

**CRIMINAL NOTIFICATION STATEMENT**  
**CONDITION OF EMPLOYMENT**

STATE OF OHIO, COUNTY OF \_\_\_\_\_

**NEW AVENUES TO INDEPENDENCE, INC.**, formerly Parents Volunteer Association, (hereinafter referred to as PROVIDER) is licensed by, and contracts with, the Ohio Department of Mental Retardation and Developmental Disabilities in the Counties of Cuyahoga, Lake and Ashtabula. PROVIDER is engaged in "specialized services", employing people in programs serving primarily individuals with mr/dd.

The PROVIDER understands that, pursuant to Revised Code 5126.28 and Revised Code 5126.281 and Ohio Administrative Code 5123:2-1-05 and Ohio Administrative Code 5123:2-1-051, the PROVIDER is prohibited from employing a person in a position in which the employee has physical contact with, the opportunity to be alone with, or exercises supervision or control over an individual with mental retardation or a developmental disability if the person has been convicted of or plead guilty to any offense listed in Revised Code 5125.28(E); that the County Board will not contract with, and/or will terminate a contract with a PROVIDER that does not comply with this provision.

This statement (and condition of employment) is as a result of the revisions in H.B. 538 effective September 22, 2000. It is required to be read, completed, signed and witnessed.

**PLEASE PRINT AND COMPLETE ITEM 1 AS APPROPRIATE.**

1.  
**APPLICANT:** I, \_\_\_\_\_, am applying for the position of \_\_\_\_\_ with the above PROVIDER to be effective \_\_\_\_\_, 2\_\_\_\_.

**EMPLOYEE:** I, \_\_\_\_\_, have been an employee of this PROVIDER for \_\_\_\_\_ years \_\_\_\_\_ months (approximately) and am currently working in the position of \_\_\_\_\_.

2. I understand that the PROVIDER is required to conduct a criminal records check of all (new) employees, including gathering a set of impressions of the applicant's fingerprints. I further understand that, if I am applying for, or are employed in a position which includes transporting individuals with mental retardation and/or developmental disabilities, a copy of my abstract regarding the record of convictions for violations of motor vehicle laws will be (or has been) requested from the registrar of motor vehicles. The applicant or employee agrees to sign all forms necessary for the PROVIDER to receive this information and understands that failure to do so means the PROVIDER will not employ the applicant. There will be no charge made to the applicant or employee in obtaining these reports unless notified.

**(APPLICANTS ONLY: check either 3 or 4 but not both)**

\_\_\_\_\_ 3. The APPLICANT states that he/she **has** been a resident of Ohio for the five-year period preceding this application. The applicant agrees to provide proof to the PROVIDER that he/she has been a resident of Ohio for the five-year period preceding this application.

\_\_\_\_\_ 4. The applicant states that he/she has not been a resident of Ohio for the five-year period preceding this application.

**(APPLICANTS AND EMPLOYEES: check either 5 or 6 but not both)**

\_\_\_\_\_ 5. The applicant/employee states that he/she has not been convicted of or plead guilty to any of the offenses listed in Exhibit 1 (attached to and made a part of this statement). The applicant/employee states that he/she has read Exhibit I as acknowledged by applicant's/employee's initials on every page of Exhibit 1.

