

Employment Application

(PLEASE PRINT PLAINLY)



Champaign Residential Services Inc.

Name: _____
Last First Middle

Today's Date: ____ / ____ / ____

Maiden Name (if any): _____

Social Security No. _____ - _____ - _____

Telephone No. (____) _____ - _____

Address: _____

Referred by _____ Position applying for _____
Newspaper ad? Walk-in? Name of person who referred you?

ELIGIBILITY	Yes	No	
Are you a high school graduate or do you have a GED?			
Are you 18 years of age or older?			
Have you ever been employed by us before?			If yes, give date: ____/____/____
Do you have a valid driver's license?			License No. _____ Exp. Date: ____/____/____ State issued: _____
Do you have proof of up-to-date car insurance?			Exp. Date: ____/____/____ Mandatory if hired
Do you have a social security card OR birth certificate?			Mandatory if hired
Do you have a bank account?			Mandatory direct deposit for Payroll if hired
Have you ever been convicted of a felony or crimes against another person or persons?			If yes, give dates: ____/____/____ ____/____/____ ____/____/____

SCREENING TESTS FOR ILLEGAL DRUG USE MAY BE REQUIRED AS A CONDITION OF EMPLOYMENT.
 Any TB test results and BCI/FBI results completed within the last 12 months is valid for possible employment with CRSI.
 Include a letter of recommendation in this application from someone who is **NOT** a member of your family.

CRSI is an equal opportunity employer and is committed to equal employment opportunities as prescribed by the laws and constitutions of the United States and Ohio. This includes Title VII of the Civil Rights Act and the Americans with Disabilities Act (ADA). **CRSI** engages in fair employment and non-discriminatory practices. Employment decisions shall be based without regard to race, sex, sexual preferences, disability, color, religion, national origin, age or other unlawful bias. Consumer choice is the most important factor in determining work assignments among qualified applicants. Hiring is contingent upon the discretion of CRSI management staff who will select the applicant deemed most qualified, based upon such factors it considers relevant and important.

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

BACKGROUND CHECKS					
DATE COMPLETED		YES	NO	DATE SENT	DATE RECEIVED
	Local Police Check (Release Form Signed?)				
	MVR(Release Form Signed?)				
	BCI Check				
	FBI Check				
	Abuser Registry				
	Nurse Aide Registry				
	Med Administration				
	Personal Reference(s)				
	Employment Reference(s)				
	Copy Driver's License				
	Copy Vehicle Insurance				
	Copy Social Security Card				
	Diploma/applicable certificates				
	Contingency of Employment				
	Waiver of Confidentiality				
	Direct Deposit				

HIRED:	Start Date: ____/____/____	DECLINED:	Date: ____/____/____
	Position: _____		
	Status _____		
	Location _____		
	Shift Split 1 st 2 nd 3 rd		
	Comments _____		

EMPLOYMENT INFORMATION

1.	Most Recent or Current Employer	Start Date	End Date	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street		Start Wage: \$	End Wage: \$	
City, State, Zip				
Company Phone	()			

May we contact this employer about your employment with them? Please circle: Yes No then initial here: _____

2.	2 nd Most Recent Employer	Start Date:	End Date:	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street		Start Wage: \$	End Wage: \$	
City, State, Zip				
Company Phone	()			

May we contact this employer about your employment with them? Please circle: Yes No then initial here: _____

3.	3 rd Most Recent Employer	Start Date:	End Date:	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street		Start Wage: \$	End Wage: \$	
City, State, Zip				
Company Phone	()			

May we contact this employer about your employment with them? Please circle: Yes No then initial here: _____

OTHER REFERENCES (no relatives)

1.	Person's Name and Occupation:	
	Number & Street:	
	City, State, Zip:	
	Contact Phone Number(s):	() - () - () -

2.	Person's Name and Occupation:	
	Number & Street:	
	City, State, Zip:	
	Contact Phone Number(s):	() - () - () -

3.	Person's Name and Occupation:	
	Number & Street:	
	City, State, Zip:	
	Contact Phone Number(s):	() - () - () -

EDUCATION INFORMATION		Course of Study and/or Degree	Circle Last Year Completed	
High School Name:			1 2 3 4	Did you graduate (diploma or GED) Yes No
City and State:				
College Name:			1 2 3 4	Did you graduate? Yes No
City and State:				
Other (Specify) :			1 2 3 4	Did you graduate? Yes No
City and State:				

GENERAL APPLICANT INFORMATION

List any relatives or friends working for CRSI (past or current): _____

Do you have experience working with MR/DD individuals? (circle one) Yes No If yes, how long? _____ years

Are you willing to work with or around persons with MR/DD? (circle one) Yes No Date available to begin work: ____/____/____

Hours and days of the week available to work (including week-ends): _____
(most direct services jobs require some week-end work)

List counties you are willing to work in: _____

WAIVER OF CONFIDENTIALITY

I, the undersigned hereby waive the confidentiality of my application and employment records with Champaign Residential Services, Inc. (CRSI), for any and all legitimate purposes as so deemed by CRSI, including, without limitation, to the Department of Mental Retardation and Developmental Disability (MR/DD), local MR/DD case management or boards, Ohio Job and Family Services, Abuser Registry, Nurse Aid Registry and law enforcement agencies.

Signature: _____

Date: _____

CONTINGENCY OF EMPLOYMENT

Criminal background checks are completed for all applicants. According to Ohio Department of MR/DD administrative Rules 5123:2-0-5 and 5123:2-1-05.1, "An Agency shall not employ a person who has been convicted of, or pleaded guilty, to " certain disqualifying offenses which bear a direct and substantial relationship to the responsibilities and duties of the position being filled".

Therefore, I understand that, if hired, my employment is contingent upon my BCI&I background, Abuser Registry, and Nurse Aid Registry checks being received by CRSI with no disqualifying offenses.

I further understand that I am required to report any criminal charges, arrests, indictments, convictions, or any motor vehicle violations within 14 days of employment or violation to any Human Resources representative or the Human Resources Director. Failure to report violations according to Ohio Department of MR/DD administrative Rules 5123:2-0-5 and 5123:2-1-05.1, or changes in driving status will result in termination of employment with CRSI.

I verify that I have not been convicted of any felonies.

Signature: _____

Date: _____

RELEASE OF DRIVING RECORDS

I understand that if I become a CRSI employee my employment is contingent upon me having a valid driver's license. Therefore, I hereby agree to the release of any and all information pertaining to my driving records. Any information released to this agency will be kept strictly confidential. If hired, driving records will be checked on an annual basis or as needed.

Signature: _____

Date: _____

Social Security Number: _____

Driver's License Number: _____

RESIDENCE HISTORY

Provide a complete address for each place of residence you have had in the **past five years.**

CURRENT Address

_____ How long have you lived there? ____/____
 Number and street Apt. No. Years/months

_____ State Zip County
 City

Previous Address

_____ How long have you lived there? ____/____
 Number and street Apt. No. Years/months

_____ State Zip County
 City

Previous Address

_____ How long have you lived there? ____/____
 Number and street Apt. No. Years/months

_____ State Zip County
 City

Previous Address

_____ How long have you lived there? ____/____
 Number and street Apt. No. Years/months

_____ State Zip County
 City

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

DATE INTERVIEWED	INTERVIEWED BY	COMMENTS

REFERENCE CHECKS

	EMPLOYMENT INFORMATION VERIFICATION		RESULTS OF OTHER REFERENCES
1.		1.	
2.		2.	
3.		3.	

I have not been convicted of, or pleaded guilty to, any of the offenses listed in Rule 5123:2-1-05.1

<u>Criminal Code #</u>	<u>Offense</u>
2903.1	Aggravated Murder
2903.02	Murder
2903.03	Voluntary Manslaughter
2903.04	Involuntary Manslaughter
2903.11	Felonious Assault
2903.12	Aggravated Assault
2903.13	Assault
2903.16	Failing to provide for a functionally impaired person
2903.21	Aggravated menacing
2903.34	Patient abuse and neglect
2905.01	Kidnapping
2905.02	Abduction
2905.04	Child Stealing (as it existed prior to July 1, 1996)
2905.05	Criminal child enticement
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
2907.09	Public Indecency
2907.12	Felonious sexual penetration.
2907.21	Compelling prostitution
2907.22	Promoting prostitution
2907.23	Procuring
2907.25	Prostitution
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
2911.01	Aggravated Robbery
2911.02	Robbery
2911.11	Aggravated Burglary
2911.12	Burglary
2919.12	Unlawful abortion
2919.22	Endangering Children
2919.23	Interference with Custody
2919.24	Contributing to unruliness or delinquency of child
2919.25	Domestic Violence
2923.12	Carrying concealed weapon
2923.13	Having weapons while under disability
2923.161	Improperly discharging a firearm at into a habitation or school
2925.02	Corruption another with drugs
2925.03	Trafficking in drugs
2925.04	Illegal manufacture of drugs or cultivation of marihuana
2925.05	Funding of drug or marihuana trafficking
2925.06	Illegal administration or distribution of anabolic steroids
2925.11	Possession of drugs
3716.11	Placing harmful objects in food or confection

Applicant's Signature

Date

Champaign Residential Services, Inc.
1150 Scioto Street – P. O. Box 29
Urbana, Ohio 43078
Phone: 937-653-1320
Fax: 937-653-1321

Information Release Form-

Date: _____

To Whom It May Concern:

_____ has applied for employment with us. We would appreciate your cooperation in verifying/correcting/completing the following information:

Employed from: _____ to _____ Position held: _____

Applicant's reason for leaving: _____

Sincerely,

 Champaign Residential Services, Inc. Representative

 Title

We provide services to persons with disabilities and wish to give the highest possible services. Therefore, any information you are able to give us about the applicant is very much appreciated.

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
Attendance					
Reliability/Dependability					
Teamwork					
Quality of Work					

Did he/she have MR/DD experience while working for you? YES _____ NO _____

Would you re-hire this person? YES _____ NO _____

Other information: _____

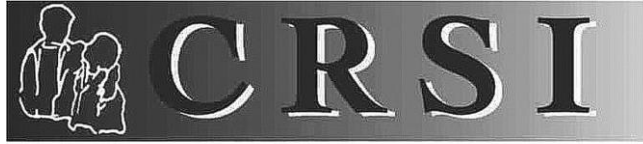
 Your Signature and Name of Company

 Your Title

All information remains confidential. Thank you for your assistance.

APPLICANT: PLEASE COMPLETE THE FOLLOWING:

AUTHORIZATION FOR RELEASE OF INFORMATION I hereby authorize the release of any information requested on this form. I also release the company listed above from all liability in providing any type of reference information. Applicant Signature: _____ Date: _____ Social Security Number: _____	
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Champaign Residential Services, Inc.
 1150 Scioto Street * Suite 100 * P.O. BOX 29
 Urbana, Ohio 43078 * 937.653.1320

Please **FAX** results to the appropriate regional office:

Allen County: 419-224-0528/Attn: HR

Auglaize, Champaign, Clark, Greene, Clinton, Mercer, Van Wert Counties: 937-653-1342/Attn: HR

Butler, Darke, Miami, Montgomery, Preble, Shelby, Warren Counties: 937-339-7884/Attn: HR

Hardin, Logan, Madison, Franklin, Union, Fayette Counties: 937-653-1342/Attn: HR

Defiance, Fulton, Henry, Paulding, Putman, Lucas, Williams: 419-784-0560/Attn: HR

RELEASE OF POLICE RECORDS

I hereby agree to the release of any and all information pertaining to any arrests, convictions or any records held by the Bureau of Criminal Investigation and/or the local law enforcement agency. This information is needed to fulfill a requirement of our state licensure. Any information released to this agency will be kept strictly confidential.

 Applicant or Employee's Name (Print)

 Social Security Number

 Applicant or Employee's Signature

 Date of Birth

 Witness

City Police

Sheriff's Department

City Police	Sheriff's Department

 Officer's Signature

 Officer's Signature

 Date

 Date

Champaign Residential Services, Inc.

1150 Scioto Street – P. O. Box 29
Urbana, Ohio 43078

Affirmative Action Voluntary Information COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____/____/____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement – Source _____ | | <input type="checkbox"/> Other _____ |
- Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone (____) _____

Address _____

LAST FIRST MIDDLE STREET CITY STATE ZIP CODE
 Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|--|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial (having parents of different races) |

THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY
IN THE STATE OF MICHIGAN

For Administrative Use Only

Position(s) applied for _____ Available Not Available

Other positions considered for _____

Hired? Yes No

Position hired for _____ Date of hire ____/____/____

Which EEO job classification listed below best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date ____/____/____

CHAMPAIGN RESIDENTIAL SERVICES, INC.
Job Description

JOB TITLE: **Support Specialist I**
(Full & Part Time)

SUPERVISOR: Support Manager

CLASSIFICATION: Non-exempt hourly

BASIC FUNCTIONS:

To provide quality support services to consumers served by CRSI that enhance physical, emotional, intellectual, vocational, communication, and social skills according to the individual's needs, abilities, and choices. Other duties include keeping accurate records as required by CRSI and any other governing agency such as ODMR/DD, ODHS, and County Case Management.

PRIMARY RESPONSIBILITIES:

1. Follow established policies and procedures set by the agency.
2. Assist consumers in meeting objectives of their Individual Plans, perform duties and tasks according to such plans.
3. Monitor and ensure the consumer's safety, health and welfare.
4. Maintain a clean and safe environment and be sensitive of the consumer's and family's needs.
5. Assist consumers as needed according to daily individual schedules as directed in:
 - a. Health care and personal hygiene.
 - b. Meal preparation and shopping.
 - c. Household tasks such as cleaning and laundry.
 - d. Recreation, social and leisure time skills.
 - e. Transportation as required.
6. Always maintain the highest standard of conduct and courtesy in dealing with consumers, family, staff and the community. Promote positive interaction.
7. Attend and participate in scheduled staff meetings, designated training and in-service sessions.
8. Other duties as assigned.

WORKING CONDITIONS:

May be assigned to weekend and evening schedule. May be required to stay overnight and work some holidays, may be required to work in various locations according to consumer's needs. As a part-time employee, hours are not guaranteed and assigned as available. Scheduled hours are based on consumer choice and needs. Job will require sitting, standing, bending, lifting, pushing, and pulling, intermittently.

DESIRED QUALIFICATIONS:

Must be 18 years or older and be a high school graduate or equivalent. Must possess a valid, current driver's license and an acceptable police record. Must have 0 to 5 years experience.

Staff Signature

Date