

NOTICE TO APPLICANTS

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As a provider of housing, care & support to citizens with MR/DD, the HELP Foundation is licensed by the Ohio Dept. of Mental Retardation and Developmental Disabilities. Accordingly, we must adhere to the standards and regulations set by the ODMRDD and to applicable State of Ohio laws.

Nearly every position at HELP requires the employee to have a minimum of a high school diploma or GED. A degree from a State approved institution of higher learning is also acceptable. The HELP Foundation MUST maintain a copy of this degree, high school diploma, GED, or other evidence of high school graduation in its files. The Agency must be able to show that staff has the minimum educational requirement for Med-Pass training and certification. For this reason, if you do not have the minimum of a high school diploma, GED or if you are not able to provide us with acceptable proof of high school graduation, we will NOT be able to consider your application.

Nearly every position at HELP requires that the employee have and maintain a legally valid Ohio driver's license. For recent relocatees to Ohio, the applicant will be requested to obtain an Ohio driver's license. Our insurance carrier requires that an employee who drives while on Agency business may not have more than four (4) points on their license at any time. The HELP Foundation will check the status of the applicant's driver's license at the time of hire. For this reason, if you do not have a currently valid driver's license with four points or less, we will NOT be able to consider your application. Please be advised that the Agency rechecks all employee drivers' licenses twice each year thereafter.

The HELP Foundation has declared itself to be a drug-free workplace. The Agency requires pre-hire drug testing on ALL prospective employees. Also, the Agency does post-accident drug testing, and we do random drug testing as well.

State licensure requires that the HELP Foundation perform a criminal background check on ALL prospective employees. The application contains a CONSENT AND AUTHORIZATION TO RELEASE INFORMATION. This form MUST be completed and signed by all applicants. This form allows the Agency to perform a preliminary background check on all prospective employees. If the Agency does not receive a properly completed and signed consent to release information form, we will NOT be able to consider your application. Applicants who are granted an interview will be fingerprinted. These prints will be sent to the State of Ohio BCII and / or to the FBI for processing.

For more information or to inquire regarding available positions, please call the Human Resources Dept. at 216-432-4810. A completed application should be sent to the address shown above, to the attention of the H.R. Dept., or it can be faxed to 216-361-2608.

HELP Foundation, Inc.

A Drug Free Workplace Act Employer

Application for Employment

It is our policy to comply with all applicable local, state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification. If you desire assistance with completing this application, please indicate your desire to a HELP employee.

Please print responses to all of the questions contained in the entire application form.

POSITION DESIRED:			PAY EXPECTED:											
Last Name	First	Middle	Today's Date											
Current Address		City	State	Zip Code										
Home Phone ()	Business Phone ()	Social Security Number												
<p>If an offer of employment is to be made, it will be contingent upon your completion of an INS Form I-9 demonstrating your eligibility to work in the United States. Also, pursuant to the rules for licensure of the Ohio Department of Mental Retardation and Developmental Disabilities, Section 5123: 2-8-07, employment will be contingent upon a clearance of a criminal background check which will include, but not be limited to, any prior criminal convictions and/or pleas of guilty.</p>														
<p>_____ I have lived in OHIO continuously for the past 5 years.</p>														
<p>_____ I have lived OUTSIDE Ohio sometime in the past 5 years.</p>														
<p>Have you been convicted of or pled guilty to a misdemeanor or felony? Yes_____ No</p> <p>If yes, please provide the type of conviction</p>														
<p>Are you available to work overtime? Yes_____ No</p> <p>Are there any shifts/times that you are not able to work?</p> <p>_What date will you be available to begin work?</p>														
<p>Have you ever applied for employment with us before? Yes_____ No_____ If Yes. give the month /year_____/_____</p> <p>Have you ever worked for HELP Foundation? Yes_____ No_____ If Yes, when/where</p>														
<p>How did you learn of our organization?</p> <p>If referred by an employee of HELP Foundation, please specify employee name:</p>														
<p>Do you have a valid Ohio Driver's License with no more than four (4) points? Yes_____ No</p>														
<p>In case of an emergency, notify:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Name</td> <td style="width: 25%;">Address</td> <td style="width: 25%;">City/State/Zip Code</td> <td colspan="2" style="width: 25%;">Phone Number</td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="2" style="text-align: center;">()</td> </tr> </table>					Name	Address	City/State/Zip Code	Phone Number					()	
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			()											

EMPLOYMENT HISTORY AND WORK EXPERIENCE

Please document completely and accurately all full time and part time employment beginning with your present or most recent employer. If there are any lapses in employment, please indicate the reason. Please use additional sheets provided. Failure to include all employment may be grounds for disqualification. **PLEASE PRINT**

Company name _____ Address _____ City-State-Zip _____ From: _____ To: _____ Month / Year ____/____ Month / Year ____/____ May we contact? Yes _____ No _____	Phone: () _____ Employment Status Full time: From: _____ To: _____ Part time: From: _____ To: _____ If Part time, how many hours per week?
Name of Supervisor _____ His / Her Job Title _____	Salary or Rate of Pay: Start: _____ End: _____
Your Job Title and Essential Duties: 	Reason for Leaving:
Company name _____ Address _____ City-State-Zip _____ From: _____ To: _____ Month / Year ____/____ Month / Year ____/____ May we contact? Yes _____ No _____	Phone: () _____ Employment Status Full time: From: _____ To: _____ Part time: From: _____ To: _____ If Part time, how many hours per week?
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EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge and abilities of the applicant to perform the job duties of the position. Please Note: Entry level wages are determined based upon a combination of education and pertinent work experience. Please clearly identify your academic standing (i.e. sophomore, junior, etc.) based on college credits earned.

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS	DID YOU GRADUATE	DEGREE OR DIPLOMA RECEIVED
High School					
College					
Post Graduate					
Other Training					

First and Last Name as it appears on educational transcripts:

% of College Expenses Earned:

List technical skills you have acquired that relate to positions for which you are applying. Include any experience you have had with citizens with mental retardation/developmental disabilities.

MILITARY SERVICE

Have you served in the Military? Yes _____ No _____ If yes, what Branch?

Dates of Service: _____ Type of Discharge:

Job Title _____ Are you a Reservist?

Briefly describe duties, responsibilities, equipment operated, promotions, honors, etc.:

BUSINESS REFERENCES			
NAME	ADDRESS	CITY/STATE/ZIP CODE	PHONE NUMBER

I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I understand that any misleading, misrepresentation, and/or omission of information may cause this application to be rejected or cause for termination of employment. I further understand that confirmed employment is based on completion of all pre-employment, post-offer requirements and procedures including interview(s), reference checks, verifications, examination by a health care provider, and other appropriate procedures deemed necessary.

I authorize organizations and persons to give information about me and I hereby release them from all liability.

If employed, I agree to observe all rules, regulations, policies, and procedures as they relate to HELP Foundation's employees at all times.

I understand that my employment is at-will, is not for any specific period of time, will not constitute an employment contract, and that either I or the Agency will be free to terminate the relationship at any time for any reason.

Signature: _____

Date:

FOR OFFICE USE ONLY:

Interviewer(s)/Date(s):	Hire (Yes/No):	Date of Hire:	Position:	Rate of Pay:
	References Checked?:	Job Location:	FTE:	Grade & Step:

CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

Having submitted an application for employment with **HELP Foundation, Inc.**, hereinafter referred to as The Company, I hereby authorize The Company and its authorized and designated agency, to conduct an investigation of my background which may or can encompass a public records search, i.e. criminal history records verification, social security number verification, employment-related credit history profile, motor vehicle operator license verification, at any time as deemed necessary by The Company. I further authorize The Company to conduct and verify, as needed, my current or past employment/work history, scholastic/academic/credentials records, and references provided or developed.

I specifically authorize The Company and/or its authorized agent to contact any of the aforementioned entities and give my permission to have any records/documents and/or information released either verbally, in writing (print) or electronically to The Company and/or its authorized agent. I understand that the acceptance of my application for employment by The Company does not constitute an offer of employment. I authorize that a copy of this Consent and Authorization to Release Information is to be accepted with the same authority as the original.

I also authorize The Company to conduct an inquiry to a consumer-reporting agency concerning my present and/or past employment/work history. Consumer reporting agencies (CRAs) are established for the purpose of receiving, storing and disseminating information regarding employment dishonesty, retail theft and related incidents, other acts of dishonesty, violence or drug-related offenses, etc. reported to them. I authorize a CRA to issue any such reports/incidents that re on file to The Company.

I understand that my employment, retention, or promotion by The Company may be determined in whole or in part, based on the report(s) issued to The Company by a CRA acting as The Company's authorized agent. I have been informed and I understand that I may obtain a copy of such report(s) and that I may dispute the accuracy or completeness of the information reported to The Company by writing or calling the CRA at the address or telephone number given to me at the time I receive a copy of the report.

Information obtained or reported by any agency and/or entity will be treated in a sensitive and confidential manner and will be disclosed to authorized/designated representatives of The Company on a need-to-know basis.

I agree to hold all of the above-named corporations/companies/governmental agencies/consumer reporting agencies (CRAs)/individuals/entities, it's officer(s), agent(s), and employee(s) free and harmless from any claims I might otherwise have against them for any damages and/or liability to me, resulting from any disclosure and of its results and any conclusions drawn there from.

I do hereby generally release, waive and forever discharge all of the above-named corporations/companies/governmental agencies/consumer reporting agencies (CRAs)/individuals/entities, it's officer(s), agent(s), and employee(s) from any and all actions or cause of action(s), claim(s), demand(s), or liability(s) which I have now, or may ever have as a result of conducting an investigation of my background.

Printed Name

Signature

Date

Social Security Number

Date of Birth (MM/DD/YY)
(For identification – year optional)

Street Address (Apt. No. If applicable)

Operators License Number/State Issued

City, State, Zip Code
