



Independence of Portage County

**EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER**

Name (First, MI, Last)	Social Security #	Date
Address (Number, Street, City, State, Zip)		Phone
E-Mail Address		

IN CASE OF EMERGENCY NOTIFY:

Name:	Relationship:	Work Phone:
Address:		Home Phone:

EDUCATION

INSTITUTION	GRADE COMPLETED	DEGREE/CERTIFICATE

Other training related to employment:

WORK HISTORY

Account for all employment *including* periods of unemployment. Start with most recent. Independence, Inc. reserves the Right to contact previous employers in order to verify the accuracy of the information listed below.

Dates		Company Name, Address, Phone	Supervisor's Name	Final Position	Salary
From	To				
			Resigned <input type="checkbox"/>	Reason for Leaving	
			Discharged <input type="checkbox"/>		
			Other <input type="checkbox"/>		
From	To				
			Resigned <input type="checkbox"/>	Reason for Leaving	
			Discharged <input type="checkbox"/>		
			Other <input type="checkbox"/>		
From	To				
			Resigned <input type="checkbox"/>	Reason for Leaving	
			Discharged <input type="checkbox"/>		
			Other <input type="checkbox"/>		
From	To				
			Resigned <input type="checkbox"/>	Reason for Leaving	
			Discharged <input type="checkbox"/>		
			Other <input type="checkbox"/>		

ADDITIONAL EMPLOYMENT SHOULD BE LISTED ON ADDITIONAL SHEETS

For what position are you applying?	FT or PT (Circle Preference)	Salary Requested?
How did you learn of this position?		
Hours/Days Available:		
Do you have a <u>valid</u> Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> License # _____ State Issued? _____		
Do you have any points on your license? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, How Many? _____		
Do you have reliable transportation to and from work? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you lived in Ohio for the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please list other state(s) of residency:		
Have you ever been convicted of a crime other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
Have you ever filled out an application with Independence, Inc before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give approximate month/year:		
Have any relatives of yours ever been employed by Independence, Inc.? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give name(s):		

REFERENCES
List **TWO** Professional and **ONE** Personal (**relatives are not acceptable references**)

NAME	RELATIONSHIP	DAYTIME PHONE NUMBER

INDEPENDENCE, INC. selects the most qualified individuals for the job, based upon job-related qualifications, regardless of race, color, creed, sex, national origin, age handicap, or other protected groups under state, federal, or local Equal Opportunity Laws.

I understand and Agree That:

1. Any material misrepresentations, or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment.
2. It is my understanding that INDEPENDENCE, INC. will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by INDEPENDENCE, INC. and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. It is my understanding that I am expected to keep the Director of Human Resources informed in writing of any changes in my status within three (3) working days of the change. This includes notification of any change in Motor Vehicle license status (including any citations issued) and criminal records status (including arrests).

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that INDEPENDENCE, INC. can change wages, benefits, and conditions at any time. I have read and understand the above and certify that the information I have provided on this application is accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Independence of Portage County, Inc.
161 E. Main Street
Ravenna, Ohio 44266

1. What additional information should we consider that you think makes you an ideal candidate to work with adults with developmental disabilities?

2. What are your long term career or life goals?

INDEPENDENCE OF PORTAGE COUNTY, INC.

Authorization For Release And Use Of Investigative Consumer Reports

As part of the Company's procedures for processing employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a criminal records check, motor vehicle records check, and other consumer reports or investigative consumer reports may be obtained by the Company. I have been given a separate document entitled Notice of Use of Consumer Reports informing me of this.

I understand that a Consumer Reporting Agency may not give out information about me without my written consent. I understand that no report containing medical information about me will be provided to the Company without my specific prior consent releasing such information, which is in addition to my general authorization below. Furthermore, I understand that I have the right to make a written request to the Company within a reasonable period of time, that I will be provided with a complete and accurate disclosure concerning the nature and scope of the investigation if interviews will be conducted.

I hereby authorize the Company to request a report from the Ohio Bureau of Criminal Identification & Investigation, the Ohio Bureau of Motor Vehicles, and other Consumer Reporting Agencies to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future.

I hereby authorize and request that any present or former employer, school, police department, financial institution, or other person having information or knowledge about me, furnish such information to the bearer of this authorization in connection with an application for employment.

I agree to release and discharge the Company, its employees, officers, agents, affiliates, and shareholders, from any and all claims, rights of action or liability of any kind or nature that could result from the Company's use or reliance upon the information contained in such consumer reports.

ACKNOWLEDGED:

Signature of Applicant or Employee

Name (Printed)

Date

Social Security Number

WHY DO I HAVE TO GET FINGERPRINTED?

If you are offered a position with this company, you will have to get fingerprinted and sign a release form. A criminal conviction could have an adverse effect on continued employment.

WE ARE NOT DOING THIS BECAUSE WE DO NOT TRUST YOU OR DO NOT WANT YOU TO COME TO WORK FOR US.

WE ARE DOING IT BECAUSE WE HAVE TO UNDER STATE LAW.

A state law says that all people who work with individuals with developmental disabilities have to be checked to see if they have a criminal record. This is true even if you do not have a record.

The law was passed to protect individuals with developmental disabilities (and people who work with them) from convicted criminals.

The law also says you have to get fingerprinted. This is how the state checks to see whether you have a record.

We apologize for the inconvenience and appreciate your interest in working with us.

SENATE BILL 38 CONSENT AND ATTESTATION FORM

By signing this form, I consent to the submission of a request for a criminal records check for direct care workers as required by Senate Bill 38 and House Bill 160. The request will be submitted by Independence, Inc.

I also attest to the following:

1. That I have not been convicted of or plead guilty to any of the crimes that would disqualify me from working with Adults with developmental disabilities under Senate Bill 38. I have reviewed a list of the disqualifying crimes.
2. 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 with developmentally disabled individuals or, if I have already been hired, my employment will be terminated.
3. That I was informed that I must provide a set of fingerprint impressions and that a criminal records check must be conducted if I come under final consideration for employment.

Signature of Applicant

Date

CONVICTION OR PLED GUILTY OF THE FOLLOWING CRIMES

ORC	2903.01	Aggravated Murder	
	2903.02	Murder	
	2903.03	Voluntary Manslaughter	
	2903.04	Involuntary Manslaughter	
	2903.11	Felonious Assault	
	2903.12	Aggravated Assault	
	2903.13	Assault	
	2903.14	Failing to provide for a functionally impaired person	
	2903.21	Aggravated Menacing	
	2903.34	Patient abuse and neglect	
	ORC	2905.01	Kidnapping
		2905.02	Abduction
		2905.03	Child Stealing
2905.04		Criminal Child Enticement	
ORC	2907.02	Rape	
	2907.03	Sexual Battery	
	2907.04	Corruption of a minor	
	2907.05	Gross sexual imposition	
	2907.06	Sexual imposition	
	2907.07	Importuning	
	2907.08	Voyeurism	
	2907.09	Public indecency	
	2907.12	Felonious sexual penetration	
	2907.21	Compelling prostitution	
	2907.22	Promoting prostitution	
	2907.23	Procuring	
	2907.25	Prostitution	
	2907.31	Disseminating Matter harmful to juveniles	
	2907.32	Pandering Obscenity	
	2907.32.1	Pandering obscenity involving a minor	
2907.32.2	Pandering sexually oriented matter involving a minor		
2907.32.3	Illegal use of a minor in nudity-oriented material or performance		
ORC	2911.01	Aggravated robbery	
	2911.02	Robbery	
	2911.11	Aggravated burglary	
	2911.12	Burglary	
ORC	2919.12	Unlawful abortion	
	2919.22	Endangering children	
	2919.24	Contributing to unruliness or delinquency of a child	
	2919.25	Domestic violence	
ORC	2923.12	Carrying concealed weapons	
	2923.13	Having weapons while under disability	
	2923.16.1	Improperly discharging firearm at or in habitation or school	
ORC	2925.02	Corrupting another with drugs	
	2925.03	Trafficking in drugs	
	2925.04	Shall not cultivate or manufacture drugs.	
	2925.05	Shall not provide money to another if the recipient is to use the money to purchase any controlled substance.	
	2925.06	Shall not administer, prescribe, or dispense any anabolic steroid not approved by the US FDA	
	2925.11	Drug Abuse. Shall not obtain, possess or use a controlled substance.	
ORC	3716.11	Adulterated food	