



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran status, sexual orientation, or the presence of non-job related medical conditions or handicaps.

Personal Information

Date:		Social Security Number:	
Name:		Name:	
Last	First	Middle	
Address:		City, State, Zip:	
Phone No: daytime: evening:		Are you at least 18 years of age and legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident of Ohio for 5 years or more: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please give previous address:	
If related to anyone in our employ, past or present, please state name and department:		Referred by:	
Have you ever been convicted of a misdemeanor or felony, drug abuse, trafficking, theft, sex or other offenses under the Ohio Revised Code? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Note: The conviction of a crime is not an automatic bar to employment, but will be considered as it relates to the ability to perform the job in question. Failure to honestly answer this question will result in discontinued consideration of application or termination of employment.			

Last
First
MI

Employment Desired

Position:	Date you can start?	Salary desired (required):
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		

Education

High School	City, State	Did you earn a Diploma / GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College	City, State	Concentration	Degree
College	City, State	Concentration	Degree
Trade, Business or Correspondence School:	City, State	Concentration	Degree

Job Related Skills

Please list any special skills, certifications, licenses, etc. that may relate to the position applied for.

Employment History (Please include ALL of your employment history, listing the current/most recent first. Rate of Pay is Required.)

Current Employer:	Address:	Phone No:	Job Title & Work Performed	Reason for Leaving
Dates From/To	Supervisor	Current Rate of Pay		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Most Recent Employer:	Address:	Phone No:	Job Title & Work Performed	Reason for Leaving
Dates From/To	Supervisor	Rate of Pay		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Next Most Recent Employer:	Address:	Phone No:	Job Title & Work Performed	Reason for Leaving
Dates From/To	Supervisor	Rate of Pay		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Next Most Recent Employer:	Address:	Phone No:	Job Title & Work Performed	Reason for Leaving
Dates From/To	Supervisor	Rate of Pay		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

References

Name	Address	Phone No	Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional
Name	Address	Phone No	Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional
Name	Address	Phone No	Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional

How did you hear about this job opening: Newspaper Online job search JFS job notice Other

Certification

I understand that consideration for employment is contingent upon the results of reference and background reviews and that any false statement or misrepresentation or omission of the facts called for on the application will be cause for rejection of my application, or for termination of my employment.

I also understand that if employed by Center for Disability Services, employment relationships are at will, meaning that either the employer or employee can terminate the relationship at any time, for any reason, with or without cause.

I certify that answers given herein are true and complete to the best of my knowledge and belief.

I certify that my below typed signature is a legal signature for this document and constitutes the same guarantees as my handwritten signature.

Signature _____ Date _____



175 S. Williams St.
Newark, OH 43055
740-344-2995

Authorization for Pre-Employment Background Checks

I hereby authorize **Center for Disability Services** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report/and or an investigative consumer report to be generated for employment or retention as an employee or as a volunteer. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Verification of Social Security Number, current and previous residences, criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records. I hereby authorize the complete release of these records or data pertaining to me which any individual, company, firm, corporation, or public agency may have, including information available through the internet.

I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions.

I hereby release **Center for Disability Services** and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company personnel record keeping practices.

Name: _____
 First Middle (full name) Last Maiden

Print All Former Names Used - 1. _____ 2. _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State of Issuance: _____

Current Street Address: _____

City _____ State _____ Zip: _____

I have been an Ohio resident for five (5) or more consecutive years. Yes No

If no, please print residences in the previous 10 years

City: _____ State: _____ Month/Year(s) of residency: _____

City: _____ State: _____ Month/Year(s) of residency: _____

City: _____ State: _____ Month/Year(s) of residency: _____

City: _____ State: _____ Month/Year(s) of residency: _____

I certify that my below typed signature is a legal signature for this document and constitutes the same guarantees as my handwritten signature.

Signature: _____ **Date:** _____

Center for Disability Services

Pre-Employment Assurance Statements

Instructions: Please place a check mark in each appropriate box, sign and date each assurance statement section.

A conviction of or plea of guilty to an offense listed in these assurance statements does not preclude an applicant from being employed or an employee from remaining employed by this agency when specific circumstances are met, as specified in ORC 5123:2-2-02. If you are unsure of the exact offense or violation that you pled guilty to or were convicted of, please make a note on this form close to your signature.

ASSURANCE STATEMENT # 1

- Aggravated murder
- Murder
- Voluntary manslaughter
- Felonious assault
- Permitting Child Abuse
- Failing to provide for a functionally impaired person
- Patient abuse and neglect
- Patient endangerment
- Kidnapping
- Abduction
- Human trafficking
- Unlawful conduct with respect to documents
- Rape
- Sexual battery
- Unlawful sexual conduct with a minor (formerly called corruption of a minor)
- Gross sexual imposition
- Sexual imposition
- Importuning
- Voyeurism
- Felonious sexual penetration
- Disseminating matter harmful to juveniles
- Pandering obscenity
- Pandering obscenity involving a minor
- Pandering sexually oriented matter involving a minor
- Illegal use of minor in nudity-oriented material or performance
- Soliciting/providing support for act of terrorism
- Making terrorist threat
- Terrorism
- Medicaid fraud

I attest that I have not been convicted of or pled guilty to any of the following offenses.

I attest that I have not been convicted of or pled guilty of conspiracy, attempt or complicity under any of the following offenses or violations.

I attest that I have not been convicted of or pled guilty to a violation of an existing or former municipal ordinance or law of this state, any other state, or the United States, if the offense is substantially equivalent to any of the offenses listed or described in this Assurance #1.

I have been convicted of or pled guilty to an offense or violation listed above. (Please circle the offense.)
Date fully discharged from imprisonment, probation, and/or parole: _____
Has the record for this offense been sealed? No Yes

I certify that my below typed signature is a legal signature for this document and constitutes the same guarantees as my handwritten signature.

Signature _____

Date _____

ASSURANCE STATEMENT # 2

- Involuntary manslaughter
- Reckless Homicide
- Child stealing
- Criminal child enticement
- Extortion
- Compelling prostitution
- Promoting prostitution
- Enticement or solicitation to patronize a prostitute; procurement of a prostitute for another
- Aggravated arson
- Arson
- Aggravated robbery
- Aggravated burglary
- Illegal use of supplemental nutritional assistance program or Women, Infants, and children program benefits
- Worker's compensation fraud
- Identity fraud
- Aggravated riot
- Carrying concealed weapon;
- Illegal conveyance or possession of a deadly weapon or dangerous ordnance in a school safety zone; illegal possession of an object indistinguishable from a firearm in a school safety zone
- Illegal conveyance, possession or control of deadly weapon or dangerous ordnance into courthouse
- Having weapons while under disability
- Improperly discharging a firearm at or into a habitation or school
- Discharge of firearm on or near prohibited premises.
- Improperly furnishing firearms to minor
- Engaging in pattern of corrupt activity
- Participating in criminal gang
- Corrupting another with drugs
- Trafficking in drugs
- Illegal manufacture of drugs or cultivation of marihuana
- Illegal assembly or possession of chemicals for the manufacture of drugs
- Placing harmful objects in food or confection

I attest that I have not been convicted of or pled guilty to any of the following offenses.

I attest that I have not been convicted of or pled guilty of conspiracy, attempt or complicity under any of the following offenses or violations.

I attest that I have not been convicted of or pled guilty to a violation of an existing or former municipal ordinance or law of this state, any other state, or the United States, if the offense is substantially equivalent to any of the offenses listed or described in this Assurance #1.

I have been convicted of or pled guilty to an offense or violation listed above. (Please circle the offense.)
Date fully discharged from imprisonment, probation, and/or parole: _____
Has the record for this offense been sealed? No Yes

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Signature _____

Date _____

ASSURANCE STATEMENT # 3

- Cruelty to animals
- Prohibitions concerning companion animals
- Aggravated assault
- Aggravated menacing
- Menacing by stalking
- Coercion
- Disrupting public services
- Robbery
- Burglary
- Insurance fraud
- Inciting to violence
- Riot
- Inducing panic
- Endangering children
- Domestic Violence
- Intimidation
- Perjury
- Falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license
- Escape
- Aiding escape or resistance to lawful authority
- Illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution
- Funding of drug or marihuana trafficking
- Illegal administration or distribution of anabolic steroids
- Tampering with drugs
- Ethnic intimidation

I attest that I have not been convicted of or pled guilty to any of the following offenses.

I attest that I have not been convicted of or pled guilty of conspiracy, attempt or complicity under any of the following offenses or violations.

I attest that I have not been convicted of or pled guilty to a violation of an existing or former municipal ordinance or law of this state, any other state, or the United States, if the offense is substantially equivalent to any of the offenses listed or described in this Assurance #1.

I have been convicted of or pled guilty to an offense or violation listed above. (Please circle the offense.)
Date fully discharged from imprisonment, probation, and/or parole: _____
Has the record for this offense been sealed? No Yes

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Signature _____

Date _____

ASSURANCE STATEMENT # 4

- Assault
- Menacing
- Public indecency
- Soliciting after positive human immunodeficiency virus test
- Prostitution
- Deception to obtain matter harmful to juveniles
- Breaking and entering
- Theft
- Unauthorized use of a vehicle
- Unauthorized use of property, computer, cable or telecommunication property
- Telecommunications fraud
- Passing bad checks
- Misuse of credit cards
- Forgery, forging identification cards
- Criminal simulation
- Defrauding a rental agency or hostelry
- Tampering with records
- Securing writings by deception
- Personating an officer
- Unlawful display of law enforcement emblem
- Defrauding creditors
- Receiving stolen property
- Unlawful abortion
- Unlawful abortion upon minor
- Unlawful distribution of an abortion-inducing drug
- Interference with custody
- Contributing to unruliness or delinquency of child
- Tampering with evidence
- Compounding a crime
- Disclosure of confidential information
- Obstructing justice
- Assaulting/harassing police dog or horse/service animal
- Impersonation of peace officer
- Illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug
- Drug possession other than a minor drug possession offense
- Permitting drug abuse
- Deception to obtain dangerous drugs
- Illegal processing of drug documents
- Illegal dispensing of drug samples
- Unlawful purchase of pseudoephedrine product
- Unlawful sale of pseudoephedrine product

I attest that I have not been convicted of or pled guilty to any of the following offenses.

I attest that I have not been convicted of or pled guilty of conspiracy, attempt or complicity under any of the following offenses or violations.

I attest that I have not been convicted of or pled guilty to a violation of an existing or former municipal ordinance or law of this state, any other state, or the United States, if the offense is substantially equivalent to any of the offenses listed or described in this Assurance #1.

I have been convicted of or pled guilty to an offense or violation listed above. (Please circle the offense.)
Date fully discharged from imprisonment, probation, and/or parole: _____
Has the record for this offense been sealed? No Yes

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Signature _____

Date _____

ASSURANCE STATEMENT # 5

- Drug possession that is a minor drug possession offense
- Illegal use or possession of drug paraphernalia
- Illegal use or possession of marihuana drug paraphernalia

I attest that I have not been convicted of or pled guilty to any of the following offenses.

I attest that I have not been convicted of or pled guilty of conspiracy, attempt or complicity under any of the following offenses or violations.

I attest that I have not been convicted of or pled guilty to a violation of an existing or former municipal ordinance or law of this state, any other state, or the United States, if the offense is substantially equivalent to any of the offenses listed or described in this Assurance #1.

I have been convicted of or pled guilty to an offense or violation listed above. (Please circle the offense.)
Date fully discharged from imprisonment, probation, and/or parole: _____
Has the record for this offense been sealed? No Yes

I certify that my below typed signature is a legal signature for this document and constitutes the same guarantees as my handwritten signature.

Signature _____

Date _____

ASSURANCE STATEMENT # 6

I attest that I have not been convicted of or pled guilty to any offense in the Ohio Revised Code constituting a misdemeanor of the first degree on the first offense and a felony on a subsequent offense.

I certify that my below typed signature is a legal signature for this document and constitutes the same guarantees as my handwritten signature.

Signature _____

Date _____