

OARC CARTER COUNTY APPLICATION FOR EMPLOYMENT

Name: _____

AN EQUAL OPPORTUNITY EMPLOYER

Date: _____

Application is made for the following services:

_____ OARC Group Home Employment

_____ Supported Employment (Competitive Employment)

_____ Employment Services

PERSONAL

NAME	
STREET	SOCIAL SECURITY #
City	HOME PHONE
STATE ZIP	WORK NUMBER

EDUCATION

NAME AND LOCATION	FROM	TO	DEGREE/MAJOR/GPA	DATE GRADUATED
HIGH SCHOOL				
COLLEGE				
OTHER				

SPECIAL SKILLS OR TRAINING (APPLICABLE TO EMPLOYMENT)

MILITARY

BRANCH	RANK	DUTIES	SALARY		REASON FOR CHANGE IN RANK
			FROM	TO	

OARC CARTER COUNTY APPLICATION FOR EMPLOYMENT

NAME _____

LIST SPECIAL SCHOOLING AND SKILLS ACQUIRED DURING MILITARY SERVICE

EMPLOYMENT (START WITH MOST RECENT)

FROM	TO	EMPLOYER	PHONE#
JOB TITLE		DUTIES	
SUPERVISOR'S NAME			
STARTING SALARY			
ENDING SALARY		REASON FOR LEAVING	
MAY WE CONTACT EMPLOYER AT ABOVE PHONE NUMBER? () YES () NO			
FROM	TO	EMPLOYER	PHONE#
JOB TITLE		DUTIES	
SUPERVISOR'SNAME			
STARTING SALARY			
ENDING SALARY		REASON FOR LEAVING	
MAY WE CONTACT EMPLOYER AT ABOVE PHONE NUMBER? () YES () NO			
FROM	TO	EMPLOYER	PHONE#
JOB TITLE		DUTIES	
SUPERVISOR'SNAME			
STARTING SALARY			
ENDING SALARY		REASON FOR LEAVING	
MAY WE CONTACT EMPLOYER AT ABOVE PHONE NUMBER? () YES () NO			

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ADDITIONAL DATA

POSITION APPLYING FOR:
SCHEDULE DESIRED () FULLTIME () PART TIME () TEMPORARY () AS NEEDED
LIST OF DAYS/HOURS YOU ARE ABLE TO WORK:
RATE OF PAY DESIRED:
HOW DID YOU HEAR ABOUT THIS JOB?
HAVE YOU WORKED HERE BEFORE? () YES () NO
IF YES, HOW LONG? PREVIOUS POSITION:
REASON FOR LEAVING:
LIST ANY FRIENDS OR RELATIVES WORKING WITH US NOW:

EMPLOYMENT REFERENCES: Do not list family members or friends

NAME	ADDRESS	CITY, STATE	PHONE
LIST ONLY PERSONS WE MAY CONTACT (BE SURE TO INCLUDE PHONE NUMBER)			

APPLICANT: Read and Sign Below

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statement will be considered as cause for possible dismissal.

APPLICANTS SIGNATURE _____ DATE _____

DARC CARTER COUNTY APPLICATION FOR EMPLOYMENT

-----DO NOT WRITE IN THIS SECTION-----

Date received application in Office: _____

INTERVIEWS

Interviewer		Date		Signature

OARC CARTER COUNTY APPLICATION FOR EMPLOYMENT

49 Heritage
Ardmore, OK 73401
580-657-2047 (phone)
580-657-2050 (fax)

I _____ give my permission to release my work records to OARC CARTER COUNTY.

Employee Printed Name: _____

Social Security Number: _____

Address: _____

Phone #: _____

Employee Signature: _____

**OARC CARTER COUNTY GROUP HOMES
BOARD OF DIRECTORS STATEMENT CONCERNING
A DRUG-FREE WORKPLACE**

OARC CARTER COUNTY/Carter County Group Homes Board of Directors certified to its monitoring agencies that its workplace will be free from controlled substances. It is the policy of the Board of Directors that controlled substance use will not be tolerated. If a positive drug test is revealed it will be cause for immediate dismissal. All employees will be notified of this policy at the time of employment. They must state, that they do not and will not use controlled substances and are required to sign a statement confirming that they understand and agree with this policy.

In accordance with the Drug-Free Workplace Act of 1988 and the Department of Human Services Contract, it is the Carter County Group Homes policy to provide a drug-free, healthful, and safe workplace. CCGH employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner. The ability to work in a constant state of alertness and in a safe manner is an essential function of all safety sensitive positions at OARC CCGH. A safety sensitive position is one in which job performance can affect the health and safety of the co-worker holding the position or the health and safety of others (e.g., health care providers, co-workers who operate CCGH vehicles etc.). Accordingly, due to the safety-sensitive nature of the work in such positions, OARC CCGH prohibits the use of both legal and illegal drugs, alcohol, or over-the-counter and prescription medications that could cause impairment at work.

An employee may **NOT** use, dispense, manufacture, distribute, sell, or be under the influence of alcohol or controlled substances while in the employ or on the premises of any entity under the umbrella of OARC Carter County. The use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

MARIJUANA USE: Note that it is the intention of OARC CCGH to comply with federal, state and local laws. Where state or local laws and federal laws differ, however, OARC CCGH will typically comply with federal law. For example, some state laws permit the use and possession of marijuana for medical and/or non-medical purposes. Federal law does not. In the absence of governing authority to the contrary, OARC CCGH considers marijuana to be an Illegal Drug for purposes of this policy in all states – even those states that allow for medical and/or non-medical uses – and for all jobs and positions, but especially for safety sensitive jobs and positions. Moreover, even if marijuana use may otherwise be permissible under state law, the use or possession of marijuana, or being under the influence or impaired by marijuana, on OARC CCGH premises or property, or while on OARC CCGH business, is strictly prohibited. In any event, OARC CCGH is obligated to comply with federal law for co-workers in federally-regulated positions.

THE PENALTY FOR DRUG ABUSE VIOLATIONS IS IMMEDIATE TERMINATION!

Other than the dangers of drug abuse, the danger specific to this workplace while on duty includes, but are not limited to:

6. an inability to adequately respond to medical emergencies;
7. an inability to respond to any emergency;
8. an inability to drive company vehicles;
9. an inability to be alert to general job responsibilities; and
10. not only does all the above put you personally in danger, but the residents lives for whom you are responsible.

ANY EMPLOYEE EXHIBITING WARNING SIGNS CAUSING SUSPICION OF DRUG AND ALCOHOL ABUSE MAY BE REQUIRED TO SUBMIT TO RANDOM DRUG TESTING (such testing will be at the expense of OARC Carter County).

If an employee's drug test is positive or the employee fails or refuses to take the test, he/she will be immediately terminated.

CCGH has established a drug-free awareness program to inform employees about the important provisions of this policy. The program provides information on the dangers and effects of substance abuse in the workplace, resources available to employees, and consequences for violations of this policy.

Employees with questions or concerns about substance dependency or abuse are encouraged to discuss these issues with their supervisor or the Executive Director to receive assistance or referrals to appropriate resources in the community. OARC CCGH does not have formal employee assistance program for drug abusers other than to direct them to a center specializing in drug and/or alcohol counseling and rehabilitation.

NOTICE: In accordance with the Drug-Free Workplace act, ANY EMPLOYEE CONVICTED FOR A VIOLATION OF CRIMINAL DRUG STATUTE IN THE WORKPLACE MUST NOTIFY CCGH IN WRITING OF HIS OR HER CONVICTION NO LATER THAN FIVE CALENDAR DAYS AFTER SUCH CONVICTION. THE EMPLOYER WILL THEN NOTIFY THE DEPARTMENT OF HUMAN SERVICES IN WRITING OF THE ACTUAL CONVICTION WITHIN TEN CALENDAR DAYS.

Such a conviction will result in the employee being disciplined or required to satisfactorily participate in a drug abuse assistance/rehabilitation program or in termination of the employee's position with CCGH. Failure of an employee to report his/her conviction constitutes grounds for dismissal.

I signing below I certify that I have read and understand this policy.

Employee Signature: _____ **Date:** _____

CARTER COUNTY GROUP HOMES
AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

I, _____, give Carter County Group Homes, an entity of OARC
CARTER COUNTY, authorization to do a criminal background investigation.

If there is any discrepancies I will be able to meet with the Board of Directors for the Carter
County Group Homes to explain.

I understand the following information is needed for this investigation and will be kept
confidential.

Name: First _____ Middle _____ Last _____

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH: _____

RACE: _____ SEX: _____ SOCIAL SECURITY NUMBER: _____

Signature

Date



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Employment Application Supplement

Applicant (print)	Date
Provider agency OARC CARTER COUNTY	

As I apply for a job as a community services worker, I understand:

- prior to employing me, the community services provider is required by Oklahoma law to conduct a search of:
 - criminal history records with Oklahoma State Bureau of Investigation (OSBI); and
 - Oklahoma Department of Human Services (OKDHS) Community Services Worker Registry (Registry);
- the community services provider is prohibited by Oklahoma law from hiring, contracting with, or using as a volunteer, any person;
 - who has been convicted, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony, except under circumstances described in OAC 340:100-3-39; or
 - whose name appears in the Registry;
- my employment may be terminated if my name appears in the Registry, even though my name may not have been in the Registry at the time of my application or hiring;
- I must report to the community services provider all of my current and previous employers who provide services to children and adults who are vulnerable; and
- giving false information regarding my current and previous employers may result in termination of my employment.

Applicant signature Date

Routing: Original – community services worker personnel record
 Copy – community services worker



Employment Application Supplement



General Information

Applicant (print)

Date

Provider agency

A community services worker (CSW) may be prosecuted criminally for having sexual contact with a person in their care. CSW's must sign this form per Section 1430.3 of Title 10 of the Oklahoma Statutes known as the Breanna Bell Act.

As I apply for a job as a CSW, I understand:

- prior to hiring me, the community services provider is required by Oklahoma law to conduct a search of:
 - criminal history records with Oklahoma State Bureau of Investigation (OSBI); and
 - Oklahoma Department of Human Services (DHS) Community Services Worker Registry (Registry);
- the community services provider is prohibited by Oklahoma law from hiring, contracting with, or using as a volunteer, any person:
 - convicted, plead guilty, or plead *nolo contendere* to misdemeanor assault and battery or a felony, except under circumstances described in Oklahoma Administrative Code (OAC) 340:100-3-39; or
 - whose name appears in the Registry;
- my employment may be terminated if my name appears in the Registry, even though my name may not have been in the Registry at the time of my application or my hiring;
- I must report to the community services provider all of my current and previous employers who provide services to children and adults who are vulnerable;
- giving false information regarding my current and previous employers may result in termination of my employment; and
- Section 405.3 of Title 10 of the Oklahoma Statutes requires DHS to establish and maintain a Restricted Registry, also named Joshua's list. Individuals recorded on the Restricted Registry are prohibited from licensure, ownership, employment, unsupervised access to children, and/or residence in a facility or program, licensed, certified, operated, or contracted by, or with, DHS. Foster parents who contract with DHS are also subject to the Restricted Registry.

Signatures

Applicant signature

Date

Routing

Original - community services worker personnel record

Copy - community services worker

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

OARC CARTER COUNTY, INC. aka Carter County Group Homes (CCGH) has put in place preventative measures to reduce the spread of COVID-19; however, CCGH **cannot guarantee** that you or others around you will not become infected with COVID-19. Further, living in a group setting or working in a group setting could increase your risk and the risk to others around you who do not work at CCGH or participate in our programs.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and others around me may be exposed to or infected by COVID-19 by attending work and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at CCGH may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CCGH employees, volunteers, other agency participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and others around me (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or others may experience or incur in connection with my attendance at CCGH work or participation in CCGH programming ("Claims"). I hereby release, covenant not to sue, discharge, and hold harmless CCGH, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of CCGH, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any CCGH program.

Signature of CCGH Service Recipient or
Employee of CCGH

Printed Name

Date

Signature of Parent/Guardian/Advocate

Print Name

Date