

Date: _____

PERSONAL DATA	LAST NAME			FIRST			MIDDLE		
	Address: _____						Employed Under Any Other Name: _____		
	City _____ State _____ Zip _____						Your Home Telephone Number: _____		
	E-mail _____						Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of eligibility is required at time of hire.		
	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 (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"/> Permanent 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:								
	Previously applied for work at the Benjamin Rose Institute on Aging		If yes, date applied and position(s) for which you applied			Previously employed by the Benjamin Rose Institute on Aging		If yes, termination date and last position(s) held	
<input type="checkbox"/> Yes		Month	Year	Position(s)	<input type="checkbox"/> Yes		Month	Year	Position(s)
<input type="checkbox"/> No				1 _____	<input type="checkbox"/> No				1 _____
				2 _____					2 _____

We are an equal opportunity employer and welcome qualified applicants from any race, color, sex, age, sexual orientation, religion, creed, national origin or disability.

GENERAL EDUCATION	CIRCLE HIGHEST GRADE COMPLETED:		GRADE SCHOOL					HIGH SCHOOL				COLLEGE OR UNIVERSITY			
			4	5	6	7	8	9	10	11	12	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 NUMBER	STATE OF OHIO?	<input type="checkbox"/>	YES <input type="checkbox"/> NO	DATE ISSUED	EXPIRATION DATE			

SPECIAL TRAINING/SKILLS 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				

U.S. MILITARY SERVICE	U.S. MILITARY RECORD. IF NONE, CHECK HERE <input type="checkbox"/>		ACTIVE SERVICE (BRANCH)
	DATE ENTERED	DATE DISCHARGED	RANK AT DISCHARGE
	SPECIAL TRAINING OR HONORS RECEIVED		RESERVE STATUS

COMPLETE PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

EMPLOYMENT HISTORY	Name of Organization		Position(s) held (Specify if part time)		Highest Salary in each position		From		To		Reason(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.											
	Name of Organization		Position(s) held (Specify if part time)		Highest Salary in each position		From		To		Reason(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.											
	Name of Organization		Position(s) held (Specify if part time)		Highest Salary in each position		From		To		Reason(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.												
Name of Organization		Position(s) held (Specify if part time)		Highest Salary in each position		From		To		Reason(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:		LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT, BEGINNING WITH YOUR MOST RECENT										
		From		To		EXPLANATION						
		Month	Year	Month	Year							
<input type="checkbox"/> 1	<input type="checkbox"/> 2											
<input type="checkbox"/> 3	<input type="checkbox"/> 4											

AGREEMENT	PLEASE READ CAREFULLY — APPLICANT'S CERTIFICATION AND AGREEMENT	
	<p>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 may have concerning me, whether on record or not. I also release any individual, or partnership or corporation which formerly employed me, 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.</p> <p style="text-align: right;">Signature of Applicant _____</p>	

TO BE COMPLETED BY THE DEPARTMENT HEAD

STARTING DATE			STARTING TIME		<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> PRN <input type="checkbox"/> Other <input type="checkbox"/> Other	If part time, scheduled number of hours per week _____	SHIFT	
Month	Day	Year	A.M.	P.M.			<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	

Position Title	Hourly Rate	Shift Differential	Department #	Department Name
	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

COMMENTS REGARDING SCHEDULE

DEPARTMENT HEAD

Please submit this application to:

Human Resources
 The Benjamin Rose Institute on Aging
 11900 Fairhill Road, Suite 300
 Cleveland, Ohio 44120

216.791.8000 / fax 216.373.1810