Partners In Community, Inc.

P.O. Box 689 Sandusky, OH 44870

Telephone: 419-626-1002

indianing race, t	vivi, i cligion, c	ployer, dedicated to a reed, national origin, a ristics protected under	oe veteran et	discrimination atus, marital st	on any basis atus, citizenship,
Date of Applicat	ion:				
7		ou are applying for		full Time	Part Time
Please circle w	vhat shifts you	ı are available to w	ork		
Days	Afternoons	Weekends	(Over Nights	
First Name		Middle Initial	I	ast Name	
Present Addre	ss Number	Street	City	State	Zip
Previous Addre		vears)	8		
Telephone # Alternate Telephone #					
Social Security	#				
	gistry Checke	d			
Date fingerprin					
Date BCI/FBI r	eport receive	d			

Please answer the following questions: (please circle Yes or No)		
Have you ever filed an application with us before? If yes please give date	Yes	No
Have you ever been employed with us before? If yes please give dates of employment	Yes	No
Are you currently employed? May we contact your current employer?	Yes Yes	No No
Do you have the legal right to work in the United States Proof of citizenship or immigration status will be required upon employmen	Yes	No
On what date would you be available to work? Date		
Do you have a current Ohio Driver's License? A copy of your license will be required upon employment	Yes	No
Do you have current Automobile Liability Insurance? Proof of insurance will be required upon employment	Yes	No
Do you have reliable transportation?	Yes	No
Can you travel if the job required it?	Yes	No
Do you have a High School Degree or GED? Please circle which one. Employees must have a HS Degree or GED to be considered for employment.		
We are required by law to run a criminal background check of Criminal Investigation. Your fingerprints will be taken for also required by law to verify that persons working directly disabilities are at least 18 years of age.	r this check	Waara
How long have you been a resident of the State of Ohio	Yes	No
Are you at least 18 years of age?	Yes	No

Ohio Department of Developmental Disabilities Rule 5123:2-2-02 of the Administrative Code

Background Investigations for Employment

TIER 1 Disqualifying Offenses (Permanent Exclusion)	TIER 2 Disqualifying Offenses Continued (Ten-Year Exclusion)
2903.01Aggravated murder	2911.11—Aggravated burglary
2903.02Murder	2913.46—Illegal use of supplemental nutrition assistance program (SNAP) or women infants, and children (WIC) program benefits
2903.03Voluntary manslaughter	2913.48—Workers' Compensation fraud
2903.11—Felonious assault	2913.49—Identity fraud
2903.15Permitting Child Abuse	2923.01—Conspiracy when underlying offense is any of the offenses or violations of this list
2903.16—Failing to provide for a functionally impaired person	2923.02—Attempt when the underlying offense is any of the offenses or violations of the list
2903.34—Patient abuse and neglect	2923.03—Complicity when the underlying offense is any of the offenses or violation on this list
2903.341—Patient endangerment	2923.12—Carrying concealed weapon
2905.01Kidnapping	2923.122—Illegal conveyance or possession of deadly weapon or dangerous ordnan- in the school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone
2905.02Abduction	2923.123—Illegal conveyance, possession, or control of deadly weapon or dangerou ordnance into courthouse
2905.32—Human trafficking	2923.13—Having weapons while under disability
2905.33—Unlawful conduct with respect to documents	2923.161—Improperly discharging a firearm at or into a habitation or school
2907.02Rape	2923.162—Discharge of firearm on or near prohibited premises
2907.03—Sexual battery	2923.21—Improperly furnishing firearms to minor
2907.04—Unlawful sexual conduct with a minor, formerly corruption of a minor	2923.32—Engaging in pattern of corrupt activity
2907.05—Gross sexual imposition	2923.42—Participating in criminal gang
2907.06—Sexual imposition	2925.02—Corrupting another with drugs
2907.07Importuning	2925.03—Trafficking in drugs
2907.08Voyeurism	2925.04—Illegal manufacture of drugs or cultivation of marihuana
2907.12—Felonious sexual penetration	2925.041—Illegal assembly or possession of chemicals for the manufacture of drugs
2907.31—Disseminating matter harmful to juveniles	3716.11—Placing harmful objects in food or confection
2907.32—Pandering obscenity	A violation of an existing or former municipal ordinance or law of this state, any oth State, or the United States that is substantially equivalent to any of the offenses or Violations on this list.
2907.321—Pandering obscenity involving a minor	TIER 3 Disqualifying Offense (Seven-Year Exclusion)
2907.322—Pandering sexually oriented matter involving a minor	959.13—Cruelty to animals
2907.323—Illegal use of minor in nudity-oriented material or performance	959.131—Prohibitions concerning companion animals
2909.23—Making terrorist threat	2903.12—Aggravated assault
2909.24Terrorism	2903.21—Aggravated menacing
2913.40—Medicaid fraud	2903.211—Menacing by stalking
2923.01—Conspiracy when the underlying offense is any of the offenses or violations on this list	2905.12Coercion
2923.02—Attempt when the underlying offense is any of the offenses or violations on this list	2909.04—Disrupting public services
2923.03—Complicity when underlying offense is any of the offenses or violations on this list	2911.02Robbery
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.	2911.12Burglary
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.	2913.47—Insurance fraud
FIER 2 Disqualifying Offenses (Ten-Year Exclusion)	2917.01—Inciting to violence
903.04-Involuntary manslaughter	2917.03Riot
903.041—Reckless homicide	2917.31—Inducing panic
905.04—Child stealing as it existed prior to July 1, 1996	2919.22—Endangering children
905.05—Criminal child enticement	2919.25—Domestic Violence
905.11Extortion	2921,03Intimidation
907.21—Compelling prostitution	2921.11Perjury
907.22—Promoting Prostitution	2921.13—Falsification, falsification in theft offense, falsification to purchase firearm or falsification to obtain a concealed handgun license
007.22 Enticoment or collected and	2921.34Escape
prostitute for another	
prostitute for another	2021 25 Aiding agappa or registered to 1 C 1 1
2907.23—Enticement or solicitation to patronize a prostitute, procurement of a prostitute for another 2909.02—Aggravated arson	2921.35—Aiding escape or resistance to lawful authority 2921.36—Illegal conveyance of weapons, drugs, or other prohibited

2921.36—Illegal conveyance of weapons, drugs, or other prohibited items	TIER 4 Disqualifying Offense Continued (Five-Year Exclusion)
onto grounds of detention facility or institution	2913.43—Securing writings by deception
2923.01—Conspiracy when the underlying offense is any of the offenses or	2913.44—Personating an officer
violations on this list	2515.11 Totoliuming an officer
2923.02—Attempt when the underlying offense is any of the offenses or	2913.441—Unlawful display of law enforcement emblem
violations on this list	
2923.03—Complicity when the underlying offense is any of the offenses or violations on this list	2913.45—Defrauding creditors
2925.05—Funding of drug or marihuana trafficking	2913.51—Receiving stolen property
2925.06—Illegal administration or distribution of anabolic steroids	2919.12—Unlawful abortion
2925.24—Tampering with drugs	2919.121—Unlawful abortion upon minor
2927.12—Ethnic intimidation	2919.123—Unlawful distribution of an abortion-inducing drug
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	2919.23—Interference with custody
TIER 4 Disqualifying Offense (Five-Year Exclusion)	2919.24—Disclosure of confidential information
2903.13—Assault	2913.2—Obstructing justice
2903.22—Menacing	2921.321—Assaulting/harassing police dog or horse/service animal
2907.09—Public indecency	2921.51—Impersonation of peace officer
2907.24—Soliciting after positive human immunodeficiency virus test	2923.01—Conspiracy when the underlying offense is any of the offenses or violations
	on this list
2907.25—Prostitution	2923.02—Attempt when the underlying offense is any of the offenses or violations on the is list
2907.33—Deception to obtain matter harmful to juveniles	2923.03—Complicity when the underlying offense is any of the offenses or violations
2911.13—Breaking and entering	on this list 2925.09—Illegal administration, dispensing, distribution, manufacture, possession,
- Committee of the comm	selling, or using any dangerous veterinary drug
2913.02—Theft	2925.11—Drug possession other than ta minor drug possession offense
2913.03—Unauthorized use of a vehicle	2925.13—Permitting drug abuse
2913.04—Unauthorized use of property, computer, cable, or	2925.22—Deception to obtain dangerous drugs
telecommunication property 2913.05—Telecommunications fraud	
2913.11—Passing bad checks	2925.23—Illegal processing of drug documents
2913.21—Hisuse of credit cards	2925.36—Illegal dispensing of drug samples
2913.31—Forging, forging identification cards	2925.55—Unlawful purchase of pseudoephedrine product
2913.32—Criminal simulation	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 violation on this list.
2913.41—Defrauding a rental agency or hostelry	
2913.42—Tampering with records	
4 will be considered per rule and based upon discretion of agence I certify that I have reviewed the list of criminal codes in I	th Tier 1 disqualifying offenses per rule. All other offenses in Tier 2-y administration. Tier 1-4 as presented. I also certify that I have NOT been convicted of
I further agree to notify the employer within fourteen cales charged with, convicted of, or pleads guilty to any of the offense signature attests that I have been informed that by signing this do	ndar days if, while employed by the provider, I am ever formally s listed or described in the list of non-qualifying criminal codes. My ocument my failure to report normal charges, a conviction, or a guilty
I further agree to notify the employer within fourteen cales charged with, convicted of, or pleads guilty to any of the offense signature attests that I have been informed that by signing this do	s listed or described in the list of non-qualifying criminal codes. My ocument my failure to report normal charges, a conviction, or a guilty
I further agree to notify the employer within fourteen cales charged with, convicted of, or pleads guilty to any of the offense signature attests that I have been informed that by signing this deplea may result in being dismissed from employment. I certify that I have been a State of Ohio resident for the lateral give Partners In Community, Inc. permission to complete Registry, Sex Offender Database, United States general service Abuser Registry, DOH Nurse Aide Registry, Database of incontrolled substances if providing Non-Medical Transportation),	s listed or described in the list of non-qualifying criminal codes. My ocument my failure to report normal charges, a conviction, or a guilty
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I further agree to notify the employer within fourteen cales charged with, convicted of, or pleads guilty to any of the offense signature attests that I have been informed that by signing this deplea may result in being dismissed from employment. I certify that I have been a State of Ohio resident for the late I give Partners In Community, Inc. permission to complete Registry, Sex Offender Database, United States general service Abuser Registry, DOH Nurse Aide Registry, Database of incontrolled substances if providing Non-Medical Transportation), for the last five years. If your name appears negatively on any of the above, employments	s listed or described in the list of non-qualifying criminal codes. My ocument my failure to report normal charges, a conviction, or a guilty st five years. all background checks which may include but not limited to: Abuser ces administration system (Inspector General & SAM), DODD arcerated and supervised offenders, References, Drug testing (for Ohio BMV (drivers only), BCI, and FBI (if I have not lived in Ohio at with our agency may be prohibited; therefore, we will not employ years on any of the above databases.
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Employment Experience (Applications without full information including addresses, might be disqualified)

Please provide the following information concerning each of you employers, starting with you present position (the applicant may include in such history any verified work performed on a volunteer basis.)

Employer:	
Address:	
Telephone Number:	
Employed from to	
Starting wage Final wage	Job Title:
Description of Duties	Supervisor:
T == Z utzes	
Reason for Leaving	
Employer:	
Address:	
Telephone Number:	
Employed from to	L.1. T'.1
Starting wage Final wage	Job Title:
Description of Duties	Supervisor:
Reason for Leaving	
<u> </u>	
Employer:	
Address:	
Celephone Number:	
Employed from to	Job Title:
tarting wage Final wage	Supervisor:
Description of Duties	Supervisor:
eason for Leaving	
additional space is needed.	ue on a separate sheet of paper. If there are any gaps in your se provide details on the back of page five.

Revised 05/18/09 DCW

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Name and Address of School	Years Completed Graduate (V
	Years Completed Graduate (Yes or No) Course of Study
High School		
Undergraduate College		
Graduate, Professional or other		
Summarize special training skills (you feel may especially qualify you	such as TAPS, COPE, CPI, CPR	VFA, MED. ADMIN.) which
Additional L.C.		
Additional Information		
Please list three people, who are not related east one year and whom we may contact as	d to you and who are not previous super	rvisors, whom you have known for a
	s additional reference.	v in njoi de
Reference Name Relationshi	p Years Known Address	Telephone #
		receptione #
Briefly explain why you wish to be endividuals with disabilities.	employed by this agency in the p	provision of support to
The second secon		

Are you capable of performing accommodation, the essential for which you have applied?	g, with or without reasonable functions of the job or occupation	Yes _	No
Note to Applicants: DO NOT INFORMED ABOUT THE R APPLYING.	ANSWER THIS QUESTION UNLE EQUIREMENTS OF THE JOB FOR	SS YOU HAY WHICH YO	VE BEEN U ARE
omission, or misrepresentate for refusal to hire, or dismiss Partners In Community, Incommunity,	ined in this application (and accompt of my knowledge. I understand to on on this application or in any integral if I have been employed, not make a please note that all information in this application at the antegrate and employment contract. I further yment will be "at-will" and without or without prior notice, at the option of without prior notice, at the option of the employment have been made antee is binding upon the Partners at Executive Director or the Co-Direct is contingent upon my complying the Immigration Reform and Contabove. I understand the contents a sure of Applicant	that any false terview is sulatter when of subject to on, or convey ther understant fixed term to me, and I In Communication of the lag with the end act. Date	e statement, fficient cause discovered by verification. yed during any and and agree , and may be myself or the understand aity, Inc. unless agency. mployment eknowledge
(Signa	iture required in order to be consid	lered for em	ployment.)
Witne	SS	Date	