Per the State’s requirements to apply for a Direct Care Position ALL Applicants must have 1-year experience in Home Health or related field within the present calendar year before filling out application. Please sign and date to acknowledge that you have read and understand this statement.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION** Date: \_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O. B \_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City/State Zip No Yrs.

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

Telephone No. Email

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

Previous Street Address City/State Zip No Yrs.

Are you under 18? \_\_\_\_ Yes \_\_\_\_ No \*For checking prior records, provide other names under which you are known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No. (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you legally authorized to work in the U.S.: \_ Yes\_ No How? \_\_ U.S. Citizen? \_\_ Visa/Work Permit?

Have you lived in Summit County for the past 5 years? \_\_\_\_\_ If no, Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have transportation? \_\_Yes \_\_No If yes, how: \_\_\_ public \_\_\_ own vehicle \_\_\_other

GENERAL INFORMATION

Position Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_ Agency \_\_\_\_\_\_\_\_ Newspaper \_\_\_\_\_\_\_Walk-in \_\_\_\_\_\_ Other

Availability: \_\_\_\_\_\_\_\_Regular Basis \_\_\_\_\_\_Full-time \_\_\_\_\_\_\_\_\_Part-time \_\_\_\_\_\_\_\_\_\_PRN

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

Shift Preference: \_\_\_\_\_\_ 7am-3pm \_\_\_\_\_\_\_ 3pm-11pm \_\_\_\_\_\_\_11pm-7am \_\_\_\_\_\_\_\_Weekends

When will be the earliest date that you could start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to work here before? \_\_\_\_ Yes \_\_\_\_ No When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_ No When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to perform the required duties of the job you are applying, with or without reasonable accommodations? If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know any one currently employed or previously employed at Word of Life International?

 \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_ NO

If yes, name and relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted or pled guilty to a criminal offense? Y or N If yes, please give details: Felony or misdemeanor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_City/State: \_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION BACKGROUND INFORMATION**

High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduated? \_\_ Yes \_\_ No Course Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduated? \_\_Yes \_\_ NO Course Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduated? \_\_Yes \_\_No Course Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificates/Licenses that pertain to this job position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILITARY INFORMATION**

Have you been in the U.S. Armed services or Reserves? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

**PERSONAL REFERENCES**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **EMPLOYMENT HISTORY**

 Beginning with your most recent employment, please list your last three (3) employers:

1. Name & Address of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary: Start\_\_\_\_\_\_\_\_ Ending\_\_\_\_\_\_\_\_

Dates employed in that Position: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title, Phone No., of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? \_\_ Yes \_\_ No If No Explain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Name & Address of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary: Start\_\_\_\_\_\_\_\_\_ Ending\_\_\_\_\_\_\_

Dates employed in that Position: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title, Phone No., of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? \_\_ Yes \_\_ No If No Explain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name & Address of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary: Start\_\_\_\_\_\_\_\_ Ending\_\_\_\_\_\_\_\_\_

Dates employed in that Position: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_

Explain Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title, Phone No., of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact this employer? \_\_ Yes \_\_ No If No Explain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S STATEMENT:

In connection with my application for employment, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that investigative background requires are to be made including, but not limited to individual credit, social security number, criminal and motor vehicle records. These reports may contain information about my character, work habits, performance and experience along with reasons for termination of past employments. Furthermore, I understand that information will be requested from various Federal, State, and other agencies which maintain records concerning my personal history.

I certify that answers given herein are true and complete to the best of my knowledge and understand and agree that any misrepresentation of omission on my application or related papers or made during any oral interviews may result in refusal of employment of shall be considered grounds for dismissal.

I understand and agree that, if hired, my employment is at will, for no definite period, and may be terminated at any time without prior notice, without liability for wages, salary or any benefits except those earned up to the date of termination.

 I understand that this application is NOT intended to be a contract of employment. I understand, also that I am required to abide by all rules and regulations of Word of Life International, Ohio Department of Developmental Disabilities, and Ohio Department of Aging. I have read, understand, and agree to the above. By signing this form, I consent to the submission of a request for a criminal records check that will be sent to: Attention Ms. Akraree Anderson at 68 E. Archwood Ave. / Akron, Ohio 44301, for workers that are required by the Senate Bill 160. I also attest to the following:

 • That I haven’t been convicted of or pleaded guilty to any of the crimes that would disqualify me from working with individuals under the Senate Bill 160.

• That I understand and agree that if I am found to have a record of any of those crimes, I will not be hired for work at Word of Life International or, if I have already been hired, my employment will be terminated.

• That I will inform that I must provide a set of fingerprints impressions and that criminal records, abuse/nursing registry check must be conducted if I come under final consideration for employment.

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

Applicant Signature Date

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

 Witness Date

Word of Life International

68 E. Archwood Ave

Akron, Ohio 44301

 (330) 356-3735

wolihelpinghands1@gmail.com

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will let Word of Life International know immediately upon employment if I have lived outside of Summit County in the past five (5) years.

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

Applicant Signature Date

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

 Human Resource Signature Date

ATTENTION ALL POTENTIAL EMPLOYEES….

WORD OF LIFE INTERNATIONAL WILL BE REQUESTING THE FOLLOWING AFTER BEING CONSIDERED FOR EMPLOYMENT at the time a position is offered to you:

 a) Proof of residency for 5 years: W-2 forms and/or utility bills

b) Social Security card

c) Picture identification: driver’s license or state I.D. and proof of car insurance

d) Stated Tested and approval card (if applicable) i.e. Nursing Assistant

e) License (if applicable): RN/LPN/Therapists/Social Work

f) If LPN, must have one of the following to be able to administer MEDS: NAPNES/OOPNES/Ohio Board of Nursing Card

g) Three (3) WORK references

h) Three (3) Personal references

If above items have returned in good standing than the following will be needed to be completed to start employment:

1) Drug screen/driving record (transportation services) (when applicable)

 2) 2-step Monteux test for tuberculosis screening, unless contraindicated. (Completed by your physician)

3) Criminal background checks in accordance with SB 160 fingerprints will be taken by proper agency (if you have not been in the state of Ohio at least 5 years an additional set of prints will be taken at the time of the BCI). Abuse and nursing registry with the accordance to the Ohio Department of Developmental Disabilities and Ohio Department of Aging.

 4) Physical (Completed by your physician) (Transportation services)

Employment will be considered after the above of have been done and items are returned with favorable results. If all results come back except the BCI you can be hired with the conditional of 60 days for the BCI return. If at the time the BCI is returned with a conviction that disqualifies you for employment, you will be TERMINATED IMMEDIATELY and not eligible for rehire.

On the other hand, if the BCI and all registries come back with favorably, you then can remain employed or be considered for rehire if its past the 60 days, without the accrual of benefits, but with the employment services time.

\*\*\*\*NOTE: POTENTIAL EMPLOYEES MUST PROVIDE THE AGENCY WITH PROOF OF A BACKGROUND CHECK WITHIN THE PAST 12 MONTHS AND VALID FIRST\CPR BEFORE POTENTIAL EMPLOYMENT\*\*\*\*

INFORMATION RELEASE

I authorize, without reservation, any party or agency contacted to release any information requested and release all parties involved from any liability and responsibility for doing so. This authorization expires 45 days from this date, or upon termination of employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature Date

OFFICE USE ONLY

REFERENCE CHECK PLEASE COMPLETE THE FOLLOWING

Job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spoke to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hire Date \_\_\_\_\_ Separation Date \_\_\_\_\_ Re-hire: Yes/No If no, state reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spoke to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hire Date \_\_\_\_\_ Separation Date \_\_\_\_\_\_ Re-hire: Yes/N0 If no, state reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK PERFORMANCE

QUALITY OF WORK EXCELLENT TO POOR QUANTITY OF WORK 10 9 8 7 6 5 4 3 2 1

 LEARNING ABILITY 10 9 8 7 6 5 4 3 2 1 COOPERATION WITH SUPERVISORS 10 9 8 7 6 5 4 3 2 1 COOPERATION WITH CO-WORKERS 10 9 8 7 6 5 4 3 2 1 INITIATIVE 10 9 8 7 6 5 4 3 2 1 ATTENDENCE/PUNCTUALITY 10 9 8 7 6 5 4 3 2 1 INDEPENDENTWORK ABILITY 10 9 8 7 6 5 4 3 2 1

10 9 8 7 6 5 4 3 2 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature/Title Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE USE ONLY Initial: \_\_\_\_\_\_\_\_\_\_ Sent out: \_\_\_\_\_\_\_\_\_ Received back: \_\_\_\_\_\_\_\_\_\_\_