

Application for Employment

**Please complete the application entirely. If the application is incomplete it will make you ineligible for consideration for employment and will not be considered for the hiring process. By signing the completed application you are consenting to allow this employer to verify all information listed. Applications will be kept on file for 120 days unless hired with SANE of Butler County, Inc. At that time the completed application will remain with employment records. SANE of Butler County, Inc. is an Equal Opportunity Employer.*

Personal Information

| | | | | |
|--|--|---|--------------------------|--------------------------|
| Name: {Last, First, Middle} Maiden name if applicable: | | Application for: {check one} | | |
| | | <input type="checkbox"/> Forensic Examiner <input type="checkbox"/> Law Enforcement Liaison <input type="checkbox"/> Other: _____ | | |
| Present Address: | | | | |
| Street Address: | | City: | State: | |
| | | Zip: | Apt. No: | |
| Home Telephone Number: {Include area code} | Cell Phone Number: {Include area code} | Email Address: | | |
| Date of Birth: | Social Security Number: | Are you a Unites States Citizen? | | |
| Month: Day: Year: | | <input type="checkbox"/> YES <input type="checkbox"/> NO {Visa No:} | | |
| Drivers License Number/State of Issue: | Date available to begin employment: | Are you available to participate in on call hrs: | | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Position you are applying for (circle one) Full Time Status Part Time Status Per Diem Status | | Please answer the following questions by marking the appropriate box? | | |
| <div style="background-color: #cccccc; padding: 5px; margin-bottom: 5px;">Please list any additional information which may affect your availability</div> Comment: _____ _____ _____ _____ _____ | | | | |
| | | YES | NO | |
| | | Are you able to carry a pager with you at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Do you have dependable transportation? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Have you ever been an expert witness in a court of law? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Do you work well in an un-supervised setting? | <input type="checkbox"/> | |

All applicants must include a professional resume along with 3 professional references in order to have your application reviewed.

Education

| School Name | Location | Years Attended | Degree Received and Major |
|-------------|----------|----------------|---------------------------|
| | | | |
| | | | |
| | | | |

Please list other certifications, awards or professional affiliates that you are a member of or participate in:

Do you hold an active Registered Nurse License in the state of Ohio? YES NO Ohio RN License Number: _____

Do you hold an active Registered Nurse License in any other state? YES NO

Has your RN License in any state ever been suspended or revoked? YES NO If Yes, please explain why? _____

Military Duty

Have you ever served in the military? YES NO If yes, please list branch of service: _____

Type of discharge? Honorable Other, Please explain: _____

Dates of service: {Please include month and year along with start date and completed date}: _____

Professional Liability Insurance Coverage

Present professional liability insurance carrier:

Previous carrier:

Dates of coverage:

Can you provide a proof of insurance coverage?

Employment History

| | | |
|--|--------------------------|---|
| Name and address of previous employer: | Dates of employment: | Reason for leaving: |
| | Position held/Department | Ending salary/hourly rate: |
| Name of supervisor: | Telephone Number: | May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please list job duties for previous position held with this employer:

{Please use separate sheet if necessary}

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|---|--------------------------|---|
| Name and address of previous employer: | Dates of employment: | Reason for leaving: |
| | Position held/Department | Ending salary/hourly rate: |
| Name of supervisor: | Telephone Number: | May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please list job duties for previous position held with this employer: _____ _____ | | |

| | | |
|---|--------------------------|---|
| Name and address of previous employer: | Dates of employment: | Reason for leaving: |
| | Position held/Department | Ending salary/hourly rate: |
| Name of supervisor: | Telephone Number: | May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please list job duties for previous position held with this employer: _____ _____ | | |

Please attach your resume along with 3 references that are not related to you with this application.

Please read each section below and initial in each box for consent and acknowledgement of each statement.

Employment with SANE of Butler County, Inc. may require a Criminal Background Check. By signing this application I am authorizing SANE of Butler County, Inc. to obtain a criminal history background check prior to consideration for my employment. I understand that if I do not consent I may be ineligible for employment.

By completing and signing this application I am certifying that all information is correct to the best of my knowledge. Any false statement on any part of the application may be grounds for non hiring or terminating my employment with SANE of Butler County, Inc. after I begin employment. I am also stating that this application has been completed and signed and indicating that all statements are true, correct, complete and made in good health.

Applicant Signature

Date of Signature

*****This section is to be completed by the Facility Director or Designee*****

I certify that I have verified registration with State Boards, and sighted visa or evidence of citizenship. Board certification has been verified {if appropriate}.

| | | |
|------------------------------------|---------------------------|-------------------------------|
| Date references verified: | Date employment verified: | Date of overall verification: |
| Signature of Director or Designee: | Job Title: | Date: |