

APPLICATION FOR EMPLOYMENT

*Serving People with
Disabilities Since 1952*

NEW AVENUES TO INDEPENDENCE, INC.
Equal Employment Opportunity

*17608 Euclid Avenue
Cleveland, OH 44112*

Instructions: Please complete all information requested on this application.
It is important to provide previous employment dates and phone numbers.

Date: _____

APPLICANT INFORMATION

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

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____ Email: _____

Date available: _____ Social Security No: _____ Pay Rate Desired: _____

Position(s) applied for: _____

Geographic locations: (use position numbers from job list) 1) _____ 2) _____ 3) _____

Circle the days of the week you can work	Mon	Tue	Wed	Thr	Fri	Sat	Sun
Circle the number of hours you would like to work	8 – 16			16 – 24		24 – 40	
Circle FIRST CHOICE shift: 1 st 2 nd 3 rd	Circle SECOND CHOICE shift: 1 st 2 nd 3 rd						
If hired, can you provide documents that verify you are eligible to work in the United States?						Yes	No
Have you been a resident of the state of Ohio for the last five (5) years?						Yes	No
Are you over 18 years of age? (If no, you will be required to provide a work permit)						Yes	No
Were you previously employed by New Avenues to Independence / PVA? From: _____ To: _____ Supervisor: _____						Yes	No
Complete only if applying for a direct care position: Can you provide copy of HS Diploma or GED? (Ohio regulations require that direct care workers provide a copy of High School Diploma or GED)						Yes	No
How did you learn about our organization? _____ Employee (Name): _____ _____ online posting _____ newspaper _____ walk-in _____ Other - _____							

EDUCATION / MILITARY / LICENSURE / CERTIFICATIONS

	Name & Location	Major/Degree	Yrs. Attend	Graduate
High School				Yes No
College				Yes No
Other				Yes No

Branch of Military Service	From	To	Training	Rank

License / Certificate (include CPR, 1 st Aid)	Number	State & Issuer	Received	Expires

WORK HISTORY

List most recent position first. Account for any period of unemployment. Please include volunteer work.

May we contact your current employer: _____ **Yes** _____ **No**

Company: _____ Position: _____ Start Date: _____
Address: _____ Pay Rate: _____ End Date: _____
City State Zip: _____ Phone: (area code & number) _____
Supervisor: _____ Reason for leaving: _____
Duties: _____

Company: _____ Position: _____ Start Date: _____
Address: _____ Pay Rate: _____ End Date: _____
City State Zip: _____ Phone: (area code & number) _____
Supervisor: _____ Reason for leaving: _____
Duties: _____

Company: _____ Position: _____ Start Date: _____
Address: _____ Pay Rate: _____ End Date: _____
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Supervisor: _____ Reason for leaving: _____
Duties: _____

Company: _____ Position: _____ Start Date: _____
Address: _____ Pay Rate: _____ End Date: _____
City State Zip: _____ Phone: (area code & number) _____
Supervisor: _____ Reason for leaving: _____
Duties: _____

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
6. employees use of drugs on the job or working under the influence of drugs is strictly prohibited and is grounds for termination.
7. 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.
8. 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.

I hereby acknowledge that I have read and that I understand the above statements.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

Witness: _____

Date: _____

NEW AVENUES TO INDEPENDENCE, INC.
Equal Employment Opportunity

CRIMINAL NOTIFICATION STATEMENT (EXHIBIT 1)

APPLICANT NAME: _____

Applicant states that he/she has not been convicted of or plead guilty to any of the offenses listed below. For each offense for which the applicant has been convicted or plead guilty and has since had the conviction sealed, applicant must provide the Human Resource Director with full details of the conviction.

HOMICIDE

1. R.C. 2903.01 -- Aggravated murder
2. R.C. 2903.02 -- Murder
3. R.C. 2903.03 -- Voluntary manslaughter
4. R.C. 2903.04 -- Involuntary manslaughter

ASSAULT

5. R.C. 2903.11 -- Felonious assault
6. R.C. 2903.12 -- Aggravated assault
7. R.C. 2903.13 -- Assault
8. R.C. 2903.16 -- Failing to provide for a functionally impaired person
9. R.C. 2903.21 -- Aggravated menacing

PATIENT ABUSE AND NEGLECT

10. R.C. 2903.34 -- Patient abuse; neglect
11. R.C. 2903.341 -- Patient Endangerment

KIDNAPPING AND RELATED OFFENSES

12. R.C. 2905.01 -- Kidnapping
13. R.C. 2905.02 -- Abduction
14. R.C. 2905.04 -- Child stealing
15. R.C. 2905.05 -- Criminal child enticement

SEX OFFENSES

16. R.C. 2907.02 -- Rape
17. R.C. 2907.03 -- Sexual battery
18. R.C. 2907.04 -- Unlawful sexual conduct with a minor, formerly
Corruption of a minor
19. R.C. 2907.05 -- Gross sexual imposition
20. R.C. 2907.06 -- Sexual imposition
21. R.C. 2907.07 -- Importuning
22. R.C. 2907.08 -- Voyeurism
23. R.C. 2907.09 -- Public Indecency
24. R.C. 2907.12 -- Felonious sexual penetration
25. R.C. 2907.21 -- Compelling prostitution
26. R.C. 2907.22 -- Promoting prostitution
27. R.C. 2907.23 -- Procuring
28. R.C. 2907.25 -- Prostitution
29. R.C. 2907.31 -- Disseminating matter harmful to juveniles
30. R.C. 2907.32 -- Pandering obscenity
31. R.C. 2907.321 -- Pandering obscenity involving a minor
32. R.C. 2907.322 -- Pandering sexually oriented matter involving a minor
33. R.C. 2907.323 -- Illegal use of minor in nudity-oriented material or
performance

ROBBERY & BURGLARY

34. R.C. 2911.01 -- Aggravated robbery
35. R.C. 2911.02 -- Robbery
36. R.C. 2911.11 -- Aggravated burglary
37. R.C. 2911.12 -- Burglary

OFFENSES AGAINST FAMILY

38. R.C. 2919.12 -- Unlawful abortion
39. R.C. 2919.22 -- Endangering children
40. R.C. 2919.24 -- Contributing to unruliness or delinquency of child
41. R.C. 2919.25 -- Domestic violence

WEAPONS CONTROL

42. R.C. 2923.12 -- Carrying concealed weapon
43. R.C. 2923.13 -- Having weapons while under disability
44. R.C. 2923.161 -- Improperly discharging a firearm at or into a
habitation or school

DRUG OFFENSES

45. R.C. 2925.02 -- Corrupting another with drugs
46. R.C. 2925.03 -- Trafficking in drugs
47. R.C. 2925.04 -- Illegal Manufacture of Drugs or Cultivation of
Marihuana
48. R.C. 2925.05 -- Funding of Drugs or Marihuana Trafficking
49. R.C. 2925.06 -- Illegal Administration or Distribution of Anabolic
Steroids
50. R.C. 2925.11 -- (Possession of Drugs) - as long as it is not a minor
possession offense

OTHERS

51. R.C. 3716.11 -- Placing harmful objects in food or confection
52. A violation of R.C. 2919.23 that would formerly have violated R.C.
2905.04

ADDITIONAL DISQUALIFYING OFFENSES

53. A felony contained in the Revised Code that is not listed above, if the
felony bears a direct and substantial relationship to the duties and
responsibilities of the position being filled:
54. Any offense contained in the Ohio Revised Code constituting a
misdemeanor of the first degree on the first offense and a felony on a
subsequent offense, if the offense bears a direct and substantial
relationship to the position being filled and the nature of the services
being provided;
55. A violation of an existing or former municipal ordinance or law of
this state, any other state, or the United States, if the offense is
substantially equivalent to any of the offenses listed above.

The applicant agrees to inform the Human Resource Director in writing if, while employed by New Avenues, the applicant is ever formally charged with, convicted of or pleads guilty to any of the offenses listed above. Such notification must be within 14 calendar days of the charge, conviction, or guilty pleas. The applicant understands that failure to notify the Human Resource Director may result in the applicant being dismissed from New Avenues employment.

The applicant states that the above information is complete, true and accurate under penalty of perjury. The applicant understands that this information is a condition of employment and that New Avenues is relying on the accuracy of the information in making any offer of employment to the applicant. The applicant understands that he/she may be discharged if any of the above information is false, incomplete or misleading.

Signature of Applicant

Date

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 Developmental Disabilities in the Counties of Cuyahoga, Lake and Ashtabula. PROVIDER is engaged in "specialized services", employing people in programs serving primarily individuals with disabilities.

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 AS APPROPRIATE.

APPLICANT Name: _____ am applying for position of _____ with
New Avenues to Independence effective (date) _____.

-OR-

EMPLOYEE Name: I, _____, have been an employee of New Avenues to Independence
for _____ years _____ months and currently working in the position of _____.

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 ONE below but **not** both)

_____ 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.

_____ APPLICANT states that he/she **has not** been a resident of Ohio for the five-year period preceding this application.

CRIMINAL NOTIFICATION STATEMENT / CONDITION OF EMPLOYMENT (continued)

APPLICANTS AND EMPLOYEES: (check ONE below but **not** both)

_____ **APPLICANT/EMPLOYEE** states that he/she **has not** been convicted of or plead guilty to any 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 signature on Exhibit 1.

_____ **APPLICANT/EMPLOYEE** states that he/she **has** been convicted or plead guilty to any part 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 1 as acknowledged by applicant's/employee's initials on every page of Exhibit 1. For each offense for which the applicant/employee has been convicted of or plead guilty, the applicant/employee states: (Use additional paper if necessary)

The original charge was _____

The conviction was for _____

The date of the conviction was _____

The sentence was _____

The date of the completion of all terms of the sentence was _____

The circumstances of the crime were as follows: _____

Applicant/employee agrees to inform the Executive Director of New Avenues in writing if, while the applicant is employed by the PROVIDER, the applicant/employee is ever formally charged with, convicted of or pleads guilty to any of the offenses listed in Exhibit 1. Such notification must be within 14 calendar days of the charge, conviction, or guilty pleas. The applicant understands that failure to notify the Executive Director may result in the applicant/employee being dismissed from PROVIDER's consideration and/or employment.

Applicant/employee states that the above information is complete, true and accurate under penalty of perjury.

Applicant/employee understands that the accuracy of this information is a condition of employment and that the PROVIDER is relying on the accuracy of this information in making an offer, or continuation, of employment.

Applicant/employee understands that he/she may be discharged if any of the above information is false, incomplete or misleading.

I further understand that by completing and signing this document, this action does not constitute an employment contract of any kind. I understand that the employment relationship is at will and can be terminated with or without cause, at any time at the discretion of either the PROVIDER or myself with or without prior notice. I understand that I am required to abide by all rules and regulations of New Avenues.

Printed Name

Signature

Date

Witness Signature

Date

Please read the following and comment on the questions listed on the following page:

Jane Doe is a resident of New Avenues to Independence. She is 33 years old and has a diagnosis of Moderate Mental Retardation and Paranoid Personality Disorder. Jane has a history of name-calling becoming agitated, instigating altercations with peers sometimes resulting in Jane exhibiting minor aggression towards others. Jane's behavior program states the following: (1) She is to be rewarded by staff every hour by receiving a treat of her choice from her "Reward Menu" when she displays appropriate behavior meaning that no aggressive behavior in the form of slapping or hitting has occurred. (2) Jane is to be visually checked on by her assigned staff every 15 minutes. (3) Name-calling is to be ignored by staff. (4) When agitated staff is to redirect Jane to her room and remind her of her potential to earn her reward on the hour for calming down by showing her the Reward Menu. (5) In the event Jane does exhibit aggressive behavior, staff is to ensure the resident aggressed upon is promptly referred to the Nurse for assessment.

On 9/1/98 at 5:00p.m. Jane was observed to be verbalizing a great deal of profanity towards peers and then staff during the evening meal, in particular, using derogatory name-calling toward her assigned staff. The assigned staff explained to Jane that she did not appreciate being called bad names, however, Jane continued. Staff then told Jane that if she could not control her language during the meal she should excuse herself from the dining area and return when calm. Jane left the dining room and did not return until 5:30p.m. Upon entering the dining room, Jane approached the back of a peer's chair and slapped her on the back of her neck. The assigned staff looked at the peer's neck and observed it was slightly reddened. Staff gave the peer a cold compress to hold on her neck and then escorted Jane into her bedroom reminding Jane she had lost her reward from her "Reward Menu" for name-calling and slapping her peer.

Name: _____ Date: _____

1. Please identify those staff actions that were appropriate and those which were inappropriate for this incident based on the information provided.

2. Please summarize how you would have handled this incident if you were Jane's assigned staff.

Name: _____ Date: _____

What distance are you willing to travel to work from your current location?

Do you have a geographical preference in terms of location for your place of employment?

Summarize any volunteer/educational/employment experience you have with individuals with mental/developmental disabilities.

Summarize any other relevant volunteer/educational/employment experience you have had that relates to the position for which you are applying.

Why are you interested in applying for a position at New Avenues to Independence (NATI) and how will NATI employment assist you in fulfilling your professional goals?

Describe your strengths, skills, abilities, & knowledge related to the position for which you are applying.

Describe experience/exposure you've had with individuals who have a mental health diagnosis and/or behavior problems. Do you feel you would be comfortable working with individuals with similar problems?

Working for any agency such as New Avenues providing support services often involves working holidays, and/or overtime. Please comment on your willingness and ability to do so.

Name: _____ Date: _____

Briefly define the Following Terms

1. Mental Retardation:

2. Person-Centered Planning:

3. Active Treatment:

4. Normalization:

5. Behavior Modification:

6. Resident/Consumer Rights:
