

- 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: \_\_\_\_\_

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

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

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

# Threshold Residential Services, Inc.

Oct-15

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## 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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Oct-15

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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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# Threshold Residential Services, Inc.

Revised October 2015

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

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: \_\_\_\_\_

# Threshold Residential Services, Inc.

Revised October 2015

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Printed Name: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_