



TO ALL APPLICANTS

YOU MUST HAVE THE FOLLOWING TO BE ELIGIBLE FOR EMPLOYMENT AT TUDOR CARE

- **VALID OHIO DRIVERS LICENSE**
- **GOOD DRIVING RECORD (NO MORE THAN 5 POINTS)**
- **AUTOMOBILE INSURANCE (STATE MINIMUM)**
(MUST PRESENT PHYSICAL COPY SHOWING CURRENT EFFECTIVE DATE(S))
- **CAR AVAILABLE DURING SCHEDULED WORK HOURS**
- **DOCUMENTATION OF HIGH SCHOOL DIPLOMA OR EQUIVALENCY (GED) (Must be **certified document with raised stamp**)**

PLEASE NOTE:

YOUR APPLICATION WILL NOT BE PROCESSED IF NOT COMPLETE; INCLUDING PREVIOUS EMPLOYMENT HISTORY, PERSONAL REFERENCES AND CONTACT INFORMATION (TO INCLUDE COMPLETE ADDRESSES, TELEPHONE NUMBER(S), SUPERVISORS' NAME, POSITION, DATES, HOURLY WAGE, REASON FOR LEAVING (RESIGNED/DISCHARGED) AND CAPACITY).

DOCUMENTATION OF ALL ELIGIBILITY REQUIREMENTS SHOULD BE PROVIDED AT THE TIME OF INTERVIEW, THE DAY OF YOUR BCI (FINGERPRINTS) APPOINTMENT WHICH ALSO REQUIRES TWO (2) FORMS OF IDENTIFICATION AND AT ORIENTATION FOR I-9 DOCUMENTATION.

EXAMPLES TO INCLUDE:

OHIO DRIVERS LICENSE/SOCIAL SECURITY CARD/PASSPORT/CERTIFIED BIRTH CERTIFICATE



EMPLOYMENT APPLICATION/ EQUAL OPPORTUNITY EMPLOYER

Name (First, MI, Last)	Date
Also known as: (examples: maiden name, married, hyphenated, etc.)	
Address (Number, Street)	Phone #1: _____
(City, State, Zip)	Phone #2: _____
E-Mail Address	
IF NOT AT ABOVE ADDRESS FOR LAST 3 YEARS – PROVIDE PREVIOUS ADDRESS	
Address (Number, Street)	
(City, State, Zip)	
For what position are you applying?	FT <input type="checkbox"/> PT <input type="checkbox"/> PRN <input type="checkbox"/> Wage: _____
Hours/Days Available:	
How/Who referred you to Tudor Care, LLC? _____	
Do you have a <i>valid</i> "Ohio" Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> License # _____	
Do you have points on your license? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, How Many? _____	
Do you have your own reliable vehicle available at all time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have "STATE MINIMUM" automobile insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you lived in Ohio for the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please list other state(s) of residency:	
Have you ever been convicted of a crime other than a <i>minor</i> traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	
Have you ever filled out an application with Tudor Care, LLC? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give approximate month/year:	
Have any of your relatives ever been employed by Tudor Care, LLC? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give name(s):	

Education		Grade Completed		Degree/Certificate	
High School/GED:					
College:					
Post Grad:					
Other related training:	First Aid <input type="checkbox"/>	CPR <input type="checkbox"/>	Medication Administration <input type="checkbox"/>	Other <input type="checkbox"/>	
Dates of Trainings:					

WORK HISTORY

Account for all employment *including* periods of unemployment. Start with most recent. Tudor Care, LLC reserves the right to contact previous employers in order to verify the accuracy of the information listed below. Additional employment should be listed on additional sheets.

Dates		Company Name, Address, Phone	Supervisor's Name		Final Position	Hourly Wage
From	To					
			Resigned <input type="checkbox"/>	FT <input type="checkbox"/>	Reason for Leaving	
			Discharged <input type="checkbox"/>	PT <input type="checkbox"/>		
			Other <input type="checkbox"/>	PRN <input type="checkbox"/>		
Dates		Company Name, Address, Phone	Supervisor's Name		Final Position	Hourly Wage
From	To					
			Resigned <input type="checkbox"/>	FT <input type="checkbox"/>	Reason for Leaving	
			Discharged <input type="checkbox"/>	PT <input type="checkbox"/>		
			Other <input type="checkbox"/>	PRN <input type="checkbox"/>		
Dates		Company Name, Address, Phone	Supervisor's Name		Final Position	Hourly Wage
From	To					
			Resigned <input type="checkbox"/>	FT <input type="checkbox"/>	Reason for Leaving	
			Discharged <input type="checkbox"/>	PT <input type="checkbox"/>		
			Other <input type="checkbox"/>	PRN <input type="checkbox"/>		
Dates		Company Name, Address, Phone	Supervisor's Name		Final Position	Hourly Wage
From	To					
			Resigned <input type="checkbox"/>	FT <input type="checkbox"/>	Reason for Leaving	
			Discharged <input type="checkbox"/>	PT <input type="checkbox"/>		
			Other <input type="checkbox"/>	PRN <input type="checkbox"/>		

REFERENCES

List **TWO** Professional and **ONE** Personal (**relatives are not acceptable references**)
YOUR APPLICATION WILL NOT BE PROCESSED IF ALL INFORMATION IS NOT COMPLETE

PROFESSIONAL REFERENCE

NAME/TITLE:
ADDRESS:
CITY/STATE/ZIP:
PHONE:
POSITION HELD:
RELATIONSHIP/YEARS ACQUAINTED:

PROFESSIONAL REFERENCE

NAME/TITLE:
ADDRESS:
CITY/STATE/ZIP:
PHONE:
POSITION HELD:
RELATIONSHIP/YEARS ACQUAINTED:

PERSONAL REFERENCE

NAME/TITLE:
ADDRESS:
CITY/STATE/ZIP:
PHONE:
POSITION HELD:
RELATIONSHIP/YEARS ACQUAINTED:

**TUDOR CARE, LLC
APPLICATION FOR EMPLOYMENT
AUTHORIZATION FOR RELEASE AND USE OF INVESTIGATIVE CONSUMER REPORTS**


As part of Tudor Care, LLC procedures for processing employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, Tudor Care, LLC. will do a thorough investigation of my entire work history and verify all data given in my application for employment. I understand that a Bureau of Criminal Investigations (BCI) check, Motor Vehicle Records check (MVR), ODH Nurse Aid Registry, OD DD Abuser Registry, Excluded persons and Entities Registry, Sex Offender & Child-Victim Registry, Award Management Registry, Incarcerated & Supervised Offenders; consumer reports or investigative consumer reports may be obtained by Tudor Care, LLC. I understand I must receive a BCI, Registry Checks and an MVR check will be required prior to employment.

I understand that a Consumer Reporting Agency may not give out information about me without my written consent. I understand that no report containing medical information about me will be provided to Tudor Care, LLC. without my specific prior consent releasing such information, which is in addition to this general authorization. Furthermore, I understand that I have the right to make a written request to Tudor Care, LLC. within a reasonable period of time, that I will be provided with a complete and accurate disclosure concerning the nature and scope of the investigation if interviews will be conducted.

I hereby authorize Tudor Care, LLC. to request a report from the Ohio Bureau of Criminal Identification & Investigation, the Ohio Bureau of Motor Vehicles, and other Consumer Reporting Agencies to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future.

I hereby authorize and request that any present or former employer, school, police department, financial institution, or other person having information or knowledge about me, furnish such information to the bearer of this authorization in connection with an application for employment.

I agree to release and discharge Tudor Care, LLC. its employees, officers, agents, affiliates, from any and all claims, rights of action or liability of any kind or nature that could result from Tudor Care, LLC use or reliance upon the information contained in such consumer reports.

ACKNOWLEDGED:

INITIALS OF APPLICANT

**TUDOR CARE, LLC
AUTHORIZATIONS**

Tudor Care, LLC selects the most qualified individuals for the job, based upon job-related qualifications, regardless of race, color, creed, sex, national origin, age handicap, or other protected groups under state, federal, or local Equal Opportunity Laws.

I understand and Agree That:

Any material misrepresentations or deliberate omission of a fact on my application may be justification for refusal of or, if employed, termination from employment.

It is my understanding that Tudor Care, LLC will do a thorough investigation of my entire work history and may verify all data given on my application for employment, related papers, or oral interviews. I authorize such investigation, the giving and receiving of any information requested by Tudor Care, LLC as I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

It is my understanding that I am expected to keep Personnel Department informed in writing of any changes in my status within three (3) working days of the change. This includes notification of any change in Motor Vehicle license status (including any citations/points issued) and criminal charges/status (including arrests).

I agree that my employment may be terminated by Tudor Care, LLC at any time.

If requested by the management at any time; I agree to submit to the search of any workspace that may be assigned to me, and I hereby waive all claims/damage on account of such search.

I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Tudor Care, LLC.

The Immigration Reform and control Act of 1986 is a nationally imposed law requiring employers to hire only US citizens and aliens lawfully authorized to work in the United States. Employers are required to maintain documentation that provides proof of each employee's identity and employment eligibility. If you accept employment at Tudor Care, LLC you will be required to supply documents that establish your identity, verify your employment eligibility and sign a verification form (I-9) that will be kept on file. A list of documents verifying the above conditions are available from Personnel Department.

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that Tudor Care, LLC can change wages, benefits, and conditions at any time.

I have read and understand the above and certify that the information I have provided on this application is accurate to the best of my knowledge.

_____/_____
SIGNATURE / DATE



ATTESTATION/APPLICATION FOR EMPLOYMENT CRIMINAL NOTIFICATION STATEMENT

I, _____ (print name) attest that he/she **have** **have not been** convicted of or plead guilty to any of the disqualifying offenses as listed below. I also understand and agree that I am required to notify (in writing) Tudor Care within 14 calendar days, if while employed I am formally charged with, convicted of, or plead guilty to any of the disqualifying offenses. I understand that failure to make this notification may result in termination of employment. For each offense for which the applicant has been convicted or plead guilty and has since had the conviction sealed, applicant must provide written full details of the conviction to Human Resources.

(Applicant Signature)

(Date Signed)

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 a 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.
ADDITIONAL DISQUALIFYING OFFENSES R.C. 2921.36 – Prohibition of conveyance of certain items on to the grounds of a detention, mental health or DD facility A felony contained in the Revised Code that is not listed above, if the felony bears a direct and substantial relationship to the duties and responsibilities of the position being filled: Any offense contained in the Ohio 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.

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 in a 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 marijuana 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)

CONSENT AND ATTESTATION FORM

If offered a position with Tudor Care, LLC fingerprinting is required at point of hire and ongoing throughout the association. UNDER OHIO STATE LAW. (ORC 5123:2-2-02) all who work with individuals with developmental disabilities.

By signing this form, I consent to criminal records check as required By Senate Bill 38 and House Bill 160. Having reviewed all of the disqualifying crimes the applicant states that the above information is complete, true and accurate under penalty of perjury. The applicant understands that this information is a condition of employment and that Tudor Care is relying on the accuracy of the information in making any offer of employment. The applicant understands that he/she may be discharged if any of the above information is false, incomplete or misleading.

I understand and agree that if I am found to have a record of any of those crimes I will not be hired or if already hired, employment will be terminated.

Acknowledgement:
Applicant's Initials

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.