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**TO ALL APPLICANTS**

**YOU MUST HAVE THE FOLLOWING TO BE**

**ELIGIBLE FOR EMPLOYMENT AT CREATIVE COMMUNITY SUPPORTS**

* VALID **OHIO** DRIVERS LICENSE
* GOOD DRIVING RECORD **(NO MORE THAN 5 POINTS)**
* AUTOMOBILE INSURANCE **(STATE MINIMUM)**

**(MUST PRESENT PHYSICAL COPY SHOWING CURRENT EFFECTIVE DATE(S))**

* CAR AVAILABLE DURING SCHEDULED WORK HOURS
* DOCUMENTATION OF HIGH SCHOOL DIPLOMA OR EQUIVILENCY (GED) (Must be **certified document** **with raised stamp**)

**PLEASE NOTE:**

YOUR APPLICATION WILL NOT BE PROCESSED **IF NOT COMPLETE**; INCLUDING PREVIOUS EMPLOYMENT HISTORY, PERSONAL REFERENCES AND CONTACT INFORMATION (TO INCLUDE COMPLETE ADDRESSES, TELEPHONE NUMBER(S), SUPERVISORS’ NAME, POSITION, DATES, HOURLY WAGE, REASON FOR LEAVING (RESIGNED/DISCHARGED) AND CAPACITY).

**DOCUMENTATION OF ALL ELIGIBILITY REQUIREMENTS SHOULD BE PROVIDED AT THE TIME OF INTERVIEW, THE DAY OF YOUR BCI (FINGER PRINTS) APPOINTMENT WHICH ALSO REQUIRES**

**TWO (2) FORMS OF IDENTIFICATION AND AT ORIENTATION FOR I 9 DOCUMENTATION**

**EXAMPLES TO INCLUDE:**

**OHIO DRIVERS LICENSE/SOCIAL SECURITY CARD/PASSPORT/CERTIFIED BIRTH CERTIFICATE**

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**EMPLOYMENT APPLICATION/ EQUAL OPPORTUNITY EMPLOYER**

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| --- | --- | --- | --- | --- | --- | --- |
| Name (First, MI, Last) | | | | Date | | |
| Also known as: (examples: maiden name, married, hyphenated, etc.) | | | | | | |
| Address (Number, Street) | | | | | Phone #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| (City, State, Zip) | | | | |
| E-Mail Address | |
| **IF NOT AT ABOVE ADDRESS FOR LAST 3 YEARS – PROVIDE PREVIOUS ADDRESS** | | | | | | |
| Address (Number, Street) | | | | | | |
| (City, State, Zip) | | | | | | |
| For what position are you applying? | | FT □ PT □ PRN □ | | | Wage: | |
| Hours/Days Available: | | | | | | |
| How/Who referred you to Home To You, LLC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Do you have a ***valid***  “Ohio” Driver’s License? Yes No License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Do you have points on your license? Yes No If so, How Many?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Do you have your own reliable vehicle available at all time? Yes No | | | | | | |
| Do you have “STATE MINIMUM” automobile insurance? Yes No | | | | | | |
| Have you lived in Ohio for the last five years? Yes No  If no, please list other state(s) of residency: | | | | | | |
| Have you ever been convicted of a crime other than a ***minor*** traffic violation? Yes No  If yes, please explain: | | | | | | |
| Have you ever filled out an application with Home To You, LLC? Yes No  If yes, please give approximate month/year: | | | | | | |
| Have any of your relatives ever been employed by Home To You, LLC?  Yes No  If yes, please give name(s): | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Education | | | | | | Grade Completed | | | | | Degree/Certificate | | | | | | |
| High School/GED: | | | | | |  | | | | |  | | | | | | |
| College: | | | | | |  | | | | |  | | | | | | |
| Post Grad: | | | | | |  | | | | |  | | | | | | |
| Other related training: | | | First Aid □ | CPR □ | | Medication Administration □ | | | | | | | Other □ | | | | |
| Dates of Trainings: | | |  |  | |  | | | | | | |  | | | | |
| WORK HISTORY **Account for all employment *including* periods of unemployment. Start with most**  **recent. Home To You, LLC reserves the right to contact previous employers in order**  **to verify the accuracy of the information listed below. Additional employment should**  **be listed on additional sheets.** | | | | | | | | | | | | | | | | | |
| Dates | | Company Name,  Address, Phone | | | Supervisor’s Name | | | | | | | Final  Position | | | | Hourly  Wage | |
| From | To |  | | |  | | | | | | |  | | | |  | |
|  |  |  | | | Resigned  Discharged  Other | |  | FT  PT  PRN | | | | Reason for Leaving | | | | | |
|  | | |
|  | | |
| Dates | | Company Name,  Address, Phone | | | Supervisor’s Name | | | | | | | Final  Position | | | | | Hourly  Wage |
| From | To |  | | |  | | | | | | |  | | | | |  |
|  |  |  | | | Resigned  Discharged  Other | |  | FT  PT  PRN | | | | Reason for Leaving | | | | | |
|  | | |
|  | | |
| Dates | | Company Name,  Address, Phone | | | Supervisor’s Name | | | | | | | Final  Position | | Hourly  Wage | | | |
| From | To |  | | |  | | | | | | |  | |  | | | |
|  |  |  | | | Resigned  Discharged  Other | |  | | FT  PT  PRN | | | Reason for Leaving | | | | | |
|  | | |
|  | | |
| Dates | | Company Name,  Address, Phone | | | Supervisor’s Name | | | | | | | Final  Position | | | Hourly  Wage | | |
| From | To |  | | |  | | | | | | |  | | |  | | |
|  |  |  | | | Resigned  Discharged  Other | |  | | | FT  PT  PRN | | Reason for Leaving | | | | | |
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| REFERENCES List **TWO** Professional and **ONE** Personal (**relatives are not acceptable references**)  **YOUR APPLICATION WILL NOT BE PROCESSED IF ALL INFORMATION IS NOT COMPLETE** |

**PROFESSIONAL REFERENCE**

|  |
| --- |
| NAME/TITLE: |
| ADDRESS: |
| CITY/STATE/ZIP: |
| PHONE: |
| POSITION HELD: |
| RELATIONSHIP/YEARS ACQUAINTED: |

**PROFESSIONAL REFERENCE**

|  |
| --- |
|  |
| NAME/TITLE: |
| ADDRESS: |
| CITY/STATE/ZIP: |
| PHONE: |
| POSITION HELD: |
| RELATIONSHIP/YEARS ACQUAINTED: |

**PERSONAL REFERENCE**

|  |
| --- |
| NAME/TITLE: |
| ADDRESS: |
| CITY/STATE/ZIP: |
| PHONE: |
| POSITION HELD: |
| RELATIONSHIP/YEARS ACQUAINTED: |

HOME TO YOU, LLC

APPLICATION FOR EMPLOYMENT

AUTHORIZATION FOR RELEASE AND USE OF INVESTIGATIVE CONSUMER REPORTS

As part of Home To You, LLC procedures for processing employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, Home To You, LLC. will do a thorough investigation of my entire work history and verify all data given in my application for employment. I understand that a Bureau of Criminal Investigations (BCI) check, Motor Vehicle Records check (MVR), drug test/screen, ODH Nurse Aid Registry, OD DD Abuser Registry, Excluded persons and Entities Registry, Sex Offender & Child-Victim Registry, Award Management Registry, Incarcerated & Supervised Offenders; consumer reports or investigative consumer reports may be obtained by Home To You, LLC. I understand I must receive a BCI, Registry Checks and an MVR check will be required prior to employment.

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 Home To You, LLC. without my specific prior consent releasing such information, which is in addition to this general authorization. Furthermore, I understand that I have the right to make a written request to Home To You, LLC. 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 Home To You, LLC. 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 Home To You, LLC. its employees, officers, agents, affiliates, from any and all claims, rights of action or liability of any kind or nature that could result from Home To You, LLC use or reliance upon the information contained in such consumer reports.

**ACKNOWLEDGED:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INITIALS OF APPLICANT**

### HOME TO YOU, LLC

**AUTHORIZATIONS**

Home To You, LLC 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:

Any material misrepresentations or deliberate omission of a fact on my application may be justification for refusal of or, if employed, termination from employment.

It is my understanding that Home To You, LLC will do a thorough investigation of my entire work history and may verify all data given on my application for employment, drug test/screen, related papers, or oral interviews. I authorize such investigation, the giving and receiving of any information requested by Home To You, LLC. as 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.

It is my understanding that I am expected to keep Personnel Department 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/points issued) and criminal charges/status (including arrests).

I agree that my employment may be terminated by Home To You, LLC at any time.

If requested by the management at any time; I agree to submit to the search of any work space that may be assigned to me and I hereby waive all claims/damage on account of such search.

I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Home To You, LLC.

The Immigration Reform and control Act of 1986 is a nationally imposed law requiring employers to hire only US citizens and aliens lawfully authorized to work in the United States. Employers are required to maintain documentation that provides proof of each employee’s identity and employment eligibility. If you accept employment at Home To You, LLC. you will be required to supply documents that establish your identity, verify your employment eligibility and sign a verification form (I-9) that will be kept on file. A list of documents verifying the above conditions are available from Personnel Department.

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 Home To You, LLC 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

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

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**ATTESTATION/APPLICATION FOR EMPLOYMENT CRIMINAL NOTIFICATION STATEMENT**

I, \_(print name) attest that he/she **□ have □ have not been** convicted of

or plead guilty to any of the disqualifying offenses as listed below. I also understand and agree that I am required to notify

(in writing) Home To You within 14 calendar days, if while employed I am formally charged with, convicted of, or plead guilty to any of the disqualifying offenses. I understand that failure to make this notification may result in termination of employment. For each offense for which the applicant has been convicted or plead guilty and has since had the conviction sealed, applicant must provide written full details of the conviction to Human Resources.

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

(Applicant Signature) (Date Signed)

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| 290 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 1 Disqualifying Offenses (Permanent Exclusion): Tier 2 Disqualifying Offenses (Ten-Year Exclusion):**

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| 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. |
| **ADDITIONAL DISQUALIFYING OFFENSES**  R.C. 2921.36 – Prohibition of conveyance of certain items on to the grounds of a  detention, mental health or DD facility  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. |

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| 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 3 Disqualifying Offenses (Seven-Year Exclusion): Tier 4 Disqualifying Offenses (Five-Year Exclusion):**

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| 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) |

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| **CONSENT AND ATTESTATION FORM**  If offered a position with Home To You, LLC fingerprinting is required at point of hire and ongoing throughout the association. UNDER OHIO STATE LAW. (ORC 5123:2-2-02) all who work with individuals with developmental disabilities.  By signing this form, I consent to criminal records check as required  By Senate Bill 38 and House Bill 160. Having reviewed all of the  disqualifying crimes the applicant states that the above information  is complete, true and accurate under penalty of perjury. The applicant  understands that this information is a condition of employment and  that Home To You is relying on the accuracy of the information in  making any offer of employment. The applicant understands that  he/she may be discharged if any of the above information is false,  incomplete or misleading.    I understand and agree that if I am found to have a record of any of those  crimes I will not be hired or if already hired, employment will be terminated.  Acknowledgement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Initials |

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| 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. |