



OUR MISSION:  
 REACHING OUT TO ADULTS AND CHILDREN  
 IN NORTHEAST OHIO TO END HOMELESSNESS,  
 PREVENT SUICIDE, RESOLVE BEHAVIORAL  
 HEALTH CRISES, AND OVERCOME TRAUMA.

## EMPLOYMENT APPLICATION

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable

**PLEASE PRINT:**

Position applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

How did you hear about us?  Advertisement  Employee  Relative  Walk-in  Other

Name of Source (if applicable): \_\_\_\_\_

**CONTACT INFORMATION** *(Please fill-in information completely).*

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Mobile/Pager/Other

Email: \_\_\_\_\_

- May we contact you at work?  Yes  No If yes, my work number is: (\_\_\_\_\_) \_\_\_\_\_
- The best time to call me at work is between: \_\_\_\_\_ : \_\_\_\_\_ <sup>a.m.</sup>/<sub>p.m.</sub> and \_\_\_\_\_ : \_\_\_\_\_ <sup>a.m.</sup>/<sub>p.m.</sub>

**EMPLOYMENT INFORMATION** *(Please fill-in information completely).*

- If you are under 18 and it is required, can you furnish a work permit?  Yes  No
- Have you ever been employed here before?.....  Yes  No  
 If yes, please give date(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Are you legally eligible for employment in this country?.....  Yes  No
- Date available for work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- What is your desired salary range? \$\_\_\_\_\_ to \$\_\_\_\_\_
- Type of employment desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Non-traditional hours
- Are you able to meet the attendance requirements of the position? .....  Yes  No
- Will you work overtime if required? .....  Yes  No
- Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?.....  Yes  No  
 If yes, please provide date(s) and details: \_\_\_\_\_

*(Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.)*

## EMPLOYMENT HISTORY

(Please provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Please fill-in information completely. Explain any gaps in employment in the comments section).

**Employer:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street City State Zip Code

Starting Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Name Job Title Phone

Summarize the type of work performed and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact for a reference?  Yes  No

**Employer:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street City State Zip Code

Starting Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Name Job Title Phone

Summarize the type of work performed and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact for a reference?  Yes  No

**Employer:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street City State Zip Code

Starting Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Name Job Title Phone

Summarize the type of work performed and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact for a reference?  Yes  No

## EMPLOYMENT HISTORY (CONTINUED)

**Employer:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City State Zip Code*

**Starting Job Title:** \_\_\_\_\_ **Starting Salary:** \$ \_\_\_\_\_ per \_\_\_\_\_

**Ending Job Title:** \_\_\_\_\_ **Ending Salary:** \$ \_\_\_\_\_ per \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_  
*Name Job Title Phone*

Summarize the type of work performed and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_ **May we contact for a reference?**  Yes  No

**Employer:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City State Zip Code*

**Starting Job Title:** \_\_\_\_\_ **Starting Salary:** \$ \_\_\_\_\_ per \_\_\_\_\_

**Ending Job Title:** \_\_\_\_\_ **Ending Salary:** \$ \_\_\_\_\_ per \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_  
*Name Job Title Phone*

Summarize the type of work performed and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_ **May we contact for a reference?**  Yes  No

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SKILLS AND QUALIFICATIONS

Summarize any special training or skills that may qualify you as being able to better perform the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL BACKGROUND

List schools you have attended, starting with the most recent. Please state if degree was completed or not, indicate the degree or diploma earned and major of study, if any.

School	City, State	Did you graduate?	Degree/Diploma	Major

## PROFESSIONAL REFERENCES

List the names and telephone numbers of three business/work references who are NOT related to you and are not already listed under previous employment. If not applicable, list three school or personal references who are not related to you.

Name	Organization/Job Title	Telephone No.	Years Known

## ADDITIONAL INFORMATION

Please list professional licenses/certificates, which you hold, and their expiration dates.

Licenses held	Expiration Date

List professional, trade associations as well as special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color, religion, sex, national origin, age, citizenship, mental or physical disabilities, veteran/reserve, national guard or any other similarly protected status.) \_\_\_\_\_

Please list any additional information you would like us to consider: \_\_\_\_\_

Applications may be mailed or delivered in-person to:

FrontLine Service  
Attention: Human Resource Department  
1744 Payne Avenue  
Cleveland, OH 44114

Questions? Please contact HR at 216.623.6555.

## Criminal Note Statement

I, \_\_\_\_\_, an applicant for employment with FrontLine Service do hereby attest to the fact that I have not been convicted of or plead guilty to any of the offenses listed below either in the State of Ohio or any other state:

- **Homicide** (i.e., Aggravated Murder, Murder, Voluntary Manslaughter, Involuntary Manslaughter);
- **Assault** (i.e., Felonious Assault, Aggravated Assault, Assault, Failing to provide for a functionally impaired person);
- **Menacing** (i.e., Aggravated Menacing);
- **Patient Abuse and Neglect** (i.e., Patient Abuse; Neglect);
- **Kidnapping and Related Offenses** (i.e., Kidnapping, Abduction, Child stealing (as the offense prior to 07-01-1996), Criminal Child Enticement)
- **Sex Offenses** (i.e., Rape, Sexual Battery, Corruption of a Minor, Gross Sexual Imposition, Sexual Imposition, Importuning, Voyeurism, Public Indecency, Felonious Sexual penetration (as the offense formally existed), Compelling Prostitution, Promoting Prostitution, Procuring, Prostitution, Disseminating Matter harmful to Juveniles, Pandering Obscenity, Pandering sexually oriented matter involving a Minor, Illegal use of a minor in nudity-orientated material or performance)
- **Robbery and Burglary** (i.e., Aggravated Robbery, Robbery, Aggravated Burglary, Burglary);
- **Offenses Against Family** (i.e., Unlawful abortion, Endangering children, Contributing to the unruliness or delinquency of a child, Domestic Violence);
- **Weapons Control** (i.e., Corrupting another with drugs, Trafficking in Drugs, Illegal manufacturing of drugs or cultivation of marijuana, Funding of drugs or Marijuana trafficking, Illegal administration or distribution of anabolic steroids);
- **Others** (i.e., Placing harmful objects in food or confection, Interference with custody or interfering with action to issue or modify a support order); and,
- **Additional Disqualifying Offenses**
  - Any offense, in this State, any other State or Municipality, or the United States which is substantially equivalent to any of the above offenses.
  - Any felony contained in the Ohio Revised Code or misdemeanor that is a felony of the second offense, which bears a direct and substantial relationship to the duties and responsibilities of the position the applicant is being considered for.

I understand and agree that false statements and/or omissions regarding past conduct and/or present situation(s) may be grounds for dismissal or termination of contract.

I further understand that I will be fingerprinted for a State of Ohio criminal record check. If I have lived in Ohio for less than five (5) years, I understand that I may be fingerprinted for an FBI criminal record check.

If I am hired by and/or initiate a contract with FrontLine Service, I understand that I must report any arrest or conviction to FrontLine Service within twenty-four (24) hours or one (1) day following a conviction. This includes pleas of “guilty” and “no contest.”

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Applicant Signature

Date

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Witness Signature

Date



## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application, or (b) immediately discharge me from the FrontLine Service's service, whenever it is discovered.

I expressly authorize, without reservation, FrontLine Service, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application or interview. I hereby waive any and all rights and claims I may have regarding FrontLine Service, its agents, employees or representatives, for seeking, gathering and using such information in the screening process and all other persons, corporations or organizations for furnishing such information about me.

I understand that FrontLine Service does not lawfully discriminate and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for a volunteer or internship opportunity on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for six months. At the conclusion of that time, if I have not heard from the FrontLine Service and still wish to be considered for a volunteer or internship opportunity, it will be necessary to reapply and fill out a new application.

I understand that this application does not constitute an agreement or contract for employment. I understand that no supervisor or representative of FrontLine Service is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by FrontLine Service's CEO or Human Resources.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Name:** \_\_\_\_\_  
Last First M.I.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please provide your social security number and driver's license number (if driving is an essential job function).*

**Social Security Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_