



APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

BRANCH: COLUMBUS SPRINGFIELD

Personal Information

Date of Application _____ Date Available _____

Name _____ Social Security Number _____
 Last First Middle

Present Address _____ Phone Number _____
 Street City State Zip Code

Permanent Address (if Different than Present Address) _____ Phone Number _____
 Street City State Zip Code

Email Address: _____

If you cannot be reached at above phone number, where may we contact you? Name of Person _____ Phone _____

Position for Which You Are Applying: _____

Will you accept employment of: Full Time? Part Time? Temporary? Are You 18 Yrs. of Age or Older? Yes No

Are You Employed Now? Yes No May we contact your present employer? Yes No

How did you learn of this position? _____

Have you lived in Ohio for more than 5 years? Yes No

Do you have a valid Driver's License? Yes No Do you have current auto insurance? Yes No

Do you give us permission to run a Bureau of Motor Vehicles Record Check? Yes No Initial Here: _____ ←

If you do not have a valid Driver's License, please explain how you will get to a client's home: _____

Education

	Circle Highest Grade Completed	9	10	11	12		
		13	14	15	16		
Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received			
High School			<input type="checkbox"/> No <input type="checkbox"/> Yes				
College			<input type="checkbox"/> No <input type="checkbox"/> Yes; / / /				
Vocational or Business			<input type="checkbox"/> No <input type="checkbox"/> Yes; / / /				
Professional Education			<input type="checkbox"/> No <input type="checkbox"/> Yes; / / /				
CNA/HHA &/or STNA Training			<input type="checkbox"/> No <input type="checkbox"/> Yes; / / /				

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the position _____

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From MM / DD / YYYY To MM / DD / YYYY Rank at Discharge _____

Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number	Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Employment Record (list last or present position first) ALL SECTIONS MUST BE COMPLETE!

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

 Last First Middle Initial

Have you ever been convicted of a crime? Yes No If Yes, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

Notify In Case of Emergency:

 Name Relationship

 Street City State Zip Code Telephone

What Language(s) (Other than English) Do You Speak? _____

Employment Understanding (Please Read and Sign)

This organization does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, sexual orientation, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this organization the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying this information. I understand that employment is conditional, depending on a clean criminal background check, passing a physical examination, and completion of a negative TB test.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days and show evidence of identity and eligibility for employment.

Applicant's Signature _____

Date _____

Please Indicate Days and Hours You Are Available For Work (Be Specific)			Availability Record	
Day	From	To		
Sunday	A.M.	A.M.	Primary position desired _____	
	P.M.	P.M.	Will you accept another position: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Monday	A.M.	A.M.	If so, what? _____	
	P.M.	P.M.	Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuesday	A.M.	A.M.		
	P.M.	P.M.		
Wednesday	A.M.	A.M.	If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.	
	P.M.	P.M.		
Thursday	A.M.	A.M.	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.	
	P.M.	P.M.		
Friday	A.M.	A.M.		
	P.M.	P.M.		
Saturday	A.M.	A.M.	Applicant's Signature _____ Date _____	
	P.M.	P.M.		

Interviewers Comments		
Interviewer	Date	Comments

Reference and Prior Employment Check		
Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use		
Hired _____	For what department _____	Position _____
Salary _____ per	Year Month Hour	Starting Date _____



Attestation and Agreement to Notify

*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 **Supreme Touch Home Health Services, LLC.** 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 marijuana 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.



INFORMATION/VERIFICATION REQUEST

ATTENTION: _____ FAX: _____

The individual signed below has applied for a position with our agency and listed previous employment with your company. To ensure that all possible consideration will be given to the application, I am requesting verification and/or copies of the below information. Any information provided will be kept confidential.

Thank you for your time.

Background Screening: _____

Certificates/Certifications: _____

Employment Reference: _____

Physical/TB results _____

Employee Name: _____

Company: _____

Phone: _____

Employment date: from: _____ **to:** _____

Position: _____

Name/Title of Person Providing this information: _____

Information Received by: Phone Fax E-mail

Would this person be eligible for rehire? Yes ____ No ____

Additional Comments: _____

Office Use: This reference was obtained by: _____ *on:* _____

I certify that the information I have supplied is true and hereby authorize my former employer to furnish verification. I authorize the release and absolve my previous employer from all liability for any damages that may result from issuing information in their records.

Name: _____

Signature: _____

Date: _____

Social Security Number: _____

PLEASE FAX BACK TO _____ @ 614-488-3004. THANK YOU! ☺



INFORMATION/VERIFICATION REQUEST

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Thank you for your time.

Background Screening: _____

Certificates/Certifications: _____

Employment Reference: _____

Physical/TB results _____

Employee Name: _____

Company: _____

Phone: _____

Employment date: from: _____ **to:** _____

Position: _____

Name/Title of Person Providing this information: _____

Information Received by: Phone Fax E-mail

Would this person be eligible for rehire? Yes ____ No ____

Additional Comments: _____

Office Use: This reference was obtained by: _____ *on:* _____.

I certify that the information I have supplied is true and hereby authorize my former employer to furnish verification. I authorize the release and absolve my previous employer from all liability for any damages that may result from issuing information in their records.

Name: _____

Signature: _____

Date: _____

Social Security Number: _____

PLEASE FAX BACK TO _____ @ 614-488-3004. THANK YOU! ☺



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Thank you for your time.

Background Screening: _____

Certificates/Certifications: _____

Employment Reference: _____

Physical/TB results _____

Employee Name: _____

Company: _____

Phone: _____

Employment date: from: _____ to: _____

Position: _____

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Name: _____

Signature: _____

Date: _____

Social Security Number: _____

PLEASE FAX BACK TO _____ @ 614-488-3004. THANK YOU! ☺