



Employment Application

240 N. Fifth St. Suite 300
Columbus, Ohio 43215

Phone: 614-221-5400
Fax: 614-221-5408

Date of Application

____/____/____

New Hire Rehire

General

Name: Last, First Middle (Maiden)

Social Security Number

Are you a United States Citizen?

Yes No

Current Home Address, City, State, Zip

Are you over the age of 18?

Yes No

Home Phone: _____

Are you currently Employed? Yes No

When are you available for work? ____/____/____

Cell Phone: _____

Have you ever been convicted of a felony? Yes No

Other Phone: _____

If Yes, describe

Are you available for:

Full-Time Part-Time Only
 Shift Work Full-Time
 Overtime

Describe the Position you desire:

Education/Training

College/University

What years did you attend?

Did you graduate? Yes No

Diploma or last level achieved: _____

Major Subject

College/University

What years did you attend?

Did you graduate? Yes No

Diploma or last level achieved: _____

Major Subject

College/University

What years did you attend?

Did you graduate? Yes No

Diploma or last level achieved: _____

Major Subject

High School Graduated or last attended

What years did you attend?

Other Education or Skills, including any Languages in which you are fluent

Employment Record

Name: Last, First Middle

**List work experience for at least the last 5 years beginning with the most recent job held.
Print Additional sheets if necessary**

Start Date	End Date	Final Position Title	Final Salary	Reason for leaving
Company Name		Company Phone		May we contact this Company? <input type="checkbox"/> Yes <input type="checkbox"/>
Company Address		Last Supervisor Name		May we contact this Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/>
Position Duties				
Start Date	End Date	Final Position Title	Final Salary	Reason for leaving
Company Name		Company Phone		May we contact this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Address		Last Supervisor Name		May we contact this Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/>
Position Duties				
Start Date	End Date	Final Position Title	Final Salary	Reason for leaving
Company Name		Company Phone		May we contact this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Address		Last Supervisor Name		May we contact this Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/>
Position Duties				
Start Date	End Date	Final Position Title	Final Salary	Reason for leaving
Company Name		Company Phone		May we contact this Company? <input type="checkbox"/> Yes <input type="checkbox"/>
Company Address		Last Supervisor Name		May we contact this Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/>
Position Duties				

Additional Information

Name: Last, First Middle

Driver's License Information

Do you have:

CDL

Other special Operators Licenses-describe _____

Automobile Driver's license

Have you had any accidents during the last three years? Yes No

Have you had any moving violations during the last three years? Yes No

If Yes, Describe.

Military Information

Did you serve in the Military? Yes No Branch: _____

Date Entered: _____ Date Discharged: _____ Discharge Status: _____

Speciality/Training: _____

Are you a member of the National Guard? Yes No

List two references other than relatives or previous employers.

Name: _____

Relationship: _____

Phone number: _____

Name: _____

Relationship: _____

Phone number: _____

By listing reference sources, you agree to hold them harmless and free of any liability for releasing such information.

Individual is required to stand, bend, stoop, crawl and walk and occasionally climb ladders for the repair of pole lighting, siding and or roofs. Weight lifting requirements include lifting or moving up to 75 pounds from the floor to waist, from floor to chest, from floor to shoulders and also being able to drag or carry 75 pounds over a distance of 50 feet. Individual is also required to lift 20 pounds overhead and needs the ability to move around while laying on his/her back while performing repairs. Since our properties have multiple stories, being able to climb 3 flights of stairs repeatedly is also an essential function. Reasonable accommodations will be made to enable individuals with disabilities to perform the essential responsibilities.

All offers of employment are contingent on the provision of satisfactory proof of your identity and legal authority to work in the United States. Prior to employment, you must comply with the requirements of the Immigration and Naturalization

Homestead America is an Equal Opportunity / Affirmative Action Employer. Qualified individuals are considered for employment and employees are treated during employment without regard to any legally protected status, including race, color, creed, religion, national origin, age, sex, marital status, disability, sexual orientation or veteran status.

I certify that all statements (verbal and written) made are true, complete and accurate and that misrepresenting or omitting facts in the employment application, resume or interview process may prohibit consideration for employment and is cause for immediate termination if employed.

Homestead America reserves the right to perform a criminal background and credit check Pre-employment drug testing and random drug testing throughout employment may be required.

Applicant Signature:

Date:

Reviewed by:

Date:

Consent for Consumer Report

Date: _____		SSN: _____ - _____ - _____	
Full Name: _____			
List all previous name(s) used within the last ten years:			
Name: _____		Date Used: _____	
Name: _____		Date Used: _____	
Residence address: _____			
City: _____		State: _____	Zip: _____
Number of Years at this address: _____			
List all previous residences (city and state) within the last ten years, along with date(s):			
Residence (City/State): _____		Dates: _____	
Residence (City/State): _____		Dates: _____	
Driver's License No. _____			
State of Issue _____		License Expiration Date: _____	
Date of Birth: _____		*Not to be used for discriminatory purposes	

In connection with my application for employment (including contract employment) with **Homestead America, Ltd.**, I understand that a consumer report may be requested through a third party consumer reporting agency. These reports may include the following types of information: public record information concerning my residence history, criminal history, driving records, or credit/bankruptcy proceedings; employment information, including names of employers and dates of previous employment, reason for termination of employment or work experience; reference interviews; professional credentials or education credentials. Such information may be obtained from federal, state and other agencies which maintain such records, including previous employers and education institutions. I hereby consent to release of the above information from such agencies.

Further, it is the policy of Navigator Management Partners not to employ persons who use illegal drugs. Accordingly, **Homestead America, Ltd.** may require that you submit to testing for drug use as a condition of employment. Any employee who refuses to submit to drug testing or who tests positive may be disqualified from consideration for employment with **Homestead America, Ltd.**

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

Applicant's Signature

Date

EMPLOYMENT DISCLOSURE STATEMENT

The Fair Credit Reporting Act requires that we disclose to you that a consumer report or an investigative consumer report may be obtained about you for employment or a legitimate business purpose as defined by the Fair Credit Reporting Act, and if for employment purposes, at any time during your employment with the employer. Such report may include information on your character, general reputation, personal characteristics or mode of living. This report may be obtained by:

Ascertain Screening and Investigations, LLC
170 Mill Street, Suite 200
Gahanna, Ohio 43230
614.858.0100 (phone)
800.858.2901 (toll-free)

California Residents only:

You will be provided with a copy of your consumer report or investigative consumer report if you initial below. This report may be obtained from Ascertain Screening's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting Ascertain Screening.

You may view the file maintained on you by Ascertain Screening and Investigations, by submitting proper identification. This may be done in person (after supplying proper identification); by certified mail after written request, with proper identification for copies to be sent to a specified addressee; or, by telephone, upon your written request, with proper identification. Copies are available for a fee which will not exceed the cost of normal duplication. Ascertain Screening can provide a trained member of their staff to explain the contents of this report to you, including any coded information. If you appear in person, you may be accompanied by one other person, who will also be required to present identification.

Please send me a copy of my Consumer Report.

Minnesota or Oklahoma Residents only:

You will be provided with a copy of your consumer report or investigative consumer report if you initial below. This report may be obtained from Ascertain Screening's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting Ascertain Screening.

Please send me a copy of my Consumer Report.

New York Residents only:

You have the right to make a request to the agency above upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the two year period preceding my request.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports and investigative consumer reports at any time during my employment (or contract) period.

I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

Please acknowledge receipt of this disclosure:

Signature

Printed Name

Date