



APPLICATION FOR EMPLOYMENT

(Please Print)

Name _____ SS# _____ Date _____

Address _____

Street

City

State

Zip

Telephone () _____

Alternate Phone () _____

Are you 21 years of age or older? Yes No

If hired, can you provide the documents required to prove that you are authorized to work in the US?

Yes No

Position applying for _____

Full or part time _____

How were you referred to our organization?

PROFESSIONAL INFORMATION

License/Registration/Certification

1. _____ State _____ # _____ Exp Date _____

2. _____ State _____ # _____ Exp Date _____

EDUCATION

Name/Location

Years Completed

Degree/Diploma

High School _____

College _____

Technical _____

Other _____

Military _____



EMPLOYMENT RECORD

Please list the most recent employer first:

Employer	Dates employed	Pay	Reason Left

REFERENCES

Name	Occupation	Phone #	Yrs. Known
1. _____			
2. _____			
3. _____			

My signature on this application authorizes North Central EMS (NCEMS) to verify any information I have provided. NCEMS is hereby authorized to conduct an investigation of my background, character, and records. I understand that employment is contingent upon successful completion of pre-employment drug screening and a physical examination performed by an employee health physician designated by NCEMS.

I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for any damage whatsoever for providing this information.

I certify that all information provided is complete and true, and any falsification or omission may cause my application to be rejected or my employment terminated.

I also realize that omission of any information, receipt of a poor reference, or failure to successfully complete drug screening or physical examination may be cause for rejection or dismissal. Further, I understand and agree that nothing in this application for employment, or said to me in any interview, or contained in any written material given to me, is intended to be an offer or compromise or agreement by NCEMS to employ me for any specified period of time, or a limitation on the right of both me and NCEMS to end employment at any time for any reason whatsoever.

Signature _____ Date _____

WHY DO I HAVE TO GET FINGERPRINTED?

When you apply for this job, you have to get fingerprinted and sign a form.

WE ARE NOT DOING THIS BECAUSE WE DO NOT TRUST YOU OR DO NOT WANT YOU TO COME TO WORK FOR US. WE ARE DOING THIS BECAUSE WE HAVE TO UNDER STATE LAW.

The State law says that all people who work with the elderly have to be checked to see if they have a criminal record. This is true even if you don't have a record.

The law was passed to protect elderly people (and the people who work with them) from convicted criminals.

The law also says you have to get fingerprinted. This is how the State checks to see whether you have a record.

LONG TERM CARE WORKER BACKGROUND CHECK (SENATE BILL 160) CONSENT AND ATTESTATION FORM

By signing this form, I consent to the submission of a request for a criminal check for long term care workers as required by Senate Bill 160. The request will be submitted by Fisher-Titus Medical Center.

I also attest to the following:

1. That I have not been convicted of or pled guilty to any of the crimes that would disqualify me from working with older adults under SB 160. (See attached form)
2. That I understand and agree that if I am found to have a record of any of those crimes, I will not be hired for work with older adults or, if I have already been hired, my employment will be terminated.
3. That I was informed that I must provide a set of fingerprint impressions and a criminal records check must be conducted if I come under final consideration for employment.

(Signature of applicant)

(Date)

3701-13-05 DISQUALIFYING OFFENSES

- (A) Except as provided in Rule 3701-13-06 of the Administrative Code, no DCP shall employ a person in a position that involves providing direct care to an older adult if the person has been convicted of or pleaded guilty to:
- (1) A violation of any of the following sections of the Revised Code:
- (a) 2903.01 Aggravated murder; Specific intent to cause death
 - (b) 2903.02 Murder
 - (c) 2903.03 Voluntary Manslaughter
 - (d) 2903.04 Involuntary Manslaughter
 - (e) 2903.11 Felonious Assault
 - (f) 2903.12 Aggravated Assault
 - (g) 2903.13 Assault
 - (h) 2903.16 Failing to provide for a functionally impaired person
 - (i) 2903.21 Aggravated menacing
 - (j) 2903.34 Patient abuse or neglect
 - (k) 2905.01 Kidnaping
 - (l) 2905.02 Abduction
 - (m) 2905.11 Extortion
 - (n) 2905.12 Coercion
 - (o) 2907.02 Rape
 - (p) 2907.03 Sexual battery
 - (q) 2907.05 Gross sexual imposition
 - (r) 2907.06 Sexual imposition
 - (s) 2907.07 Importuning
 - (t) 2907.08 Voyeurism
 - (u) 2907.09 Public indecency
 - (v) 2907.12 Felonious sexual penetration
 - (w) 2907.25 Prostitution
 - (x) 2907.31 Disseminating matter harmful to juveniles
 - (y) 2907.32 Pandering obscenity
 - (z) 2907.321 Pandering obscenity involving a minor
 - (aa) 2907.322 Pandering sexually oriented matter involving a minor
 - (bb) 2907.323 Illegal use of a minor in nudity oriented material or performance
 - (cc) 2911.01 Aggravated robbery
 - (dd) 2911.02 Robbery
 - (ee) 2911.11 Aggravated burglary
 - (ff) 2911.12 Burglary
 - (gg) 2911.13 Breaking and entering
 - (hh) 2913.02 Theft, aggravated theft
 - (ii) 2913.03 Unauthorized use of a vehicle
 - (jj) 2913.04 Unauthorized use of property; unauthorized access to computer systems
 - (kk) 2913.11 Passing bad checks
 - (ll) 2913.21 Misuse of credit cards
 - (mm) 2913.31 Forgery
 - (nn) 2913.40 Medicaid fraud
 - (oo) 2913.43 Securing writings by deception

- (pp) 2913.47 Insurance fraud
- (qq) 2913.51 Receiving stolen property
- (rr) 2919.25 Domestic violence
- (ss) 2921.36 Prohibition of conveyance of certain items onto grounds of detention facility or mental health or mental retardation and developmental disabilities facility
- (tt) 2923.12 Carrying concealed weapons
- (uu) 2923.13 Having weapons while under disability
- (vv) 2923.161 Improperly discharging firearm at or into habitation or school
- (ww) 2925.02 Corruption another with drugs
- (xx) 2925.03 Trafficking offenses
- (yy) 2925.11 Drug abuse; certain violations do not constitute criminal record
- (zz) 2925.13 Permitting drug abuse
- (aaa) 2925.22 Deception to obtain a dangerous drug
- (bbb) 2925.23 Illegal processing drug document
- (ccc) 3716.11 Adulteration of food, or

(2) A violation of an existing or former law of this State, any other State, or the United States, that is substantially equivalent to any of the offenses or violations listed in paragraph (A)(1) of this rule.