

In accordance with the federal government's uniform guidelines to ensure non-discriminatory hiring, we ask you to voluntarily supply the following information. This information will be used for Equal Employment Opportunity research purposes only.

Gender:

Male Female Rather not say

Race/Ethnicity:

Hispanic or Latino White Black or African American Native Hawaiian or Pacific Islander
 Asian American Indian or Alaskan Native Rather not say

Have you ever been convicted, plead guilty or no contest to any of the following charges? If so, please "X" the appropriate offense.

(List of crimes in Senate Bill 160-Background Checks)

Ohio Revised Code Section	Description
Homicide/Assault	
2903.01	Aggravated Murder
2903.02	Murder
2903.03	Voluntary Manslaughter
2903.04	Involuntary Manslaughter
2903.11	Felonious Assault
2903.12	Aggravated Assault
2903.13	Assault
2903.16	Failing to provide for functionally impaired person
2903.21	Aggravated Menacing
2903.34	Offenses against residents or patients of care facilities
Kidnapping/Extortion	
2905.01	Kidnapping
2905.02	Abduction
2905.11	Extortion
2905.12	Coercion
Sexual Crimes	
2907.02	Rape
2907.03	Sexual Battery
2907.05	Gross Sexual Imposition
2907.06	Sexual Imposition
2907.07	Importuning
2907.08	Voyeurism
2907.09	Public Indecency
2907.12	Felonious Sexual Penetration
2907.25	Prostitution
2907.31	Disseminating matter harmful to juvenile
2907.32	Pandering Obscenity
2907.321	Pandering obscenity involving a minor
2907.322	Pandering sexually oriented material involving a minor
2907.323	
Robbery/Burglary	
2911.01	Aggravated Robbery
2911.02	Robbery
2911.11	Aggravated Burglary
2911.12	Burglary
2911.13	Breaking and Entering
Theft	
2913.02	Theft; Aggravated Theft
2913.03	Unauthorized use of vehicle
2913.04	Unauthorized use of property
2913.11	Passing Bad Checks
2913.21	Misuse of Credit Cards
2913.31	Forgery
2913.40	Medicaid Fraud

2913.43	Securing writing by deception
2913.47	Insurance Fraud
2913.51	Receiving Stolen Property
Domestic Violence	
2919.25	Domestic Violence
Public Administration	
2921.36	Conveyance of certain items onto grounds of detention, MRDD, Or MH facility
Weapons Offenses	
2923.12	Carrying Concealed Weapons
2923.13	Having weapons while under a disability
2923.161	Improperly discharging a firearm at or into a school or house
Drug Offenses	
2925.02	Corrupting Another with Drugs
2925.03	Trafficking Offenses
2925.11	Drug Offenses
2925.13	Permitting Drug Abuse
2925.22	Deception to obtain dangerous drug
Food	
3716.11	Adulterated Food

How did you learn of our organization? _____

Have you ever applied for employment or been employed by this facility before? Yes No

If yes, please list dates: _____

This company has a zero tolerance policy for the use of mind-altering substances. Use of such substances that result in any irregular job related actions is cause for IMMEDIATE DISMISSAL.

Applicant's Option (not weighted in hiring process):

I offer to participate in facility drug and/or alcohol screening, announced or unannounced.

Signature

Date

APPLICATION POLICY

This application is current for two years. At the conclusion of this time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to complete a new application. Applications are accepted when a position is not available.

Why Do I Have To Get Fingerprinted?

When you apply for this job, you have to get fingerprinted and sign a form. We aren't doing this because we don't trust you or don't want you to work for us. We're doing it because we have to under state law. A state law says all people who work with elderly have to be checked to see if they have a criminal record. This is true even if you don't have a record.

The law was passed to protect elderly people (and people who work with them) from convicted criminals. The law also says you have to get fingerprinted. This is how the state checks to see whether you have a record.

We apologize for the inconvenience and appreciate your interest in working with us!

Ohio Valley Manor Nursing and Rehabilitation Center
5280 Rts 62 & 68, Ripley, OH 45167
SENATE BILL 160
CONSENT AND ATTESTATION FORM

By signing this form, I consent to the submission of a request for criminal records check for long-term care workers as required by Senate Bill 160. The request will be submitted by Ohio Valley Manor, Inc.

I also attest to the following:

1. That I have not been convicted of, plead guilty or no contest to any of the crimes that would disqualify me from working in this facility under Senate Bill 160.
2. That I understand and agree that if I am found to have a record of any of those crimes, I will not be hired for work in this facility or, if I have already been hired, my employment will be terminated.
3. That I was informed that I must provide a set of fingerprint impression and that a criminal records check must be done.

Signature

Date

EDUCATION								
School	Name & Address of School	Course of Study	Last Year Completed				Did You Graduate?	List Degree
High			1	2	3	4	Yes <input type="checkbox"/>	
							No <input type="checkbox"/>	
College			1	2	3	4	Yes <input type="checkbox"/>	
							No <input type="checkbox"/>	
Other (Specify)			1	2	3	4	Yes <input type="checkbox"/>	
							No <input type="checkbox"/>	

AREA OF SPECIAL INTREST, KNOWLEDGE, OR TRAINING

PROFESSIONAL REFERENCES		
Name	Occupation	Phone Number
Street Address	City, State, Zip	
Name	Occupation	Phone Number
Street Address	City, State, Zip	
Name	Occupation	Phone Number
Street Address	City, State, Zip	

EMPLOYMENT		Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.
1	Company Name	Telephone
	Street	Employed-State Month & Year From _____ To _____
	City State Zip	
	Name of Supervisor	Hourly Pay Start _____ Last _____
	State Job Title & Describe Your Work	Reason for Leaving
2	Company Name	Telephone
	Street	Employed-State Month & Year From _____ To _____
	City State Zip	
	Name of Supervisor	Hourly Pay Start _____ Last _____
	State Job Title & Describe Your Work	Reason for Leaving
3	Company Name	Telephone
	Street	Employed-State Month & Year From _____ To _____
	City State Zip	
	Name of Supervisor	Hourly Pay Start _____ Last _____
	State Job Title & Describe Your Work	Reason for Leaving
4	Company Name	Telephone
	Street	Employed-State Month & Year From _____ To _____
	City State Zip	
	Name of Supervisor	Hourly Pay Start _____ Last _____
	State Job Title & Describe Your Work	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.		DO NOT CONTACT: Employer Number(s) _____ Reason _____

Ohio Valley Manor Nursing & Rehabilitation Center
5280 RTS 62 & 68
Ripley, OH 45167

I, _____, have been advised and understand that:

1. The background information supplied by an application for a position opening will be checked by Ohio Valley Manor or an outside reference checking service to assure the accuracy of the data furnished and the past performance record of the candidate.
2. I authorize Ohio Valley Manor to make such investigations and inquiries of my personal, employment, financial or medical history, and related matters as may be necessary in arriving at its employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application for employment.
3. I should not resign my current employment until I have received a formal offer of employment, in writing, signed by an Ohio Valley Manor Employment Representative. Furthermore, I understand that I may be released in the event that a criminal background check disqualifies me for employment.
4. The answers given to Ohio Valley Manor representatives are true and complete to the best of my knowledge.
5. In the event of employment, any misstatement or omission later discovered in my background may be cause for my dismissal from Ohio Valley Manor.
6. I am also required to abide by all rules and regulations of Ohio Valley Manor to maintain my employment.
7. This authorization is effective for two years from this date or until my employment is terminated.

Signature

Date

Print Full Name

Social Security Number

INFORMATION RELEASE/REFERENCE REQUEST 1

In connection with my application for employment, I, _____, understand that investigative background inquiries are to be made including, but not limited to: consumer credit, Social Security number, criminal and motor vehicle records. These reports may contain information about my character, work habits, performance and experience along with reasons for termination of past employments. Further, I understand that information will be requested from various Federal, State and other agencies, which maintain records concerning my personal history.

I authorize, without reservation, any party or agency contacted to release any information requested and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form. This authorization expires two years from this date or upon termination of employment.

Signature

Social Security Number

Date

The above-named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be sincerely appreciated and will be held completely in confidence. Both the applicant and we will benefit from an early reply since his/her employment is pending. Please return this form in the enclosed envelope.

Dates of Employment _____

Position or Title _____

Would You Rehire? _____ If not, why? _____

	Good	Adequate	Poor
Attendance & Punctuality			
Dependability			
Job Performance			
Productive Output			
Initiative			
Cooperative & Attitude			
Applicant's Health			
Organizational Skills			

Would you recommend this applicant for employment in this facility? Yes No

Completed by: _____

Title: _____ Date: _____

Name of Company: _____

INFORMATION RELEASE/REFERENCE REQUEST 2

In connection with my application for employment, I, _____, understand that investigative background inquiries are to be made including, but not limited to: consumer credit, Social Security number, criminal and motor vehicle records. These reports may contain information about my character, work habits, performance and experience along with reasons for termination of past employments. Further, I understand that information will be requested from various Federal, State and other agencies, which maintain records concerning my personal history.

I authorize, without reservation, any party or agency contacted to release any information requested and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form. This authorization expires two years from this date or upon termination of employment.

Signature

Social Security Number

Date

The above-named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be sincerely appreciated and will be held completely in confidence. Both the applicant and we will benefit from an early reply since his/her employment is pending. Please return this form in the enclosed envelope.

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Would You Rehire? _____ If not, why? _____

	Good	Adequate	Poor
Attendance & Punctuality			
Dependability			
Job Performance			
Productive Output			
Initiative			
Cooperative & Attitude			
Applicant's Health			
Organizational Skills			

Would you recommend this applicant for employment in this facility? Yes No

Completed by: _____

Title: _____ Date: _____

Name of Company: _____