



ODS

HEALTHCARE SERVICES

Application for Employment

Equal access to programs, services, and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: _____ Date of Application ____/____/____

Name _____ Social Security # _____
 Last First Middle

Address _____
 Street City State Zip

Telephone # (____) _____ Mobile/Beeper/Other # (____) _____ Email _____

Referral Source (How did you hear about us?) _____

If you are under 18, and it is required, can you furnish a work permit? Yes No
 If no, please explain _____

Have you lived in the state of Ohio for more than five years..... Yes No

Have you ever been employed here before? If yes, give dates and position _____ Yes No

Are you legally eligible for employment in this country? Yes No

Dates available for work ____/____/____ What is your desired salary range? _____

Type or employment desired Full Time Part-Time Temporary Seasonal Educational

Driver's license number if driving may be required in position for which you are applying _____ State _____

Answering yes to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
 Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) details _____

Employment History:

Starting with your most recent employer, provide the following information.

Employer _____ Telephone # _____ (____) _____

Street address _____ City _____ State _____

Starting job title/final job title _____ to _____
 Dates employed

Immediate supervisor and title (for most recent position held) _____
 May we contact for reference? Yes No Later

Why did you leave? _____

Summarize the type of work performed and job responsibilities _____

What did you like most about your position? _____



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What were the things you liked least about the position?

Hourly Salary \$ per

Compensation (starting)

Hourly Salary \$ per

Compensation (final)

Employer _____

Telephone # _____

Street address _____

City _____

State _____

Starting job title/final job title _____

to _____

Dates employed _____

Immediate supervisor and title (for most recent position held) _____

Yes No Later

May we contact for reference?

Why did you leave? _____

Summarize the type of work performed and job responsibilities _____

What did you like most about your position? _____

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Compensation (starting)

Hourly Salary \$ per

Compensation (final)

Employer _____

Telephone # _____

Street address _____

City _____

State _____

Starting job title/final job title _____

to _____

Dates employed _____

Immediate supervisor and title (for most recent position held) _____

Yes No Later

May we contact for reference?

Why did you leave? _____

Summarize the type of work performed and job responsibilities _____

What did you like most about your position? _____

What were the things you liked least about the position?

Hourly Salary \$ per

Compensation (starting)

Hourly Salary \$ per

Compensation (final)

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position in which you are applying. _____

Computer Skills (Check appropriate boxes. Include software titles and years of experience)

Word Processing _____

Spreadsheet _____

Presentation _____

E-Mail _____

Years _____

Years _____

Years _____

Years _____



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Internet _____
 Other _____

Years _____
Years _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include city and state)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	Number of years known
			()	
			()	
			()	



Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hire, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____



Ohio Development Supports

12611 Larchmere Blvd.

Cleveland, OH 44120

Phone: 216-526-5244

Info@odsupports.com

Notice of Privacy/Non Compete Agreement

I, the undersigned, agree to maintain the privacy of all clients and family members assigned to Ohio Development. I will not discuss client personal information or medical history in accordance to the company policy of Ohio Development and State HIPAA regulations.

Print _____

Sign _____

Date _____

I, the undersigned, agree to be non competitive with Ohio Development and remove clients from Ohio Development as an independent provider or for the establishment of a new Provider Service/Company.

Print _____

Sign _____

Date _____



Ohio Development Supports
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Cleveland, OH 44120
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Ohio Development Supports

CONSENT & RELEASE FORM

Criminal Background Check

Full Name: _____ Date of Birth: _____

I, _____, hereby consent, authorize and grant permission to Ohio Development Supports, (please print) its employees, and/or its agents, to perform a thorough criminal background check on me. I also consent to the release of any information discovered in said background check to the requesting company. I further understand that my employment with said company may be canceled and/or affected due to information disclosed by this background check.

I hereby release Ohio Development Supports from all liability arising from the performance of, or the release of information from, this background check and I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failures to act by Ohio Development Supports. I freely agree that I am personally responsible for all risks and any and all damages arising in any manner from the performance of, or the release of information from, this background check.

My signature hereunder indicates that I have read, fully understand and agree to the terms contained in this legally-binding document, and will notify Ohio Development Supports within 14 days of any changes to my background if I am charged with, convicted of, or please guilty to any disqualifying offense.

Signature

Date



Ohio Development Supports

12611 Larchmere Blvd.

Cleveland, OH 44120

Phone: 216-526-5244

Info@odsupports.com

_____ is a new hire for Ohio Development Supports and needs a BCII and/or FBI check. They are hired for the following position (check position that applies)

- Habilitation Assistant
- Direct Professional Support
- School Bus Driver
- Van Driver
- Supervisor
- Program Coordinator
- Office Manager
- Other _____

Employees will be providing home care for adults and children.
Employees will be providing transportation for adults and children.

Signature _____ Date: _____



Ohio Developmental Supports
11802 Buckeye Rd
Cleveland, OH 44120
Phone: 216-526-5244
Info@odsupports.com

I, _____ understand that if I decide to resign my employment with Ohio Developmental Supports before 90 days, the cost of the BCL and/or FBI, CPR/First Aid, and any other trainings that were paid for by TII on my behalf will be deducted from my last paycheck.

Signature: _____

Date: _____

Management Signature: _____

DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____ hereby authorizes
(Driver's printed name)

(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: _____ Date: _____

Driver's License's Number: _____

Driver's Date of Birth: _____