

Epilepsy Alliance Ohio Application for Employment

Please fill out the form completely for employment consideration. Print and fax or mail when completed. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name:	First Name:	Middle Name:
Street Address:	City, State, Zip:	
Home Phone:	Mobile Phone:	E-mail:
Social Security Number:		

Best time to contact you is: _____

Are you over 18 years of age? Yes No
 If not, can you provide proof of your eligibility to work?

Have you ever applied for employment with us? Yes No
 If yes: Date _____

Are you legally eligible for employment in the United States? Yes No
 When will you be able to work? _____

Have you ever been convicted of a crime in the past ten years which has not been annulled, expunged or sealed by a court?
 If yes, describe in full _____ Yes No

Are there any reasons for which you might not be able to perform the job duties (With a reasonable accommodation?) Yes No
 If yes, please explain _____

Do any of your friends or relatives work here? Yes No
 If yes, state name and relationship _____

Are you currently employed? Yes No

Are you prevented from becoming legally employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full Time (Please indicate: 1 2 3 Shift.)
 Part Time (Please indicate: Mornings Afternoons Evenings)

Education

School	Name & Address Of School	Course of Study	Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Military Complete this section if you served in the U.S. Military.

Describe your duties and any special training:	
Period of Active Duty (Month & Year)	From: To:
Rank at Discharge	

Employment History- Please give accurate and complete full-time and part-time employment information.

Start with present or most recent employer.

Company:		Hourly Rate:	
Address:		Dates Employed:	From To
Telephone:			
Job Title:		Work Performed:	
Supervisor:			
Reason for Leaving:			

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Telephone:			
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Address:		Dates Employed:	From To
Telephone:			
Job Title:		Work Performed:	
Supervisor:			
Reason for Leaving:			

We may contact the employers that were listed for us to reference unless you indicate those you do not want us to contact.

Do not contact:

Employer(s): _____

Reason: _____

References: Give below the names of three persons not related to you, whom you have known at least one year. Do not list past supervisors.

Name:	Phone:	Business/Occupation:	Years Acquainted

Additional Information:

Describe any specialized training, apprenticeships, skills, extra-curricular activities. Qualifications or explanations of any of the information provided in this Application for Employment that you feel may be beneficial in this agency arriving at an employment decision.

I, authorize the Epilepsy Alliance Ohio to conduct a reference check which will include a national police record check and fingerprinting.

Social Security Number: _____ Date of Birth: _____

- The information provided in this application for employment is true, correct and complete.
- If employed, any misstatements or omissions of fact on this application may result in dismissal.
- I understand that acceptance of an offer of employment does not create contractual obligations upon the employer to continue to employ me in the future.
- I authorize investigations of all the statements contained in this Application for Employment as may be necessary in arriving at and employment decision.

Date

Signature

Authorization for Criminal Background Check

I, authorize the Epilepsy Alliance Ohio to conduct a _____
(Please Print Full Name)

Reference check which will include a national police record check and fingerprinting.

Employees or potential employees of the Epilepsy Alliance Ohio who have not resided in Ohio for five years previous to this application for employment, **are required to have both an BCI (Bureau of Criminal Identification) and a FBI (Federal Bureau of investigation) background check.**

Please Check One:

- I have resided in Ohio for the five years previous to this application for employment.
- I have NOT resided in Ohio for the five years previous to this application for employment.

Signature of Applicant: _____

Social Security Number: _____

Date of Birth: _____

Today's Date: _____

Authorization for Release of Information for Pre-Employment Purposes

I, _____ authorize the Epilepsy Alliance Ohio to seek the following information for pre-employment purposes:

1. Criminal History
2. Traffic History
3. Education Verification
4. Prior Employment Verification

Home address: _____

City, State, Zip: _____

How long have you resided at this address? _____

Home phone (with area code): _____

Cell phone (with area code): _____

Social Security Number: _____

Driver's License Number: _____

Issuing State of Driver's License: _____

Date of Birth: _____

Gender: Male Female

Signature of Applicant

Date

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 Epilepsy Alliance Ohio

(Employer's Name)

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.

(Applicant's 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 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.

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 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.

Send MVR request to:
Courtnei Taylor by email
Courtnei.taylor@assuredpartners.com
Or fax to 513-333-0735

Disclosure Under
Fair Credit Reporting Act
And
Consent to Procurement Of
Consumer Report
For
Employment Purposes

The undersigned hereby authorizes: *Epilepsy Alliance Ohio* or its insurance agency
 AssuredPartners , or its assigns, to obtain copies of consumer reports, including a motor
vehicle report. Pertaining to me for employment purposes, and for use in rating and/or
underwriting insurance for which the above-named employer may apply, and any renewal
thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may
be used, and I do hereby authorize such use.

Dated: _____

Signed: _____

Print Name

Date of Birth: _____

Driver's License Number: _____

State Licensed In: _____

Transport Passengers (if applicable): _____ Yes _____ No _____ N/A

Years Experience (if applicable): _____