



DRUG FREE WORK PLACE
WE DO MANDATORY DRUG TESTING

Employment Application Form

This application will be considered active for the position applied for 60 days after the receipt by the business unit. Thereafter you must reapply if you continue to be interested in employment. Lantern of Madison/Lantern of Saybrook/Lantern of Chagrin Valley provides equal opportunities without regard to race, color, sex, religion, national origin, age, sexual orientation, non-disqualifying disability, veteran status or any other protected status.

Please read carefully, answer all questions, print clearly in ink. If any additional space is required, attach addition paper. Management and professional applicant must attach a resume.

Today's Date: _____ Facility Location (circle one) : Madison Saybrook Chagrin Valley

Personal

Last Name	First Name	Middle Name	Social Security
Home Address	Apt.	City	State – Zip Code
Home Phone	Message Phone	Are you 18 years or older? (Please Circle) YES NO	If under 18, can you after employment submit permit? YES NO

Can you after employment, submit certification of your legal right to work in the United States? YES NO			
Have you ever been convicted of a felony? YES NO			
Have you ever been convicted of a misdemeanor involving theft? YES NO			
Have you ever been convicted of a misdemeanor involving abuse, neglect, or mistreatment of an individual? YES NO			
If you answered YES to any of the questions above please list the convictions below.			
Offense	Date	Place	Disposition

How did you learn of this Job Opening? (Circle One)			
News Paper	Employee Referral	Other? _____	



JOB INTEREST (Applications will be rejected unless they identify specific positions for which you are applying.)

Position Desired		Date Available		Salary Desired		
First Choice						
Second Choice						
Work Hours/Preferred						
	Full-time	Part-time	Day	Evening	Nights	Weekend
Circle	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

Education Record

Highest grade completed?

Name, City, State of Schools Attended	Major Field	Degree
High School		
College/University		
Graduate Tech or Vocational School		
Courses you are currently enrolled in		

Professional Licenses/Certifications

TYPE	DATE ISSUED	STATE ISSUED	EXPIRES ON	NUMBER

Please list job related organizations, clubs, professional societies or other associations to which you belong (You may omit those which may indicate your race, religious creed, color, national origin, sexual orientation, ancestry, sex or disability)

Skills

TYPING SPEED	SHORTHAND	COMPUTER	MEDICAL TERMINOLOGY



Work Experience

May we contact your present employer? YES NO

What other names have you worked under? _____

List your last or present employer first (including volunteer experience) and account for any lapse of time between employers or employment history of five years, whichever is greater. (Use additional paper if necessary)

Employer	Employed From	Employed To
Street Address	City	State/Zip
Position Title	Phone Number	Wage (Starting/Final)
Supervisor's Name and Title		May we contact?
Employer	Employed From	Employed To
Street Address	City	State/Zip
Position Title	Phone Number	Wage (Starting/Final)
Supervisor's Name and Title		May we contact?
Employer	Employed From	Employed To
Street Address	City	State/Zip
Position Title	Phone Number	Wage (Starting/Final)
Supervisor's Name and Title		May we contact?



Reference

Name	Phone Number
Name	Phone Number
Name	Phone Number

Please read the following carefully before signing the application form:

I understand that employment at Lantern of Madison/Lantern of Saybrook/Lantern of Chagrin Valley is at will and that Lantern of Madison/Lantern of Saybrook/Lantern of Chagrin Valley or I can terminate the employment relationship at any time, for any reason, with or without notice. I further understand that neither application nor any other Lantern of Madison/Lantern of Saybrook/Lantern of Chagrin Valley communication constitutes an employment contract. I authorize Lantern of Madison/Lantern of Saybrook/Lantern of Chagrin Valley to contact any or all of my references and former employers listed herein and to inquire about my employment there. I release Lantern of Madison/Lantern of Saybrook/Lantern of Chagrin Valley and any employer or reference, which is contacted from any liability arising out of such inquiry or the response to such inquiry. I certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any false or misleading statements, receipt of unsatisfactory references, an unsatisfactory result of drug screening test, an unsatisfactory result of criminal background check or an unsatisfactory result of the prescribed physical examination, which reveals that I cannot perform the essential functions of my job with or without accommodation, may result in ineligibility for hire and/or discharge.

Signature

Date



Applicant Self Identification Audit

Personal and Confidential

Statement of Purpose

Under the civil rights act of 1964, the rehabilitation act of 1973 and Vietnam Era Veterans Readjustment Act of 1974, the U.S. Government is empowered to require every employer to report their applicant in the racial and ethnic groups listed below. While employers are permitted to determine the group identification by visual survey, we believe that in order to avoid mistakes and misunderstanding, every applicant should have the opportunity to answer this question personally.

This information will only be used for reporting to government agencies. Your participation in this survey is voluntary and is not a requirement for employment. (Not to be kept with employment application)

Check appropriate boxes

Male Female

Race: Use the following racial classifications to self-identify yourself under ethnic origin.

- White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black: All persons having origin in any of the black racial groups of Africa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Name

Signature

Social Security Number

Date



Lantern of Madison/Lantern of Saybrook/Lantern of Chagrin valley K-210

Procedure

Procedure Title: Voluntary Termination (Resignation)

- Procedure:*
1. Non-exempt employees must give two weeks' notice to their supervisors when resigning their positions. Failure to give two weeks' notice will result in reduction of their hourly rate to State of Ohio's minimum wage for the payroll period/periods they worked. For example, if the employee resigns or walks out on the job on a day/evening/night falls and if the day happens to fall before the pay day for the previous pay period, the minimum wage will go into effect for the prior pay period also.
 2. Exempt employees must give four weeks' notice to their supervisors when resigning their positions. Failure to give four weeks' notice will result in reduction of their hourly rate to State of Ohio's minimum wage for the payroll period/periods they worked. For example, if the employee resigns or walks out on the job on a day/evening/night falls and if the day happens to fall before the pay day for the previous pay period, the minimum wage will go into effect for the prior pay period also.
 3. Resignations should be in writing. The written resignation will be placed in the employee's personnel file. If a verbal resignation is given, the supervisor should make a note in the employee's personnel file.
 4. An exit interview will be scheduled to ascertain the reason for the resignation. The interview should also focus on things the employee believes could be improved in the program.
 5. All equipment, tools, keys, name tags, etc. will be collected.

Signature _____

Date _____



To: _____

Re: EMPLOYEE REFERENCE INQUIRY

_____ is applying for a position of _____.

Applicant indicated they were employed by you from _____ to _____.

Since the person referred above listed you as a former employer, it would be helpful to the applicant and to us if you would give us your opinion relative to the categories listed below. We all strive to minimize employee turnover and a forthright exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate you answering the following questions in the manner you would expect us to complete a similar request from you.

Please be assured that all information will be held in strict confidence.

We employed the applicant named above as _____ from _____ to _____.

I would evaluate the applicant as follows:

Integrity	_____ High	_____ Average	_____ Fair	_____ Poor
Neatness	_____ High	_____ Average	_____ Fair	_____ Poor
Conscientiousness	_____ High	_____ Average	_____ Fair	_____ Poor
Intelligence	_____ High	_____ Average	_____ Fair	_____ Poor
Skill for position	_____ High	_____ Average	_____ Fair	_____ Poor
Cooperation	_____ High	_____ Average	_____ Fair	_____ Poor
Absenteeism	_____ High	_____ Average	_____ Fair	_____ Poor

Reason for separation _____

Would you re-employ? _____ Yes _____ No

Would you recommend the applicant for the position applied? _____ Yes _____ No

Comments: _____

Signature of representative of the employer _____ Date _____

I _____ have applied to Lantern of Madison/Lantern of Saybrook/Lantern of Chagrin valley for employment. In order that they better evaluate my qualification, I hereby respectfully request that you furnish the necessary information and authorize its release without penalty of liability due to an invasion of privacy or civil rights.

Signature of Applicant _____ Date _____



Dear applicant,

Thank you for your interest to be part of the Lantern community. I realize that you have a choice of employer and I'm very glad that you have chosen us.

Lantern is a community for the seniors. We at the Lantern believe that our clients deserve the best. We take extreme pride in serving our elderly clients. One of the goals is to ensure that our elderly clients lead a life with quality and dignity. We believe in "client first" service model and will do whatever it takes to ensure that the elderly clients are happy and satisfied.

We are our elderly client's advocates. It is important that we take appropriate measure and actions to protect and safeguard their interest. The clients require care, 24 hours a day and 7 days a week.

To be a care giver at the Lantern is a serious responsibility. You are directly responsible for their well-being. You will be expected to work on holidays, sometimes required to work over-time and other shifts. you are expected to report to work on time and follow company policies and guidelines. Call-offs without adequate notification and not showing up to work are unacceptable practices. Compassion, love, kindness and patience are basic characteristics and are requirements to be eligible as a caregiver at the Lantern. Your flexibility, commitment, dedication and hard work are the values that our clients deserve.

If our expectations or requirements don't fit your work style, we understand and respect your position. I kindly ask you not to complete the application. However, if you have the above listed virtues and characteristics; you will enjoy your experience the Lantern. Please complete the application and we will be happy to contact you to schedule an interview.

Thank you for your time. Looking forward to working with you.

Sincerely,

Jean Makesh, CEO