



## APPLICATION FOR EMPLOYMENT

(We are an Equal Opportunity Employer)

DATE \_\_\_\_\_

**PERSONAL INFORMATION (Please print)**

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
LAST FIRST MIDDLE

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Are you legally entitled to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	I have been a resident of Ohio for the past five consecutive years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job you are applying for with or without reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a criminal offense (felony or misdemeanor) <b>If yes, please describe:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hold a high school diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION	Name of School	Address/City	Graduated?	Major/Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently employed?  Yes  No **Even if you have attached a résumé, this section must be completed.**

**WORK EXPERIENCE** *(List last three employers starting with the most current first.)*

Date/Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
FROM: TO:				
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name:		Phone No.:
FROM: TO:				
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name:		Phone No.:
FROM: TO:				
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name:		Phone No.:

Years of experience within the DD field: \_\_\_\_\_ Describe below your experience working with individuals with disabilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT DESIRED**

Date available to start working:

Position or Type of Employment Desired: <input type="checkbox"/> Homemaker/Personal Care House Manager <input type="checkbox"/> Homemaker/Personal Care Provider <input type="checkbox"/> Other: _____	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Days Available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Hours Available: _____ _____ _____ _____ _____
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**REFERENCES** (Give the names of three persons, not related to you, who have knowledge of your work performance)

NAME	PHONE	YEARS KNOWN	RELATIONSHIP
1.			
2.			
3.			

**FROM WHERE OR WHOM DID YOU HEAR ABOUT THIS JOB OPPORTUNITY? :**

\_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

Name:	Relationship:	Phone:
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Please indicate if you have had the following training and provide copies of the certifications:

- Individual rights Training
- Medication Administration (Med-Pass)  
Expiration Date: \_\_\_\_\_
- Crisis Prevention Intervention  
Expiration Date: \_\_\_\_\_
- Defensive Driving (or other driving certifications)
- CPR/First Aid:  
  - Adult (Expiration Date: \_\_\_\_\_)
  - Child (Expiration Date: \_\_\_\_\_)
- MUI/UIR or Health and Safety Training

*PLEASE NOT: Any person seeking employment with Medina Creative Accessibility, must obtain a Background Check prior to employment.*

*If you are currently employed with an agency that also requires the above certifications and background check, please sign the release below:*

<b>RELEASE OF INFORMATION</b>	
I, the undersigned, authorize the release of copies of my current certifications and background check information to Medina Creative Accessibility from my current place of employment.	
Signature of Applicant: _____	Date: _____

*I certify the information contained in this application is true and complete, and I understand that providing false information may be grounds for not hiring me or for immediate termination of employment at any point in the future, if I am hired. I authorize the investigation of all statements contained herein and give permission for the references listed above to give any and all information concerning my background and release all parties from all liability for any damage that may result from furnishing the same to you. I understand that if I am employed, my employment may be changed, with or without cause, and with or without notice at any time by the company.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# Consent Form for Necessary Pre-Employment Checks

Per Ohio Administrative Code 5123:2-2-02

## Medina Creative Accessibility

I do hereby consent to having my current driving record and all appropriate registries checked and the information obtained subject to periodic review by this (potential) employer and the appropriate insurance company personnel.

I understand that such information will be used to determine my underwriting acceptability regarding my (potential) Employer's Insurance policy as well as my potential for being employed.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name as it Appears on License

\_\_\_\_\_  
State Licensed in

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Last 4 Digits of Social Security Number

## Attestation and Agreement to Notify Employer

I hereby attest that I have not been convicted of or pleaded guilty to any of the disqualifying offenses listed below and agree that I will notify **Medina Creative Accessibility** within 14 calendar days, if while employed I am formally charged with, am convicted of, or plead guilty to one of the disqualifying offenses. I understand that failure to make this notification may result in termination of employment.

\_\_\_\_\_ (Applicant's Signature)

\_\_\_\_\_ (Date Signed)

\_\_\_\_\_ (Applicant's Name Printed)

**Tier 1 Disqualifying Offenses (Permanent Exclusion):**

2903.01 (aggravated murder)
2903.02 (murder)
2903.03 (voluntary manslaughter)
2903.11 (felonious assault)
2903.15 (permitting child abuse)
2903.16 (failing to provide for a functionally impaired person)
2903.34 (patient abuse and neglect)
2903.341 (patient endangerment)
2905.01 (kidnapping)
2905.02 (abduction)
2905.32 (human trafficking)
2905.33 (unlawful conduct with respect to documents)
2907.02 (rape)
2907.03 (sexual battery)
2907.04 (unlawful sexual conduct with a minor, formerly corruption of a minor)
2907.05 (gross sexual imposition)
2907.06 (sexual imposition)
2907.07 (importuning)
2907.08 (voyeurism)
2907.12 (felonious sexual penetration)
2907.31 (disseminating matter harmful to juveniles)
2907.32 (pandering obscenity)
2907.321 (pandering obscenity involving a minor)
2907.322 (pandering sexually oriented matter involving a minor)
2907.323 (illegal use of minor in nudity-oriented material or performance)
2909.22 (soliciting/providing support for act of terrorism)
2909.23 (making terrorist threat)
2909.24 (terrorism)
2913.40 (Medicaid fraud)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
A conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state-funded program, excluding the disqualifying offenses set forth in section 2913.46 of the Revised Code (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits).
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 on this list.

**Tier 2 Disqualifying Offenses (Ten-Year Exclusion):**

2903.04 (involuntary manslaughter)
2903.041 (reckless homicide)
2905.04 (child stealing) as it existed prior to July 1, 1996
2905.05 (criminal child enticement)
2905.11 (extortion)
2907.21 (compelling prostitution)
2907.22 (promoting prostitution)
2907.23 (enticement or solicitation to patronize a prostitute, procurement of a prostitute for another)
2909.02 (aggravated arson)
2909.03 (arson)
2911.01 (aggravated robbery)
2911.11 (aggravated burglary)
2913.46 (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits)
2913.48 (workers' compensation fraud)
2913.49 (identity fraud)
2917.02 (aggravated riot)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2923.12 (carrying concealed weapon)
2923.122 (illegal conveyance or possession of deadly weapon or dangerous ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone)
2923.123 (illegal conveyance, possession, or control of deadly weapon or dangerous ordnance into courthouse)
2923.13 (having weapons while under disability)
2923.161 (improperly discharging a firearm at or into a habitation or school)
2923.162 (discharge of firearm on or near prohibited premises)
2923.21 (improperly furnishing firearms to minor)
2923.32 (engaging in pattern of corrupt activity)
2923.42 (participating in criminal gang)
2925.02 (corrupting another with drugs)
2925.03 (trafficking in drugs)
2925.04 (illegal manufacture of drugs or cultivation of marihuana)
2925.041 (illegal assembly or possession of chemicals for the manufacture of drugs)
3716.11 (placing harmful objects in food or confection)
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 on this list.

**Tier 3 Disqualifying Offenses (Seven-Year Exclusion):**

959.13 (cruelty to animals)
959.131 (prohibitions concerning companion animals)
2903.12 (aggravated assault)
2903.21 (aggravated menacing)
2903.211 (menacing by stalking)
2905.12 (coercion)
2909.04 (disrupting public services)
2911.02 (robbery)
2911.12 (burglary)
2913.47 (insurance fraud)
2917.01 (inciting to violence)
2917.03 (riot)
2917.31 (inducing panic)
2919.22 (endangering children)
2919.25 (domestic violence)
2921.03 (intimidation)
2921.11 (perjury)
2921.13 (falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license)
2921.34 (escape)
2921.35 (aiding escape or resistance to lawful authority)

2921.36 (illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.05 (funding of drug or marihuana trafficking)
2925.06 (illegal administration or distribution of anabolic steroids)
2925.24 (tampering with drugs)
2927.12 (ethnic intimidation)
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 on this list.

#### **Tier 4 Disqualifying Offenses (Five-Year Exclusion):**

2903.13 (assault)
2903.22 (menacing)
2907.09 (public indecency)
2907.24 (soliciting after positive human immunodeficiency virus test)
2907.25 (prostitution)
2907.33 (deception to obtain matter harmful to juveniles)
2911.13 (breaking and entering)
2913.02 (theft)
2913.03 (unauthorized use of a vehicle)
2913.04 (unauthorized use of property, computer, cable, or telecommunication property)
2913.05 (telecommunications fraud)
2913.11 (passing bad checks)
2913.21 (misuse of credit cards)
2913.31 (forgery, forging identification cards)
2913.32 (criminal simulation)
2913.41 (defrauding a rental agency or hostelry)
2913.42 (tampering with records)
2913.43 (securing writings by deception)
2913.44 (personating an officer)
2913.441 (unlawful display of law enforcement emblem)
2913.45 (defrauding creditors)
2913.51 (receiving stolen property)
2919.12 (unlawful abortion)
2919.121 (unlawful abortion upon minor)
2919.123 (unlawful distribution of an abortion-inducing drug)
2919.23 (interference with custody)
2919.24 (contributing to unruliness or delinquency of child)
2921.12 (tampering with evidence)
2921.21 (compounding a crime)
2921.24 (disclosure of confidential information)
2921.32 (obstructing justice)
2921.321 (assaulting/harassing police dog or horse/service animal)
2921.51 (impersonation of peace officer)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.09 (illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug)
2925.11 (drug possession other than a minor drug possession offense)
2925.13 (permitting drug abuse)
2925.22 (deception to obtain dangerous drugs)
2925.23 (illegal processing of drug documents)
2925.36 (illegal dispensing of drug samples)
2925.55 (unlawful purchase of pseudoephedrine product)
2925.56 (unlawful sale of pseudoephedrine product)
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 on this list.