



Independence of Portage County

575 E. Lake Street
 Ravenna, OH 44266
 330-296-2851

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 Discharged Other	Reason for Leaving	
From	To				
			Resigned Discharged Other	Reason for Leaving	
From	To				
			Resigned Discharged Other	Reason for Leaving	
From	To				
			Resigned Discharged	Reason for Leaving	

Other

EMPLOYMENT APPLICATION/ EQUAL OPPORTUNITY EMPLOYER
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 <input type="checkbox"/> 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 <input type="checkbox"/> yes, please explain:		
Have you ever filled out an application with Independence, Inc before? Yes <input type="checkbox"/> No <input type="checkbox"/> If <input type="checkbox"/> 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 <input type="checkbox"/> 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, drug test/screen, 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, drug test/screen and 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

CRIMINAL BACKGROUND CHECKS:

Independence, Inc. does a complete background check on every employee hired. Fingerprints are sent to the Bureau of Criminal Investigation and Identification (BCII), and the FBI if necessary.

We advise all employees before hiring that will not employ anyone who has a felony in criminal activities such as drugs, sex, abuse and murder. There are other offenses that may also exclude employment at the discretion of management. The Ohio Department of Developmental disabilities requires that we are obligated to a more stringent standard with background checks. Because of this, while you are employed with Independence, Inc. it is your obligation and responsibility to inform the Human Resources Director, in writing, if you are formally charged with, convicted of, or plead guilty to a felony or misdemeanor. You **must** make this report in writing within the next scheduled business day of the **charge** and again when there is an **outcome**. Failure to follow this process will be cause for dismissal.

Ohio law prohibits providers from hiring persons who have been convicted of or pled guilty to the following offenses:

Tier 1 - Never

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 (trafficking in persons);
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 (Former - 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), 2923.02 (attempt), or 2923.03 (complicity)
when the underlying offense is any of the offenses or violations
described in this section of this rule;

Tier 2 - 10 Yr (since fully discharged from imprisonment, probation, and parole)

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 (procuring);
2909.02 (aggravated arson);
2909.03 (arson);
2911.01 (aggravated robbery);
2911.11 (aggravated burglary);

2913.46 (illegal used of food stamps or women, infants, and
children program benefits);
2913.48 (workers' compensation fraud);
2913.49 (identity fraud);
2917.02 (aggravated riot);
2921.36 (illegal conveyance of weapons, drugs, or other
prohibited items onto grounds of detention facility or institution);
2923.01 (conspiracy), 2923.02 (attempt), or 2923.03 (complicity)
when the underlying offense is any of the offenses or violations
described in this section of this rule;

2923.122 (illegal conveyance or possession of deadly weapon or
dangerous ordnance);
2923.123 (illegal conveyance of deadly weapon 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);

2923.12 (carrying concealed weapon);

Signature

Today's Date

**See reverse side of this page for
additional offenses**

Tier 2 - 10 Yr (since fully discharged from imprisonment, probation, and parole)

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 marijuana);
2925.041 (illegal assembly);
3716.11 (placing harmful objects in food or confection);

Tier 3 - 7 Yr (since fully discharged from imprisonment, probation, and parole)

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);
2919.25 (domestic violence);
2921.03 (intimidation);
2921.11 (perjury);
2921.13 (falsification in theft offense to purchase firearm);
2921.34 (escape);
2921.35 (aiding escape or resistance to lawful authority);
2925.05 (funding of drug or marijuana trafficking);
2925.06 (illegal administration or distribution of anabolic steroids);
2925.24 (tampering with drugs);
2927.12 (ethnic intimidation);
2923.01 (conspiracy), 2923.02 (attempt), or 2923.03 (complicity) when the underlying offense is any of the offenses or violations 2919.22 (endangering children);
described in this section of this rule

Tier 4 - 5 Yr (since fully discharged from imprisonment, probation, and parole)

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 harmless 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 (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);
2921.24 (disclosure of confidential information);
2921.32 (obstructing justice);
2921.321 (assaulting/harassing police dog or horse/service animal);
2921.51 (impersonation of peace officer);
2925.09 (unapproved drugs);
2925.11 (possession of drugs);
2925.13 (permitting drug abuse);
2925.22 (deception to obtain dangerous drugs);
2925.23 (illegal processing of drug documents);
2925.36 (tampering with drugs);
2925.55 (unlawful purchase of pseudoephedrine product);
2925.56 (unlawful sale of pseudoephedrine product);
2923.01 (conspiracy), 2923.02 (attempt), or 2923.03 (complicity) when the underlying offense is any of the offenses or violations described in this section of this rule

A felony contained in the Revised Code that is not listed above, if the felony bears a direct and substantial relationship to the duties and responsibilities of the position being filled.

Any offense contained in the Ohio Revised Code constituting a misdemeanor of the first degree on the first offense and a felony on a subsequent offense, if the offense bears a direct and substantial relationship to the position being filled and the nature of the services being provided.

Print Name _____

Sign Name _____ Today's Date _____