



MISSION STATEMENT

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 accommodation to the application and/or interview process should notify the Human Resources Director.

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: ____ : ____ a.m. and ____ : ____ a.m.
p.m. p.m.

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 |
|--------|-------------|-------------------|----------------|-------|
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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: _____

Please send applications to:

FrontLine Service
Attention: Human Resources Department
1744 Payne Ave
Cleveland, Ohio 44114
Fax: 216.861.7072

Questions? Please email Human Resources at: careers@frontlineservice.org



Applicant Criminal Record Statement

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

- Aggravated Murder, Murder, Voluntary Manslaughter, Felonious Assault, Permitting Child Abuse, Failing to Provide for a Functionally Impaired Person, Patient Abuse & Neglect, Patient Endangerment, Kidnapping, Abducting, Human Trafficking, Unlawful Conduct with Respect to Documents, Rape, Sexual Battery, Unlawful Sexual Conduct with a Minor (formerly Corruption of a Minor), Gross Sexual Imposition, Sexual Imposition, Importuning, Voyeurism, Felonious Sexual Penetration, Disseminating Matter Harmful to Juveniles, Pandering Obscenity, Pandering Obscenity Involving a Minor, Pandering Sexually-Oriented Matter Involving a Minor, Illegal Use of Minor in Nudity-Oriented Material or Performance, Soliciting/Providing Support for Act of Terrorism, Making Terrorist Threat, Terrorism, and Medicaid Fraud.

- Additionally, Conspiracy, Attempt or Complicity when the underlying offense is any of the offenses or violations described above.

- A conviction related to Fraud, Theft, Embezzlement, Breach of Fiduciary Responsibility or other financial misconduct involving a federal or state-funded program. A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations described above.

- Where the victim of the offense was: A person under the age of 18, a functionally impaired person, a mentally retarded person, a developmentally disabled person, a person with a mental illness, a person 60 years of age or older.

I understand that if I am applying to work at one of FrontLine's Licensed Residential Facilities (CSU; Flores):

1. I am required to disclose any conviction for any offense(s) that has been sealed
2. On my employment application I will disclose and review with Human Resources any additional convictions not already addressed in the above list of offenses to determine if I am eligible to work in a residential facility as per sections 5122-30-31(D)(1)(c) through (E)(6) of the Ohio Administrative Code.

If I am hired by or initiate a contract with FrontLine Service, I understand that I must report any arrest or conviction to Human Resources within 24 hours or one day following a conviction. This includes pleas of guilty and no contest. I understand that failure to do so may result in termination of my employment.

I further understand and agree that false statements and/or omissions regarding past offenses or current charges may be grounds for dismissal or termination of contract whenever the information is discovered.

Signature of Applicant _____ 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 employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, 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, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment 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 employer and still wish to be considered for employment, 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 for any specified period or definite duration. I understand that no supervisor or representative of the employer 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 the employer's president.

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 I9 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:** _____