

## Epilepsy Foundation of Greater Cincinnati 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 over 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for employment with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Date _____	
Have you ever been employed with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Date _____	
Are you legally eligible for employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain _____	
Do any of your friends or relatives work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, state name and relationship _____	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from becoming legally employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment.</i>	
Are you available to work:	<input type="checkbox"/> Full time (Please indicate: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 shift)
	<input type="checkbox"/> Part time (Please indicate: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> 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:	From	To
Address:	Dates Employed:		
Telephone:	Work Performed:		
Job Title:			
Supervisor:			
Reason for Leaving:			

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Telephone:	Work Performed:		
Job Title:			
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

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 \_\_\_\_\_  
name of employer

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:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_

**State Licensed In:** \_\_\_\_\_

**Transport Passengers (if applicable):** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

**Years experience (if applicable):** \_\_\_\_\_

## 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 EFFCC  
(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 (Medical 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 marijuana)
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)
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.