



H.R. CHOICES, INC.

An Equal Opportunity Employer

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last: _____ First: _____ M.I. _____

Address: _____
Street Address _____ Years Occupied _____
City _____ State _____ Zip Code _____

IF LIVED AT ABOVE ADDRESS FOR LESS THAN 5 YEARS PLEASE LIST BELOW ALL ADDRESS FOR LAST 5 YEARS

Address: _____
Street Address _____ Years Occupied _____
City _____ State _____ Zip Code _____

Address: _____
Street Address _____ Years Occupied _____
City _____ State _____ Zip Code _____

Address: _____
Street Address _____ Years Occupied _____
City _____ State _____ Zip Code _____

Phone: _____ Email: _____

Drivers License #: _____ Social Security #: _____ Date of Birth: _____

Position Applied For: _____ Desired Salary: _____

Are you a US citizen: (Yes/No) _____ If no, are you authorized to work in the US? (Yes/No) _____

Have you ever worked for this company? (Yes/No) _____ If yes, when? _____

Have you ever been convicted of a felony? (Yes/No) _____

If yes, explain _____

How did you hear about the position? _____

EDUCATION

High School _____ Address _____
From _____ To _____ Did you graduate? (Yes/No) _____ Degree _____
College _____ Address _____
From _____ To _____ Did you graduate? (Yes/No) _____ Degree _____
Other _____ Address _____
From _____ To _____ Did you graduate? (Yes/No) _____ Degree _____

REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name _____ Relationship _____
Company _____ Phone # _____
Address _____
Full Name _____ Relationship _____
Company _____ Phone # _____
Address _____
Full Name _____ Relationship _____
Company _____ Phone # _____
Address _____

PREVIOUS EMPLOYMENT

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for leaving _____
May we contact your previous supervisor for a reference? (Yes/No) _____

Company _____ Phone _____
Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for leaving _____

May we contact your previous supervisor for a reference? (Yes/No) _____

Company _____ Phone _____
Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for leaving _____

May we contact your previous supervisor for a reference? (Yes/No) _____

MILITARY SERVICE

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
In consideration of my employment, I agree to conform to the companies rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice. I also agree that the terms of my employment can be changed, with or without cause and with or without notice.
I agree that upon accepting employment with the said agency, I will respect the confidentiality of the individuals served. I will respect the company policies and procedures and the companies documentation tools.

Signature: _____ Date: _____

OFFICE USE ONLY

Interviewed by: _____ Date: _____

Hired: (Yes/No) _____ Position: _____ Dept: _____

Salary/Wage: _____ Remarks: _____

Availability Form

Employee: _____ Date: ____/____/____ Type (check one): Initial Change

Please note that each employee was hired under an agreement upon availability. If during the course of your employment it comes necessary to change your availability, then you must complete this form thirty (30) days prior to the effective date. Please submit this form only to the office. HR CHOICES will conduct a review to determine if the new availability can be granted. Agency staffing needs, may not allow each request to be granted. In the case where a request is denied, the employee will have to determine if they are able to continue to work for HR CHOICES under their original availability.

Sunday	2 nd Shift (typically 3-11) WEEKDAYS TYPICALLY	Limitations
Monday		
Tuesday		
Wed		
Thurs		
Friday		
Sat		

Sunday	3 rd Shifts (sleep site/awake site typically 11p-830a) ALL OVERNIGHTS	Limitations
Monday		
Tuesday		
Wed		
Thurs		
Friday		
Sat		

Monday	
Tuesday	
Wed	
Thurs	
Friday	
Sat	

Other days which are reoccurring that impact your availability. For example, you get your grandchild every third Thurs/every month and are not able to work 2nd or 3rd shifts on that day. **BE VERY SPECIFIC. Write details below.**

Holiday(s), Days of personal significance. Indicate limitations on holidays and "special" days that impact your availability. For example, you get your daughter every other Christmas morning or your family remembers the death of your mother by going to dinner. **Be VERY specific indicating the specific year and the changes. Write details below**

Staff Signature: _____

ONLY HR CHOICES ADMINISTRATION SHALL DOCUMENT BELOW THIS LINE

DATE RECEIVED: ___/___/___

REQUEST APPROVED

REQUEST DENIED

 SCHEDULER

___/___/___

Attestation and Agreement to Notify Employer

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 HR CHOICES INC.

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.

(Applicants 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 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 Ina 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 marihuana 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.

REFERENCE RELEASE: I, (print name) _____ authorize the release of the information requested below. I further agree to release all parties from any liability that could potentially arise from the release of this information.

Applicant Signature _____ Date: ____/____/____

ATTENTION APPLICANT - DO NOT COMPLETE ANY INFORMATION BELOW THIS LINE

POSITION APPLIED FOR Direct Support Professional DATE: ____/____/____

PERSON CONTACTED _____ TITLE _____

AGENCY _____ TELEPHONE _____

1. How long and under what conditions have you known this person? _____

2. Please rate the following areas:

Performance	Outstanding	Above Average	Average	Below Average	No Knowledge
Quality of work					
Quantity of work					
Decision making skills					
Teamwork/Cooperation					
Remains on task with minimal supervision					
Communications (verbal and written)					
Attendance/Punctuality					

3. If the opportunity existed, would you re-hire this individual? Yes No
If No, please explain: _____

4. Other comments you feel we should consider prior to recommending this applicant for employment?

If completed by phone

Signature of Person completing form: _____ Date: ____/____/____

If completed by mail

Signature of Person Releasing Above Reference: _____ Date: ____/____/____

Return to: _____ (Name of Person Checking Reference)

Please fax completed form to (419) _____ or mail in enclosed envelope - Thank you

REFERENCE RELEASE: I, (print name) _____ authorize the release of the information requested below. I further agree to release all parties from any liability that could potentially arise from the release of this information.

Applicant Signature _____ Date: ____/____/____

ATTENTION APPLICANT - DO NOT COMPLETE ANY INFORMATION BELOW THIS LINE

POSITION APPLIED FOR Direct Support Professional DATE: ____/____/____

PERSON CONTACTED _____ TITLE _____

AGENCY _____ TELEPHONE _____

1. How long and under what conditions have you known this person? _____

2. Please rate the following areas:

Performance	Outstanding	Above Average	Average	Below Average	No Knowledge
Quality of work					
Quantity of work					
Decision making skills					
Teamwork/Cooperation					
Remains on task with minimal supervision					
Communications (verbal and written)					
Attendance/Tardiness					

3. If the opportunity existed, would you re-hire this individual? Yes No
If No, please explain: _____

4. Other comments you feel we should consider prior to recommending this applicant for employment?

If completed by phone

Signature of Person completing form: _____ Date: ____/____/____

If completed by mail

Signature of Person Releasing Above Reference: _____ Date: ____/____/____

Return to: _____ (Name of Person Checking Reference)
Please fax completed form to (410) _____ or mail in enclosed envelope - Thank you)

REFERENCE RELEASE: I, (print name) _____ authorize the release of the information requested below. I further agree to release all parties from any liability that could potentially arise from the release of this information.

Applicant Signature _____ Date: ____/____/____

ATTENTION APPLICANT - DO NOT COMPLETE ANY INFORMATION BELOW THIS LINE

POSITION APPLIED FOR Direct Support Professional DATE: ____/____/____

PERSON CONTACTED _____ TITLE _____

AGENCY _____ TELEPHONE _____

1. How long and under what conditions have you known this person? _____

2. Please rate the following areas:

Performance	Outstanding	Above Average	Average	Below Average	No Knowledge
Quality of work					
Quantity of work					
Decision making skills					
Teamwork/Cooperation					
Remains on task with minimal supervision					
Communications (verbal and written)					
Attendance/Tardiness					

3. If the opportunity existed, would you re-hire this individual? Yes No
If No, please explain: _____

4. Other comments you feel we should consider prior to recommending this applicant for employment?

If completed by phone

Signature of Person completing form: _____ Date: ____/____/____

If completed by mail

Signature of Person Releasing Above Reference: _____ Date: ____/____/____

Return to: _____ (Name of Person Checking Reference)
Please fax completed form to (419) _____ or mail in enclosed envelope - Thank you