



Application for Employment

750 East Broad St
Columbus, Ohio 43205
Phone 614.453.4830
Fax 614.453.4845

An Equal Employment Opportunity / Affirmative Action Employer

Name: _____ Date: _____
Last First Middle

Address: _____
Street Address City State Zip

Social Security Number: _____ Telephone: () _____

Position Applied For: _____

Applying for: Full Time Part Time Contingent Volunteer

Minimum Salary Requirement _____

1. Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? (Proof of identity and employment eligibility will be required upon employment)
 yes no

2. Do you drive a car?
 yes no

3. Do you have a valid Ohio Driver's License?
 yes no

4. If the position you are applying for requires a certification and/or license, give:
Licensing Agency _____
License No. _____
Date Issued _____

5. May we contact your present employer?
 yes no

Education

School Name: _____

Completed **Elementary** **High** **College/University** **Graduate/Professional**

 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Diploma / Degree _____

Describe Course of Study _____

Describe Specialized Training or Skills _____

Background Information

Instructions and important note about the following questions: Please check the proper response for each question below. Answering “yes” on any of the questions below will not disqualify you from consideration for employment. We will consider the date and facts of each event you list. However, if you do not tell the truth or list all relevant events, this failure may be grounds for not hiring you or for termination. When answering these questions, you may omit: 1) any violation of law committed before you 18th birthday, if finally decided in juvenile court or under a youth offender law; 2) any conviction set aside under the Federal Youth Corrections Act or State Law; 3) any conviction whose record was expunged under Federal or State Law; 4) any criminal arrest, investigation or hearing that did not lead or has not lead to a conviction; 5) parking tickets.

1. Have you ever been convicted of or forfeited bond for any felony? (A felony is defined as any violation of law punishable by imprisonment for one year or more; a misdemeanor is punishable by imprisonment for less than one year.)
 yes no
2. Have you been convicted of a misdemeanor of any kind during the last ten (10) years? For purposes of this question, “conviction” includes a plea of no-contest, a find of guilty by a judge or jury as well as a bond forfeiture. (Conviction will not necessarily disqualify an applicant.)
 yes no
3. Have you ever been convicted of or forfeited bond for any firearms or explosives violation?
 yes no
4. During the past ten (10) years have you forfeited bond, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations reported above.
 yes no
5. Do you have accident or moving traffic violations over the past three (3) years?
 yes no
6. Are there any charges pending against you by any professional ethics boards, federal or state regulatory agencies, or professional regulatory bodes (example: The American Medical Association) for violations of the law, violations of ethics codes, professional misconduct, incompetence or negligence?
 yes no
7. Have you ever had any insurance company decline, cancel or refuse to renew or accept only on special terms any professional liability insurance? Any bonding insurance?
 yes no
8. Have you been free of jail time for at least five (5) years?
 yes no

If you answered “yes” to any of the above questions, please give in detail on a separate sheet of paper the following for each violation: 1) date; 2) charge; 3) place; 4) court; and 5) action taken.

Previous Employment

Please give accurate and complete employment record. Start with your present or most recent employer.

1. Company: _____ Name of Supervisor: _____

_____ ()
Address City State Zip Telephone

Length of Employment: _____ - _____ Weekly Pay: _____ - _____
From To Start Finish

State job title and describe your work

Reason for Leaving: _____

2. Company: _____ Name of Supervisor: _____

_____ ()
Address City State Zip Telephone

Length of Employment: _____ - _____ Weekly Pay: _____ - _____
From To Start Finish

State job title and describe your work

Reason for Leaving: _____

3. Company: _____ Name of Supervisor: _____

_____ ()
Address City State Zip Telephone

Length of Employment: _____ - _____ Weekly Pay: _____ - _____
From To Start Finish

State job title and describe your work

Reason for Leaving: _____

4. Company: _____ Name of Supervisor: _____

_____ ()
Address City State Zip Telephone

Length of Employment: _____ - _____ Weekly Pay: _____ - _____
From To Start Finish

State job title and describe your work

Reason for Leaving: _____

Professional References

Please fill in the names of three individuals, other than relatives, whom we may contact for a professional recommendation.

I hereby authorize _____
Name Address

City State Zip Telephone

to disclose any knowledge or information relevant to my employment and I hereby release and discharge the person, firm or corporation which provides information in response to this inquiry from liability and damages of any kind.

Signature Date

I hereby authorize _____
Name Address

City State Zip Telephone

to disclose any knowledge or information relevant to my employment and I hereby release and discharge the person, firm or corporation which provides information in response to this inquiry from liability and damages of any kind.

Signature Date

I hereby authorize _____
Name Address

City State Zip Telephone

to disclose any knowledge or information relevant to my employment and I hereby release and discharge the person, firm or corporation which provides information in response to this inquiry from liability and damages of any kind.

Signature Date

Applicant's Statement and Acknowledgement

I certify that answers given herein are true and complete to the best of my knowledge. I understand that if it is later determined that I have provided false information to any question on the Application for Employment, I may be discharged from my position.

I hereby authorize that any past employer or college or university which I have attended may disclose any knowledge or information they thereby acquire relevant to my employment to The PEER Center. I hereby release and discharge the person, firm or corporation which provides such information from liability and damages of any kind.

I understand that no position with The PEER Center is guaranteed for any length of time and either the employee or the employer can terminate the employment relationship at any time. I hereby acknowledge that my employment with The PEER Center, as well as with any of its subsidiaries or affiliates, is for no specified period of time and I am an employee-at-will. I acknowledge and agree that The PEER Center retains the right to terminate my employment at any time, for no reason or for any reason that is not illegal and not prohibited by any collective bargaining agreement.

I further understand that nothing contained in the Personnel Manual or Policy Procedures Manual of The PEER Center shall be constructed as a limitation of the employer's right to terminate me. I understand and agree that no one but the Executive Director or the Board of Trustees of The PEER Center has the power to change or in any way modify my status as an employee-at-will, subject to the limitations set forth in this statement and acknowledgement.

Signature of Applicant

Date

Optional Information

Please be advised that The P.E.E.R. Center prefers to employ persons with lived experience with mental illness, addiction and/or trauma. This is inclusive of persons who have used mental health or addiction services now or in the past. The P.E.E.R. Center is asking the questions in this section to further its effort to provide employment to individuals with this shared history. Your answer to any of the following questions is purely optional and no answer will disqualify you from consideration for employment. You may choose not to answer any or all of the following questions.

Any responses you provide will remain confidential; will not subject you to any adverse treatment; and will be used in accordance with the Americans with Disabilities Act.

This form will be kept separately from the rest of your Employment Application to protect confidentiality.

1. Are you self identified as a person in recovery (mental health or addiction)?
yes no
2. Have you ever been hospitalized for mental health or substance abuse treatment?
yes no
3. If the answer to number 2 is yes, when were you most recently hospitalized for longer than 72 hours, if ever?
4. How long have you been clean and sober?

I understand that answering the questions in this Optional Information section was not required for this employment application. I certify that any answers I may have given in the section are truthful and were voluntarily provided.

Signature of Applicant

Date