

- APPLICATION FOR EMPLOYMENT: Complete front and back
EMPLOYMENT DESIRED
EMPLOYMENT HISTORY
CRIMINAL HISTORY
EDUCATIONAL HISTORY
PERSONAL REFERENCES
APPLICANT SIGNATURE AND DATE

- APPLICATION DATA RECORD: Voluntary

- AUTHORIZATION TO COMPLETE BACKGROUND CHECKS

AUTHORIZATION RELEASE - EMPLOYMENT REFERENCE: Complete one form for each employer you wish to use as a reference.

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AUTHORIZATION RELEASE - CHARACTER REFERENCE: Complete one form for each person you wish to use as a reference.

APPLICATION FOLLOW-UP

Name of Applicant: _____ Date: _____

Application forwarded to Executive Director: _____ Date: _____

Application forwarded to Program Director: _____ Date: _____

Application forwarded to Residential Manager: _____ Date: _____

Date Called for Interview: _____

Comments: _____

Date for Second Interview: _____

Threshold Residential Services, Inc.

Revised October 2015

SERVING INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN NORTHEAST OHIO

APPLICATION FOR EMPLOYMENT

Intructions: Please Print Legibly

Referred By: _____ Application Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____
Number & Street City State Zip

Telephone #: _____ Alternate Telephone #: _____

Soc Sec #: _____ Drivers License #: _____ Drivers License State: _____
 Drivers License Expires: _____

If you are not a citizen of the United States, indicate the type of employment credential that you possess: _____

EMPLOYMENT DESIRED

Date you can start: _____ Salary Desired: _____ (Mandatory Direct Deposit of Payroll)

Are you currently employed:
 Yes No

If so, may we contact your current employer: Yes No

Position(s) Applying For:
 Direct Support Professional
 Residential Manager
 Maintenance
 Secretary/Receptionist
 Volunteer/Advocate
 Other

If you have relatives employed by Threshold, please provide names: _____

If you have ever worked for Threshold previously, indicate when: _____

Do you seek full or part-time employment:
 Full Part Either

Shift or hours preferred:
 First Second Third
 Any Call-In

Shift or hours that you are not available to work: _____

Do you have special skills, experience or qualifications related to the position(s) for which you are applying: _____

EMPLOYMENT HISTORY

(Please list most recent first)	<u>Employer 1</u>	<u>Employer 2</u>	<u>Employer 3</u>
Employer Name:	_____	_____	_____
Employer Address:	_____ _____	_____ _____	_____ _____
Employer Telephone #:	_____	_____	_____
Position Held:	_____	_____	_____
Salary:	_____	_____	_____
Dates From / To :	_____	_____	_____
Reason for Leaving:	_____	_____	_____

Qualified applicants are considered for all positions without regard to disability, race, creed, national origin, gender or age.

CRIMINAL HISTORY

Revised October 2015

Have you lived in Ohio for the past five consecutive years? [] Yes [] No

Have you been convicted of a felony in the last seven years? [] Yes [] No

If Yes, describe in full: _____

EDUCATIONAL HISTORY

	<u>High School</u>	<u>College</u>	<u>Trade/Business/Professional</u>
School Name:	_____	_____	_____
School Location:	_____	_____	_____
Number of Years Attended:	_____	_____	_____
Degree:	_____	_____	_____
Subjects/Major:	_____	_____	_____

PERSONAL REFERENCES

<i>(Please list most recent first)</i>	<u>Reference 1</u>	<u>Reference 2</u>	<u>Reference 3</u>
Reference Name:	_____	_____	_____
Reference Address:	_____ _____	_____ _____	_____ _____
Reference Telephone #:	_____	_____	_____
Relationship:	_____	_____	_____
Years Known:	_____	_____	_____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. Furthermore, I understand and agree that employment is for no specific period of time and may, regardless of the date of payment of wages and salary, be terminated at any time without previous notice.

Applicant Signature: _____ Date: _____

Threshold Residential Services, Inc.

Revised October 2015

SERVING INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN NORTHEAST OHIO

As employers contracted with the State of Ohio to provide residential services for individuals with developmental disabilities, Threshold Residential Services, Inc. complies with governmental regulations which include affirmative action responsibilities where applicable.

For the sole purpose of helping us comply with our legal responsibilities, including governmental recordkeeping and reporting, we request that you please complete this Applicant Data Record. This data is gathered for use in periodic governmental statistical reports and will be kept in a confidential file that is separate from your employment application.

YOUR COOPERATION IS VOLUNTARY.

APPLICANT DATA RECORD

Intructions: Please Print Legibly

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____
Number & Street City State Zip

Telephone #: _____

Soc Sec #: _____ Birth Date: _____ Age: _____ Gender: Male Female

Referral Source:

- Employment Agency
- Friend
- Newspaper Advertisement
- Relative
- Walk-in
- Other: _____

Position(s) Applying For:

- Direct Support Professional
- Residential Manager
- Maintenance
- Secretary/Receptionist
- Volunteer Advocate
- Other: _____

Race:

- Asian/Pacific Islander
- Black
- Hispanic
- Native American
- White
- Other: _____

Other: (if applicable)

- Disabled American Veteran
- Handicapped Individual
- Vietnam War Veteran
- Gulf War Veteran
- Other: _____
- Other: _____

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Threshold Residential Services, Inc.

SERVING INDIVIDUALS WITH DISABILITIES IN NORTHEAST OHIO

AUTHORIZATION TO COMPLETE BACKGROUND CHECKS

_____ I certify that I have been a resident of the State of Ohio for the last five years.

_____ I give Threshold Residential Services, Inc. permission to complete all background checks which may include but are not limited to:

- 1) Ohio Department of Developmental Disabilities Abuser Registry
- 2) Ohio Department of Health Nurse Aide Registry
- 3) Ohio Attorney General Sex Offender Database
- 4) Ohio Department of Rehabilitation and Correction Database
- 5) Office of Inspector General Database
- 6) System Award Management Database
- 7) Employment and Character References
- 8) BCII
- 9) FBI (if not a resident of Ohio for the last five years)
- 10) Drug Screening
- 11) Driving record

Should the applicant's name appear negatively on any of the above databases, numbers 1-6, employment with our agency is prohibited. We will not employ, nor continue to employ, if an applicant's or employee's name appears on any of the above databases.

Applicant's Signature

Date

Telephone: (330) 426-4165

Mailing Address: P.O. Box 351 ; East Palestine, Ohio 44413

Threshold Residential Services, Inc.

Oct-15

50 North Sumner Street ; P.O. Box 466 ; East Palestine, Ohio 44413

SERVING INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN NORTHEAST OHIO

AUTHORIZATION RELEASE - Employment Reference

I hereby authorize my former employer(s) to furnish to Threshold Residential Services, Inc. any and all information concerning my character, habits and employment record; and hereby release such person(s) from all liability for any damages that may arise as a result of providing such information.

Printed Name: _____ Soc Sec #: _____

Applicant Signature: _____ Date: _____

The individual whose name and signature appears above has applied for employment at Threshold Residential Services, Inc. and states that he/she was employed by your organization. Your response to the following inquiries will be greatly appreciated. Please be assured that your reply will be held in strict confidence.

Threshold H.R. Department Signature: _____ Date: _____

EVALUATION

Employment Dates From: _____ To: _____

Position(s) Held: _____

Reason for Leaving: _____

Would you re-employ: [] Yes [] No If No, please explain: _____

Please Rate the Following: Excellent Good Average Unsatisfactory

JOB KNOWLEDGE: _____

WORK QUALITY: _____

ATTENDANCE: _____

ATTITUDE: _____

DEPENDABILITY: _____

APPEARANCE: _____

COOPERATION WITH SUPERVISOR: _____

ABILITY TO WORK WITH PEERS: _____

SUPERVISORY CAPABILITY: _____

Other Comments: _____

Employment Reference Signature: _____ Title: _____ Date: _____

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SERVING INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN NORTHEAST OHIO

AUTHORIZATION RELEASE - Character Reference

I hereby authorize my personal reference(s) to furnish to Threshold Residential Services, Inc. any and all information concerning my character and habits; and hereby release such person(s) from all liability for any damages that may arise as a result of providing such information.

Printed Name: _____

Applicant Signature: _____ Date: _____

The individual whose name and signature appears above has applied for employment at Threshold Residential Services, Inc. and has listed you as a personal character reference. Your response to the following inquiries will be greatly appreciated. Please be assured that your reply will be held in strict confidence.

Threshold H.R. Department Signature: _____ Date: _____

EVALUATION

What is the nature of your acquaintance with the applicant: _____

How long have you been acquainted with the applicant: _____

Please Rate the Following: Excellent Good Fair Poor

HONESTY: _____

ATTITUDE: _____

JUDGEMENT: _____

LEADERSHIP: _____

COURTESY & POLITENESS: _____

NEATNESS & CLEANLINESS: _____

RELATIONSHIPS WITH OTHERS: _____

DEPENDABILITY & MOTIVATION: _____

Other Comments: _____

Character Reference Signature: _____ Date: _____

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ATTITUDE: _____

JUDGEMENT: _____

LEADERSHIP: _____

COURTESY & POLITENESS: _____

NEATNESS & CLEANLINESS: _____

RELATIONSHIPS WITH OTHERS: _____

DEPENDABILITY & MOTIVATION: _____

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DEPENDABILITY & MOTIVATION: _____

Other Comments: _____

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