

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER
NEW AVENUES TO INDEPENDENCE, INC.
 17608 Euclid Avenue
 Cleveland, Ohio 44112-1216

DATE: _____				<u>PLEASE PRINT/TYPE LEGIBLY IN INK</u>			
Last Name		First		Middle			
Street Address			City		State		Zip

- Telephone Number: (home)(____)_____ (alternate) (____)_____
- Please specify the **position(s)** Number you are interested in: 1. _____
 2. _____ 3. _____
- Please identify **Geographic area** you are willing to work(reference legend for number)_____
- Are you legally eligible for employment in the United States? [] Yes [] No
- Have you lived OUTSIDE the State of Ohio within the last five (5) years? [] Yes [] No
- Are you **over 18 years** of age? (If no, a work permit will be required) [] Yes [] No
- For purposes of determining driver eligibility under New Avenues' insurance policy, are you **under the age of 25?** [] Yes [] No
- Previously employed by New Avenues (PVA)? [] Yes (Give dates:_____)[] No
- How did you learn of our organization?[] Employee (**Name**):_____
- [] Advertisement [] Walk-in [] Other (**Please explain**):_____

EDUCATION (Name & Location)	MAJOR/ DEGREE	YRS. COMPLETED	GRADUATE?
High School:			
College:			
College:			
Other:			

PROFESSIONAL REGISTRATION, LICENSURE, OR CERTIFICATION (i.e. 1st Aid, CPR, etc.)

TYPE:	NUMBER:	STATE:	EXP. DATE:

MILITARY SERVICE (complete this section if you served in the U.S. Armed Service)

Branch of Service	From	To	Describe Training Received Relevant to Position Desired	Rank at Discharge

Names used in previous employment/schooling: _____

Name of relative(s) working at NATI: _____
 (Spouse, brother, sister, parent, child, cousin, in-law - **circle all that are applicable**)

I have been informed of the functions of the position: [] Yes [] No

ALL APPLICANTS WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, MEDICAL CONDITION OR DISABILITY, OR ANY OTHER STATUS PROTECTED BY LAW.

Current Pay Rate: \$ _____ [] Hr. [] Annual Desired: \$ _____

Have you ever been dismissed or asked to resign from a position? [] Yes [] No
If yes, please explain: _____

Have you ever been convicted of or plead guilty to a crime, other than minor traffic violations? [] Yes [] No
If yes, please explain: (a conviction does not necessarily disqualify an applicant) _____

Responses to the questions below will be used to determine your driver eligibility in determining whether you meet the underwriting criteria or be acceptable as a driver under the Insurance requirements:

Do you currently hold a valid OHIO driver's license? [] Yes [] No
If yes, provide driver's license number: _____ State: _____ Month/Year of Expiration: _____

Within the last 3 years:

1. Have you had two or more moving violations? [] Yes, (indicate how many: _____) [] No
2. Have you been involved in two or more accidents? [] Yes, (indicate how many: _____) [] No
3. Have you had more than one accident in any one year? [] Yes, (indicate how many: _____) [] No
4. Have you been cited for speeding over 80 mph or 21 mph over the posted speed limit? [] Yes [] No
5. Have you operated a motor vehicle without a license or during a time of suspension/revocation? [] Yes [] No
6. Have you had a citation/conviction for careless driving? [] Yes [] No

*****THIS SECTION MUST BE COMPLETED IN FULL FOR ALL POSITIONS THAT REQUIRE DRIVING*****

AVAILABILITY INFORMATION

Must provide current employer notice: [] One Week [] Two Weeks [] Other: _____

Potential "Start" date: _____

Preference (in order of interest/primary being first):

SHIFT: [] 1ST [] 2ND [] 3RD [] OTHER: _____
[] FT [] PT [] As Needed [] OTHER: _____
DAYS: Sun. Mon. Tues. Wed. Thurs. Fri. Sat. (circle all that apply)
[] Weekends ONLY [] Holidays

CONFLICT OF INTEREST REQUIREMENTS AS A SUPPORTED LIVING PROVIDER

Senate Bill 156, Codified as O.R.C. 5126.032; 5126.033; 5126.034 governs the employment of County Board Staff in provision of direct contract services by third party providers. Simply stated, the Bill requires that no current employee or person employed within the past twelve (12) months by a County Board of MR/DD may be employed by a supported living provider in that same county without the prior written notification, review and consent of the Board Superintendent. Lake County Board of MR/DD policy revision, effective 08/16/99, requires that "a Board employee occupying any position in the Supported Living or Case Management Departments will be determined unauthorized to work for a direct service contracting entity" - such as NATI.

Under law, it is the responsibility of the employee or former employee to advise the Superintendent of his/her prospective employment with a particular provider. Such notification by the employee/former employee and review/approval by the Superintendent must be accomplished prior to the employee's acceptance of the position. Failure to so advise the Superintendent in advance of the employee's/former employee's commencement of employment may subject him/her to criminal liability and termination of employment with the Board.

With the development and provision of Supported Living services by NATI, the agency must ensure compliance with the Board and Ohio ethics law. If you are a current staff member, please respond to the questions below and return to the County Board Human Resources Department. If you are an applicant, this form will become a permanent part of the new employee application process to ensure compliance. Are you now, or have you been employed by:

Any County Board MR/DD? [] Yes [] No

If yes, which facility/center/or County Board: _____

State dates of employment: _____

Position occupied: _____ [] Full-time or [] Part-time

IF YES, HAVE YOU SUPPLIED WRITTEN NOTIFICATION OF YOUR APPLICATION (OR EMPLOYMENT) TO THE APPROPRIATE COUNTY BOARD SUPERINTENDENT? [] Yes [] No

Please provide a copy of the Superintendent's approval.

PLEASE "print/type" YOUR NAME

SIGNATURE

DATE

APPLICANT'S STATEMENT and RELEASE

1. I hereby affirm that the information provided in this application and/or resume or in interviews is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal, if discovered at a later date.
2. I understand that should I become employed with New Avenues, this application does not constitute an employment contract of any kind. Further, I can be terminated with or without cause, at any time at the discretion of either New Avenues or myself with or without prior notice. I understand also, that I am required to abide by all rules and regulations of New Avenues.
3. I understand that employment by New Avenues is conditional pending satisfactory reference checks and a satisfactory criminal background investigation.
4. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application and/or resume to provide any relevant information that may be required, including the release of criminal and court records (whether privileged or not) to arrive at an employment decision, and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me.
5. I understand that if I am offered a job, I will be required to undergo drug screening at a time and place of New Avenues' choosing, prior to the commencement of my employment. This will be at New Avenues' expense. Should the results of that drug screen not be satisfactory, New Avenues may decline to employ me. I also understand that New Avenues is a drug-free workplace and that employees use of drugs on the job or working under the influence of drugs is strictly prohibited and is grounds for termination.
6. I understand that my driving record/history will be checked and considered if applying for a position that requires me to drive. I understand that for positions in which driving is required, I must meet insurability criteria.
7. This application for employment shall be considered active for a period of time not to exceed ONE (1) YEAR. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

THIS AUTHORIZATION TO FURNISH INFORMATION IS EXECUTED IN CONSIDERATION OF MY POSSIBLE EMPLOYMENT WITH NEW AVENUES, AND SHALL SERVE AS A RELEASE OF ALL LIABILITY TO ALL PARTIES FURNISHING SUCH INFORMATION. A PHOTOCOPY OF THIS RELEASE SHALL BE CONSIDERED AS EFFECTIVE AND BINDING AS THE ORIGINAL HAND EXECUTED COPY.

YOU MAY [] YOU MAY NOT [] CONTACT MY PRESENT EMPLOYER

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THE SAME.

SIGNATURE OF APPLICANT

PRINT FULL NAME

SOCIAL SECURITY NUMBER

DATE

WITNESS

DATE

HUMAN RESOURCES ONLY

- 1.
- 2.
- 3.
- 4.