

Employment Application

(PLEASE PRINT PLAINLY)



Today's Date: ____ / ____ / ____

Name: _____ Email Address: _____
Last First Middle

Maiden Name (if any): _____

Social Security No. ____ - ____ - ____ Telephone No. (____) ____ - ____

Address: _____

Referred by _____ Position applying for _____
Newspaper ad? Walk-in? Name of person who referred you?

ELIGIBILITY	Yes	No	
Are you a high school graduate or do you have a GED?			
Are you 18 years of age or older?			
Have you ever been employed by us before?			If yes, give date: ____ / ____ / ____
Do you have a valid driver's license?			License No. _____ Exp. Date: ____ / ____ / ____ State issued: _____
Do you have proof of up-to-date car insurance?			Exp. Date: ____ / ____ / ____ Mandatory if hired
Do you have a social security card OR birth certificate?			Mandatory if hired
Do you have a bank account?			Mandatory direct deposit for Payroll if hired
Have you ever been convicted of a felony or crimes against another person or persons?			If yes, give dates: ____ / ____ / ____ ____ / ____ / ____

SCREENING TESTS FOR ILLEGAL DRUG USE MAY BE REQUIRED AS A CONDITION OF EMPLOYMENT.

Any TB test results and BCI/FBI results completed within the last 12 months is valid for possible employment with CRSI.

Include a letter of recommendation in this application from someone who is **NOT** a member of your family.

CRSI is an equal opportunity employer and is committed to equal employment opportunities as prescribed by the laws and constitutions of the United States and Ohio. This includes Title VII of the Civil Rights Act and the Americans with Disabilities Act (ADA). **CRSI** engages in fair employment and non-discriminatory practices. Employment decisions shall be based without regard to race, sex, sexual preferences, disability, color, religion, national origin, age or other unlawful bias. Consumer choice is the most important factor in determining work assignments among qualified applicants. Hiring is contingent upon the discretion of CRSI management staff who will select the applicant deemed most qualified, based upon such factors it considers relevant and important.

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

BACKGROUND CHECKS

DATE COMPLETED		YES	NO	DATE SENT	DATE RECEIVED
	Local Police Check (Release Form Signed?)				
	MVR(Release Form Signed?)				
	BCI Check				
	FBI Check				
	Abuser Registry				
	Nurse Aide Registry				
	Med Administration				
	Personal Reference(s)				
	Employment Reference(s)				
	Copy Driver's License				
	Copy Vehicle Insurance				
	Copy Social Security Card				
	Diploma/applicable certificates				
	Contingency of Employment				
	Waiver of Confidentiality				
	Direct Deposit				

HIRED:	Start Date: ____ / ____ / ____	DECLINED:	Date: ____ / ____ / ____
	Position:		
	Status		
	Location		
	Shift	Split 1 st 2 nd 3 rd	
	Comments		

EMPLOYMENT INFORMATION

1.	Most Recent or Current Employer	Start Date	End Date	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street		Start Wage: \$	End Wage: \$	
City, State, Zip				
Company Phone	()			
May we contact this employer about your employment with them? Please circle: Yes No then initial here: _____				

2.	2 nd Most Recent Employer	Start Date:	End Date:	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street		Start Wage: \$	End Wage: \$	
City, State, Zip				
Company Phone	()			
May we contact this employer about your employment with them? Please circle: Yes No then initial here: _____				

3.	3 rd Most Recent Employer	Start Date:	End Date:	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street		Start Wage: \$	End Wage: \$	
City, State, Zip				
Company Phone	()			
May we contact this employer about your employment with them? Please circle: Yes No then initial here: _____				

OTHER REFERENCES (no relatives)

1.	Person's Name and Occupation:	
	Number & Street:	
	City, State, Zip:	
	Contact Phone Number(s): () - () - () -	

2.	Person's Name and Occupation:	
	Number & Street:	
	City, State, Zip:	
	Contact Phone Number(s): () - () - () -	

3.	Person's Name and Occupation:	
	Number & Street:	
	City, State, Zip:	
	Contact Phone Number(s): () - () - () -	

EDUCATION INFORMATION		Course of Study and/or Degree	Circle Last Year Completed	
High School Name:			1 2 3 4	Did you graduate (diploma or GED) Yes No
City and State:				
College Name:			1 2 3 4	Did you graduate? Yes No
City and State:				
Other (Specify) :			1 2 3 4	Did you graduate? Yes No
City and State:				

GENERAL APPLICANT INFORMATION

List any relatives or friends working for CRSI (past or current): _____

Do you have experience working with MR/DD individuals? (circle one) Yes No If yes, how long? _____ years

Are you willing to work with or around persons with MR/DD? (circle one) Yes No Date available to begin work: ____ / ____ / ____

Hours and days of the week available to work (including week-ends): _____
(most direct services jobs require some week-end work)

List counties you are willing to work in: _____

WAIVER OF CONFIDENTIALITY

I, the undersigned hereby waive the confidentiality of my application and employment records with Champaign Residential Services, Inc. (CRSI), for any and all legitimate purposes as so deemed by CRSI, including, without limitation, to the Department of Mental Retardation and Developmental Disability (MR/DD), local MR/DD case management or boards, Ohio Job and Family Services, Abuser Registry, Nurse Aid Registry and law enforcement agencies.

Signature: _____

Date: _____

CONTINGENCY OF EMPLOYMENT

Criminal background checks are completed for all applicants. According to Ohio Department of MR/DD administrative Rules 5123:2-0-5 and 5123:2-1-05.1, "An Agency shall not employ a person who has been convicted of, or pleaded guilty, to " certain disqualifying offenses which bear a direct and substantial relationship to the responsibilities and duties of the position being filled".

Therefore, I understand that, if hired, my employment is contingent upon my BCI&I background, Abuser Registry, and Nurse Aid Registry checks being received by CRSI with no disqualifying offenses.

I further understand that I am required to report any criminal charges, arrests, indictments, convictions, or any motor vehicle violations within 14 days of employment or violation to any Human Resources representative or the Human Resources Director. Failure to report violations according to Ohio Department of MR/DD administrative Rules 5123:2-0-5 and 5123:2-1-05.1, or changes in driving status will result in termination of employment with CRSI.

I verify that I have not been convicted of any felonies.

Signature: _____

Date: _____

RELEASE OF DRIVING RECORDS

I understand that if I become a CRSI employee my employment is contingent upon me having a valid driver's license. Therefore, I hereby agree to the release of any and all information pertaining to my driving records. Any information released to this agency will be kept strictly confidential. If hired, driving records will be checked on an annual basis or as needed.

Signature: _____

Date: _____

Social Security Number: _____

Driver's License Number: _____

RESIDENCE HISTORY

Provide a complete address for each place of residence you have had in the **past five years.**

CURRENT Address

_____ How long have you lived there? ____/____
 Number and street Apt. No. Years/months

_____ State Zip _____
 City County

Previous Address

_____ How long have you lived there? ____/____
 Number and street Apt. No. Years/months

_____ State Zip _____
 City County

Previous Address

_____ How long have you lived there? ____/____
 Number and street Apt. No. Years/months

_____ State Zip _____
 City County

Previous Address

_____ How long have you lived there? ____/____
 Number and street Apt. No. Years/months

_____ State Zip _____
 City County

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

DATE INTERVIEWED	INTERVIEWED BY	COMMENTS

REFERENCE CHECKS

	EMPLOYMENT INFORMATION VERIFICATION		RESULTS OF OTHER REFERENCES
1.		1.	
2.		2.	
3.		3.	



1150 Scioto Street – P. O. Box 29
Urbana, Ohio 43078
Phone: 937-653-1320
Fax: 937-653-1321

Information Release Form-

Date: _____

To Whom It May Concern:

_____ has applied for employment with us. We would appreciate your cooperation in verifying/correcting/completing the following information:

Employed from: _____ to _____ Position held: _____

Applicant's reason for leaving: _____

Sincerely,

Champaign Residential Services, Inc. Representative Title

We provide services to persons with disabilities and wish to give the highest possible services. Therefore, any information you are able to give us about the applicant is very much appreciated.

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
Attendance					
Reliability/Dependability					
Teamwork					
Quality of Work					

Did he/she have MR/DD experience while working for you? YES _____ NO _____

Would you re-hire this person? YES _____ NO _____

Other information: _____

Your Signature and Name of Company Your Title

All information remains confidential. Thank you for your assistance.

APPLICANT: PLEASE COMPLETE THE FOLLOWING:

<p>AUTHORIZATION FOR RELEASE OF INFORMATION</p> <p>I hereby authorize the release of any information requested on this form. I also release the company listed above from all liability in providing any type of reference information.</p> <p>Applicant Signature: _____ Date: _____</p> <p>Social Security Number: _____</p>	
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1150 Scioto Street * Suite 100 * P.O. BOX 29
 Urbana, Ohio 43078 * 937.653.1320

Please **FAX** results to the appropriate regional office:

Allen County: 567-712-6072/Attn: HR

Auglaize, Butler, Champaign, Clark, Greene, Clinton, Mercer, Van Wert and

Warren Counties: 937-653-1342/Attn: HR

Darke, Miami, Montgomery, Preble, Shelby Counties: 937-552-7084/Attn: HR

Hardin, Logan, Madison, Franklin, Union, Fayette Counties: 937-653-1342/Attn: HR

Defiance, Fulton, Henry, Paulding, Putman, Lucas, Williams: 419-784-0560/Attn: HR

RELEASE OF POLICE RECORDS

I hereby agree to the release of any and all information pertaining to any arrests, convictions or any records held by the Bureau of Criminal Investigation and/or the local law enforcement agency. This information is needed to fulfill a requirement of our state licensure. Any information released to this agency will be kept strictly confidential.

 Applicant or Employee's Name (Print)

 Social Security Number

 Applicant or Employee's Signature

 Witness

City Police	Sheriff's Department

 Officer's Signature

 Officer's Signature

 Date

 Date

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 _____
(Employer's Name)
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.



1150 Scioto Street – P. O. Box 29
Urbana, Ohio 43078

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Date ____/____/____

Position(s) applied for _____

Referral Source

- ... Walk-In
 - ... Employee
 - ... Advertisement – Source _____
 - ... Government Employment Agency
 - ... Relative
 - ... Private Employment Agency
 - ... School
 - ... Other _____
- Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone (____) _____

LAST FIRST MIDDLE

Address _____

STREET CITY STATE ZIP CODE

... Male ... Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- ... White (not of Hispanic origin)
- ... Black (not of Hispanic origin)
- ... Hispanic
- ... Native American/Alaskan Native
- ... Asian/Pacific Islander
- ... Multiracial (having parents of different races)

THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY
IN THE STATE OF MICHIGAN

For Administrative Use Only

Position(s) applied for ... Available ... Not Available

Other positions considered for _____
Hired? ... Yes ... No

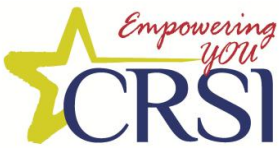
Position hired for _____ Date of hire ____/____/____

Which EEO job classification listed below best describes the position filled?

- ... Officials and Managers
- ... Professionals
- ... Technicians
- ... Sales Workers
- ... Office and Clerical Workers
- ... Craft Workers (skilled)
- ... Operatives (semi-skilled)
- ... Laborers (unskilled)
- ... Service Workers

Notes _____

Completed by _____ Date ____/____/____



JOB TITLE: Support Specialist I CLASSIFICATION: Non-Exempt Hourly
SUPERVISOR: Support Manager SUPERVISES: N/A

BASIC FUNCTION:

To provide quality support services to consumers based on each consumer’s Individual Plan. Ensure that CRSI operates under the current standards and regulations established by DODD Medicaid (Title XIX), and other authorities that may dictate standards of operation including programming, consumer safety, and staff training and employment requirements.

PRIMARY RESPONSIBILITIES

- Follow established policies and procedure set by the agency. To include, but not limited to, keeping accurate records, ensure compliance with all trainings and employment requirements, etc.
- Assist consumers in meeting objectives of their Individual Plans and to perform the duties and tasks according to such plans.
- Monitor and ensure the consumer’s safety, health, and welfare.
- Maintain a clean and safe environment and be sensitive of the consumer’s and family needs.
- Always maintain the highest standard of conduct and courtesy in dealing with consumers, family, staff, and the community. Promote positive interactions.
- Attend and participate in scheduled staff meetings as well as designated trainings and in-service sessions.
- Performs other duties as assigned.

QUALIFICATIONS:

- Must be 18 years or older and have a high school diploma or equivalent.
- Must have a valid driver’s license and vehicle insurance.
- Must possess acceptable police record and background screenings.
- Prefer at least 6 months experience but not required.
- Must be reliable.

PHYSICAL DEMANDS:

This position will require standing, sitting, walking, bending, lifting of moderate to heavy amounts, pushing and pulling for moderate periods of time. May involve a degree of risk to back injury if proper lifting procedures are not followed. Additional hazards may include injuries related to behavioral incidents during consumer interaction.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

WORK ENVIRONMENT:

This position may be assigned to work weekend and evening schedules. May be required to stay overnight and work some holidays, may be required to work in various locations according to consumer’s needs. Hours are not guaranteed as a part-time employee and are assigned as available. Scheduled hours are based on consumer choice and needs. The work environment for this position may include risk of exposure to certain communicable diseases if proper hygiene techniques and proper protection apparatus on not utilized.

Staff Signature

Date