



Employment Application

Respite Connections is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, sexual orientation, national origin, disability or handicap, or veteran status.			Today's Date: _____
Personal Data			
Email Address: _____			
Last Name	First Name	Middle	SSN
Home Address	City	State	Zip
Home Phone	Cell Phone	Pager	

Emergency Contact Information		
Name of Emergency Contact	Relation	Emergency Telephone Number

Job Information

Date Available: _____ Are you seeking to become employed: Full-time Part-time Seasonal Contract

Position (Job Class) Applying for:

Respite Provider Camp SOS DDS Home Health Aide RN LPN Adm -Clerical Case Manager Other:

Current Employer:	Dates:	Phone #:	May we contact? YES NO
Job Duties?			
Previous Employer:	Dates:	Phone #:	May we contact? YES NO
Job Duties?			
Previous Employer:	Dates:	Phone #:	May we contact? YES NO
Job Duties?			
High School:	Dates:	Name of School	Location
College:	Dates:	Name of School	Location
College:	Dates:	Name of School	Location
Other trainings or experiences relevant to the position you are applying for?			



Language Skills: Other than English, please check any other languages you speak – <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Language <input type="checkbox"/> Other:	Do you have reliable transportation? YES NO	Drivers Lic. #:
Have you had any moving violations during the past three years? YES NO	Have you had any driving accidents during the past three years? YES NO	State of issue: Expiration Date:

Has your professional license ever been suspended, revoked or under investigation?

Yes No If Yes, Please explain:

Have you ever been terminated from a job due to abuse, neglect or any misconduct or unlawful acts? ?

Yes No If Yes, Please explain:

Do you have any physical limitations or driving restrictions that will prevent you from carrying out the general duties of the position that you are applying for?

Yes No If Yes, Please explain:

Do you have any experience as a foster parent, certified respite provider or home health care aide?

Yes No If Yes, Please explain:

Certifications: Check all applicable certifications and enter expiration date:

CPR Expiration Date: _____

First Aid Expiration Date: _____

CPI Expiration Date: _____

Med Adm Expiration Date: _____

STNA Expiration Date: _____

LSW/LISW Expiration Date: _____

Nursing License Expiration Date: _____

IN HOME RESPITE PROVIDER

(Complete only if you want to provide respite care services in your own home.)

Number of adults currently living in the home:	Number of children living in home currently:	Number of Bedrooms:
Do you smoke in your home? YES NO	Do you have pets? YES NO	Number of beds available for respite children:
Any restrictions when working in the client's home? (Allergies, smoke, etc.)		

**** All adults living in the household must complete an application and background statement****



PERSONAL AND PROFESSIONAL REFERENCES

Professional

1. Name _____ Title _____

Address _____

Phone _____ Email _____

2. Name _____ Title _____

Address _____

Phone _____ Email _____

Personal

1. Name _____ Relationship _____

Address _____

Phone _____ Email _____

2. Name _____ Relationship _____

Address _____

Phone _____ Email _____

3. Name _____ Relationship _____

Address _____

Phone _____ Email _____



APPLICANT'S STATEMENT OF UNDERSTANDING
Conditions of Employment & Background Statement
(Please read carefully, initial and sign)

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment. _____

I give Respite Connections, Inc. permission to use any information in this application to enable it and its agents to verify the information contained in this application. I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Respite Connections, Inc. with regard to any of the subjects covered by this application. I give Respite Connections permission to conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. _____

I understand also that I am required to abide by all rules and regulations of Respite Connections and all governing agencies that certify the programs that I will be working under. I also understand I am an employee at will and employed for no definite period of time. I understand that either Respite Connections, Inc. or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Respite Connections, Inc., at any time, can constitute a contract of employment. _____

Are you currently authorized to work in the United States? **YES** **NO**

Have you been arrested or convicted of driving while intoxicated (DWI) or driving under the influence (DUI)?
YES **NO** If yes, Please explain below:

Are there any driving restrictions that will prevent you from carrying out the general duties of a respite care provider or direct care staff? **YES** **NO** Please explain below:

I understand that if at any time that my driver's license is revoked or suspended that I will immediately report it to Respite Connections within 24 hours from the time of incident. _____

Are there any physical limitations that will prevent you from carrying out the general duties of a respite care provider or direct care staff? **YES** **NO** If yes, can the duties be performed with reasonable accommodations? **YES** **NO**

I verify that I am physically fit to carry out the duties of the job that I am applying for. I also verify that I do not abuse alcohol or use any illegal drugs. I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results. _____

Have you or members of your household, including juveniles 12-18 years of age ever been convicted of, charged with or plead guilty to any disqualifying offenses as listed in ORC 5126.281 or OAC 5123:2-1-051: (J) (1) through (J) (4) or have any criminal history? **YES** **NO** If yes, explain below:

I understand that I must notify *my employer* within 24 hours if, while employed with this agency, if I or any member of my household are ever formally charged with, convicted of, or plead guilty to any of the offenses listed or described in paragraphs (J)(1) to (J)(4) of 5123:2-1-05.1, as noted in the attachment. Failure to report formal charges, a conviction, or a guilty plea may result in being dismissed from employment. _____

Employee Signature

Date Signed



DISQUALIFYING OFFENSES (ORC 5126.281 or OAC 5123:2-1-051)

(J) *No person may be placed in a direct services position if the person has been convicted of or pleaded guilty to any of the following:*

(1) A violation of the following sections of the Revised Code:

- (a) 2903.01 (aggravated murder),
- (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 and neglect),
- (k) 2905.01 (kidnapping),
- (l) 2905.02 (abduction),
- (m) 2905.05 (criminal child enticement),
- (n) 2907.02 (rape),
- (o) 2907.03 (sexual battery),
- (p) 2907.04 (unlawful sexual conduct with a minor, formerly corruption of a minor),
- (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) 2907.21 (compelling prostitution),
- (w) 2907.22 (promoting prostitution),
- (x) 2907.23 (procuring),
- (y) 2907.25 (prostitution),
- (z) 2907.31 (disseminating matter harmful to juveniles),
- (aa) 2907.32 (pandering obscenity),
- (bb) 2907.321 (pandering obscenity involving a minor),
- (cc) 2907.322 (pandering sexually oriented matter involving a minor),
- (dd) 2907.323 (illegal use of minor in nudity-oriented material or performance),
- (ee) 2911.01 (aggravated robbery),
- (ff) 2911.02 (robbery),
- (gg) 2911.11 (aggravated burglary),
- (hh) 2911.12 (burglary),
- (ii) 2919.12 (unlawful abortion),
- (jj) 2919.22 (endangering children),
- (kk) 2919.24 (contributing to unruliness or delinquency of child),
- (ll) 2919.25 (domestic violence),
- (mm) 2923.12 (carrying concealed weapon),
- (nn) 2923.13 (having weapons while under disability),
- (oo) 2923.161 (improperly discharging a firearm at or into a habitation or school),
- (pp) 2925.02 (corrupting another with drugs),
- (qq) 2925.03 (trafficking in drugs),
- (rr) 2925.04 (illegal manufacture of drugs or cultivation of marihuana),
- (ss) 2925.05 (funding of drug or marihuana trafficking),
- (tt) 2925.06 (illegal administration or distribution of anabolic steroids),



PAGE 2

DISQUALIFYING OFFENSES Continued (ORC 5126.281 or OAC 5123:2-1-051)

(uu) 3716.11 (placing harmful objects in food or confection),
(vv) 2905.04 (child stealing) as it existed prior to July 1, 1996,
(ww) 2919.23 (interference with custody) that would have been a violation of section 2905.04 of the Revised Code as it existed prior to July 1, 1996, had the violation occurred prior to that date,
(xx) 2925.11 (possession of drugs) that is not a minor drug possession offense as defined in this rule,
(yy) Felonious sexual penetration in violation of former section 2907.12 of the Revised Code;

(2) A felony contained in the Revised Code that is not listed in paragraph (J)(1) of this rule, if the felony bears a direct and substantial relationship to the duties and responsibilities of the position being filled;

(3) Any offense contained in the Revised Code constituting a misdemeanor of the first degree on the first offense and a felony on a subsequent offense, if the offense bears a direct and substantial relationship to the position being filled and the nature of the services being provided;

(4) 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 paragraph (J)(1),(J)(2), or (J)(3) of this rule.