

BLICK CLINIC, INC.

Enhancing the Lives of People With Disabilities
 640 West Market Street, Akron, OH 44303
 Phone: 330-762-5425 Fax: 330-762-4019

APPLICATION FOR EMPLOYMENT

(Blick Clinic follows the rules and regulations governing fair employment practices. Prospective employees will receive consideration without discrimination because of race, sex religion, national origin, color, age, veteran status, sexual orientation, marital status, creed, disability, citizenship, membership in a particular organization, or physical and/or mental handicap.)

P E R S O N A L	Last Name		First Name		Middle Name	Today's Date / /	
	Street Address					Home Phone: ()	
	City		State		Zip Code	Business/Cell Phone ()	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month/Year:					Social Security Number	
	Position Desired			Driver's License Number		Pay Expected	
	Are you interested in: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:					Date available to begin work?	
	Other special training or skills that would be of special benefit in the job for which you are applying? (language/machine operation/etc.)						
	Do you have any family members working for our agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name and relationship? Name: _____ <input type="checkbox"/> parent <input type="checkbox"/> child <input type="checkbox"/> sibling <input type="checkbox"/> aunt/uncle <input type="checkbox"/> niece/nephew <input type="checkbox"/> cousin <input type="checkbox"/> In-law <input type="checkbox"/> Other _____						
	How did you learn of our agency?						

E D U C A T I O N	School	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vocational Training – Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (exclude those which may disclose your race, color, religion, or national origin)

MILITARY SERVICEDid you serve in the U.S. Armed Forces Yes No

If "Yes," lists dates and Branch of service:

Describe any training received relevant to the position for which you are applying:

PLEASE READ THE FOLLOWING VERY CAREFULLY**Have you ever pled guilty, pled no contest, or been convicted of a crime, either felony or misdemeanor?** **Yes** **No****NOTE:** A conviction may involve, but is not limited to, incarceration, confinement, fine, suspended sentence or other penalties assessed by the courts. Also note, offenses which have been **LEGALLY SEALED** are reported to Blick Clinic, Inc. for employment purposes. A conviction may not necessarily disqualify an applicant from employment. However, failure to provide this information in full will result in termination of employment.IF "YES," **DESCRIBE IN FULL** INCLUDING **DATES** AND **EXPLANATION OF CONVICTION**:**(Will explain in interview is not an acceptable answer)****Have you resided out of the State of Ohio at any time during the past 5 years?** **Yes** **No****If yes, an FBI check is required in addition to the Ohio background check.****SIGNATURE**

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this Application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report. All information received as a result of employment verification inquiries shall be treated in confidence by the agency.

In the event that you are hired for employment and changes to the information reported on this application occur, (name, address, criminal convictions or pleas, etc.) you are required to advise Administration of the changes immediately.

SIGNATURE:

DATE: