

Epilepsy Foundation of Greater Cincinnati and Columbus Application for Employment

Please fill out 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:	Middle:
Street Address:		City, State, Zip:
Home Phone:	Mobile Phone:	E-mail address:
Social Security Number:		Date:

Best time to contact you is: _____

Are you at least 21 years of age? Yes No

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

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

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

Military Service: 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: Provide accurate and complete 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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Address:		Dates Employed:	From To
Telephone:			
Job Title:	Work Performed:		
Supervisor:			
Reason for Leaving:			

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

Do not contact:

Employer(s): _____
Reason: _____

References: List the names of 3 persons (not relatives or past supervisors), whom you have known at least one year.

Name:	Phone:	Business/Occupation:	Years Acquainted:
1.			
2.			
3.			

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 Foundation of
(Please print full name)

Greater Cincinnati and Columbus to conduct a reference check which will include a national police record check and fingerprinting.

Social Security Number: _____ Date of birth: _____

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

Signature

Date

Authorization for Criminal Background Check

I, _____, authorize the Epilepsy Foundation of
(Please print full name)

Greater Cincinnati and Columbus to conduct a reference check which will include a national police record check and fingerprinting.

Employees or potential employees of the Epilepsy Foundation of Greater Cincinnati and Columbus who have not resided in Ohio for the five years previous to application for employment are required to have both a BCI (Bureau of Criminal Identification) and a FBI (Federal Bureau of Investigation) background check.

Please check one:

_____ I have resided in Ohio for the 5 years previous to this application for employment.

_____ I have NOT resided in Ohio for the 5 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 Foundation
(Please print full name)

of Greater Cincinnati and Columbus 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

Disclosure under Fair Credit Reporting Act & Consent to Procurement of Consumer Report for Employment Purposes

The undersigned hereby authorizes the Epilepsy Foundation of Greater Cincinnati and Columbus, (the "employer") or its insurance agency, HTT-Agency, 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.

Signature: _____

Printed Name: _____

Date: _____

Social Security Number: _____

Driver's License Number: _____

State Licensed In: _____

Date of Birth: _____

For agency use only

Fax to:

Mary Jo LaEace, HTT Agency (513) 245-6054

Debbie Bedinghaus (513) 721-0340

Approved: _____

Declined: _____

Report of Charge/Conviction/Guilty Plea of Listed

I have not been convicted or plead guilty to any of the offenses listed or described below. I understand that upon return of my police check, if any of these charges are uncovered, it will be considered falsification of this statement and grounds for immediate termination without pay:

1. 2903.01 aggravated murder
2. 2903.02 murder
3. 2903.03 voluntary manslaughter
4. 2903.04 involuntary manslaughter
5. 2903.11 felonious assault
6. 2903.12 aggravated assault
7. 2903.13 assault
8. 2903.16 failing to provide for a functionally impaired person
9. 2903.21 aggravated menacing
10. 2903.34 patient abuse or neglect
11. 2905.01 kidnapping
12. 2905.02 abduction
13. 2905.05 criminal child enticement
14. 2907.02 rape
15. 2907.03 sexual battery
16. 2907.04 unlawful sexual conduct with a minor
17. 2907.05 gross sexual imposition
18. 2907.06 sexual imposition
19. 2907.07 importuning
20. 2907.08 voyeurism
21. 2907.09 public indecency
22. 2907.21 compelling prostitution
23. 2907.22 promoting prostitution
24. 2907.23 procuring
25. 2907.25 prostitution after a positive HIV test
26. 2907.31 disseminating matter harmful to juveniles
27. 2907.32 pandering obscenity
28. 2907.321 pandering obscenity involving a minor
29. 2907.322 pandering sexually oriented matter involving a minor
30. 2907.323 illegal use of a minor in nudity-oriented material or performance
31. 2911.01 aggravated robbery
32. 2911.02 robbery
33. 2911.11 aggravated burglary
34. 2911.12 burglary
35. 2919.12 unlawful abortion
36. 2919.22 endangering children
37. 2919.23 interference with custody
38. 2919.24 contributing to the unruliness or delinquency of a child
39. 2919.25 domestic violence
40. 2923.12 carrying a concealed weapon
41. 2923.13 having weapons while under disability
42. 2923.161 improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function
43. 2925.02 corrupting another with drugs
44. 2925.03 trafficking/aggravated trafficking in drugs
45. 2925.04 illegal manufacture of drugs, illegal cultivation of marijuana--methamphetamine offenses
46. 2925.05 funding/aggravated funding of drug or marijuana trafficking

- 47. 2925.06 illegal administration or distribution of anabolic steroids
- 48. 2925.11 possession of controlled substances
- 49. 3716.11 placing harmful objects in food or confection
- 50. Former Section 2905.04 of the Revised Code child stealing
- 51. Former Section 2907.12 of the Revised Code felonious sexual penetration

I, _____, further agree and understand that I must notify the
(Please print full name)

Epilepsy Foundation of Greater Cincinnati and Columbus within fourteen (14) calendar days if, while employed by the Epilepsy Foundation of Greater Cincinnati and Columbus, I am ever formally charged with, convicted of or plead guilty to any of the offenses listed.

I understand that failure to report any former charges, convictions or guilty pleas may result in dismissal from employment.

Applicant's Signature: _____

Date: _____

Residential Director's Signature: _____

Date: _____

Please complete and mail or fax a copy of these forms to:

Epilepsy Foundation of Greater Cincinnati and Columbus
895 Central Ave., Suite 550
Cincinnati, OH 45202
Fax: 513-721-0799