATION FOR
EMPLOYMENT**

To comply with Federal Government requirements, we collect statistics on the diversity of our applicants. We welcome this opportunity to inform you that we are a culturally diverse organization that encourages all interested applicants to apply for any positions for which they are qualified.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Please return this page with you application.

Date: _____

Position Applied for: _____

Sex: _____ Male _____ Female

Please check one of the descriptions below corresponding to the ethnic groups with which you *most* identify.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original people of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino)-A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia Pakistan, the Philippine Islands, and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Check if any of the following are applicable:

- _____ Vietnam Era Veteran
- _____ Special Disabled Veteran

Please identify where you learned about an employment opportunity with Benjamin Rose.

- | | |
|-------------------------|--------------------------------|
| _____ Newspaper Ad | _____ Walk-In |
| _____ Friend | _____ Relative |
| _____ Job Fair | _____ School/College Placement |
| _____ Employee Referral | _____ Internet |
| _____ Other | |

Our Policy on Cultural Diversity

Benjamin Rose actively seeks to hire culturally diverse staff at all levels in order to effectively serve our diverse client population and thereby fulfill our Mission. Benjamin Rose also actively strives to educate our diverse staff to understand the cultural heritage of the various ethnic and minority groups so staff will acquire the sensitivity that consistently demonstrates respect for their cultural background. Benjamin Rose affirms that the heritage and rich variety of so many diverse cultures enhances both the social environment of our community and our own working environment.

PRE-EMPLOYMENT REFERENCE CHECK

Date: _____

Name: _____

SSN: XXX/XX/_____

I hereby give permission for the employer listed below to release employment information requested by Benjamin Rose, a potential employer.

Signature

Company: _____

Contact Name / Title: _____

Address: _____

Telephone#: _____

Email: _____

Dates of Employment: From: _____

To: _____

Position Held: _____

APPLICANT -- DO NOT WRITE BELOW THIS LINE

Applicant employed as: _____ Full Time Part Time PRN

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

| | Above Average | Average | Below Average |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Quality of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quantity of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance/Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative/Creativity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poise/Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Honesty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you rehire? Yes No

Additional Comments: _____

Name and title of person completing form _____

Date: _____ Phone: _____

BENJAMIN ROSE INSTITUTE ON AGING
11890 Fairhill Road Cleveland, Ohio 44120 (216) 791-8000

PRE-EMPLOYMENT REFERENCE CHECK

Date: _____

Name: _____

SSN: XXX/XX/_____

I hereby give permission for the employer listed below to release employment information requested by Benjamin Rose, a potential employer.

Signature

Company: _____

Contact Name / Title: _____

Address: _____

Telephone#: _____

Email: _____

Dates of Employment: From: _____

To: _____

Position Held: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

Applicant employed as: _____ Full Time Part Time PRN

Dates of Employment: From ___/___/___ To ___/___/___

Reason for leaving: _____

Above Average

Average

Below Average

Quality of Work

Quantity of Work

Cooperation

Attendance/Dependability

Initiative/Creativity

Poise/Professionalism

Honesty

Would you rehire? Yes No

Additional Comments: _____

Name and title of person completing form _____

Date: _____ Phone: _____

Please fax completed form to (216) 373-1810. Thank you for your assistance.

BENJAMIN ROSE INSTITUTE ON AGING
11890 Fairhill Road Cleveland, Ohio 44120 (216) 791-8000

PRE-EMPLOYMENT REFERENCE CHECK

Date: _____

Name: _____

SSN: XXX/XX/_____

I hereby give permission for the employer listed below to release employment information requested by Benjamin Rose, a potential employer.

Signature

Company: _____

Contact Name / Title: _____

Address: _____

Telephone#: _____

Email: _____

Dates of Employment: From: _____

To: _____

Position Held: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

Applicant employed as: _____ Full Time Part Time PRN

Dates of Employment: From ___/___/___ To ___/___/___

Reason for leaving: _____

| | Above Average | Average | Below Average |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Quality of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quantity of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance/Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative/Creativity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poise/Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Honesty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you rehire? Yes No

Additional Comments: _____

Name and title of person completing form _____

Date: _____ Phone: _____

Please fax completed form to (216) 373-1810. Thank you for your assistance.