

Per the State's requirements to apply for a Direct Care Position ALL Applicants must have 1-year experience in Home Health or related field within the present calendar year before filling out application.

Please sign and date to acknowledge that you have read and understand this statement

Signature _____ Date _____



Opening Arms Outreach Social Services, Inc

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Name: _____ D.O. B _____
Last
First
Middle

Street Address _____ City/State _____ Zip _____ No Yrs. _____

Telephone No. _____ Email _____

Previous Street Address _____ City/State _____ Zip _____ No Yrs. _____

Are you under 18? ___ Yes ___ No *For checking prior records, provide other names under which you are known: _____

Social Security No. (Optional): _____

Are you legally authorized to work in the U.S.: _ Yes_ No How? ___ U.S. Citizen? ___ Visa/Work Permit?

Have you lived in Summit County for the past 5 years? _____ If no, Where _____ How Long? _____

Do you have transportation? __Yes __No If yes, how: ___ public ___ own vehicle ___ other

GENERAL INFORMATION

Position Desired:

Referred by: _____ Agency _____ Newspaper _____ Walk-in _____ Other

Availability: _____ Regular Basis _____ Full-time _____ Part-time _____ PRN

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Shift Preference: _____ 7am-3pm _____ 3pm-11pm _____ 11pm-7am _____ Weekends

When will be the earliest date that you could start? _____

Have you ever applied to work here before? ___ Yes ___ No When? _____

Have you ever been employed here before? ___ Yes ___ No When? _____

Are you able to perform the required duties of the job you are applying, with or without reasonable accommodations? If no, please explain:

Do you know any one currently employed or previously employed at Opening Arms Outreach Social Services, Inc?

_____ Yes _____ NO

If yes, name and relation:

Have you ever been convicted or pled guilty to a criminal offense? Y or N If yes, please give details: Felony or misdemeanor: _____

Date: _____ City/State: _____ Country: _____

Offense:

EDUCATION BACKGROUND INFORMATION

High School Name: _____

Graduated? __ Yes __ No Course Major: _____

College Name: _____

Graduated? __ Yes __ NO Course Major: _____

Other Education: _____

Graduated? __ Yes __ No Course Major: _____

Certificates/Licenses that pertain to this job position: _____

MILITARY INFORMATION

Have you been in the U.S. Armed services or Reserves? _____ Yes _____ No

PERSONAL REFERENCES

1. Name: _____

Telephone: _____ Email: _____

2. Name: _____

Telephone: _____ Email: _____

3. Name: _____

Telephone: _____ Email: _____

EMPLOYMENT HISTORY

Beginning with your most recent employment, please list your last three (3) employers:

1. Name & Address of Employer: _____

Position Held: _____ Salary: Start _____ Ending _____

Dates employed in that Position: From: _____ To: _____

Explain Duties: _____

Reason for Leaving: _____

Name, Title, Phone No., of Supervisor: _____

May we contact this employer? Yes No If No Explain? _____

2. Name & Address of Employer: _____

Position Held: _____ Salary: Start _____ Ending _____

Dates employed in that Position: From: _____ To: _____

Explain Duties: _____

Reason for Leaving: _____

Name, Title, Phone No., of Supervisor: _____

May we contact this employer? Yes No If No Explain? _____

3. Name & Address of Employer: _____

Position Held: _____ Salary: Start _____ Ending _____

Dates employed in that Position: From: _____ To: _____

Explain Duties: _____

Reason for Leaving: _____

Name, Title, Phone No., of Supervisor: _____

May we contact this employer? Yes No If No Explain? _____

APPLICANT'S STATEMENT:

In connection with my application for employment, I _____, understand that investigative background requires are to be made including, but not limited to individual 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. Furthermore, I understand that information will be requested from various Federal, State, and other agencies which maintain records concerning my personal history.

I certify that answers given herein are true and complete to the best of my knowledge, and understand and agree that any misrepresentation of omission on my application or related papers, or made during any oral interviews may result in refusal of employment of shall be considered grounds for dismissal.

I understand and agree that, if hired, my employment is at will, for no definite period, and may be terminated at any time without prior notice, without liability for wages, salary or any benefits except those earned up to the date of termination.

I understand that this application is NOT intended to be a contract of employment. I understand, also that I am required to abide by all rules and regulations of Opening Arms Outreach Social Services, Inc., Ohio Department of Developmental Disabilities, and Ohio Department of Aging. I have read, understand, and agree to the above.

By signing this form, I consent to the submission of a request for a criminal records check that will be sent to: Attention Mrs. Jones at 215 E. Waterloo Rd Ste. 14 Akron, Ohio 44319, for workers that are required by the Senate Bill 160.

I also attest to the following:

- That I haven't been convicted of or pleaded guilty to any of the crimes that would disqualify me from working with individuals under the Senate Bill 160.
- 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 at Opening Arms Outreach Social Services, Inc. or, if I have already been hired, my employment will be terminated.
- That I will inform that I must provide a set of fingerprints impressions and that criminal records, abuse/nursing registry check must be conducted if I come under final consideration for employment.

Applicant Signature

Date

Witness

Date



Opening Arms Outreach Social Services, Inc.
215 E. Waterloo Rd. Ste 14
Akron, Ohio 44319
(330)-634-3089
oaoss.llc@gmail.com

I, _____ will let Opening Arms Outreach Social Services, Inc know immediately upon employment if I have lived outside of Summit County in the past five (5) years.

Applicant Signature

Date

Human Resource Signature

Date

ATTENTION ALL POTENTIAL EMPLOYEES....

OPENING ARMS OUTREACH SOCIAL SERVICES, INC. WILL BE REQUESTING THE FOLLOWING AFTER BEING CONSIDERED FOR EMPLOYMENT at the time a position is offered to you:

- a) **Proof of residency for 5 years: W-2 forms and/or utility bills**
- b) **Social Security card**
- c) **Picture identification: driver's license or state I.D. and proof of car insurance**
- d) **Stated Tested and approval card (if applicable) i.e. Nursing Assistant**
- e) **License (if applicable): RN/LPN/Therapists/Social Work**
- f) **If LPN, must have one of the following to be able to administer MEDS:
NAPNES/OOPNES/Ohio Board of Nursing Card**
- g) **Three (3) WORK references**
- h) **Three (3) Personal references**

If above items have returned in good standing than the following will be needed to be completed to start employment:

- 1) **Drug screen/driving record (transportation services)**
- 2) **2-step Montoux test for tuberculosis screening, unless contraindicated.
(Completed by your physician)**
- 3) **Criminal background checks in accordance with SB 160 fingerprints will be taken by proper agency (if you have not been in the state of Ohio at least 5 years an additional set of prints will be taken at the time of the BCI). Abuse and nursing registry with the accordance to the Ohio Department of Developmental Disabilities and Ohio Department of Aging.**
- 4) **Physical (Completed by your physician) (Transportation services)**

Employment will be considered after the above of have been done and items are returned with favorable results. If all results come back except the BCI you can be hired with the conditional of 60 days for the BCI return. If at the time the BCI is returned with a conviction that disqualifies you for employment, you will be TERMINATED IMMEDIATELY and not eligible for rehire.

On the other hand, if the BCI and all registries come back with favorably, you then can remain employed or be considered for rehire if its past the 60 days, without the accrual of benefits, but with the employment services time.

******NOTE: POTENTIAL EMPLOYEES MUST PROVIDE THE AGENCY WITH PROOF OF A BACKGROUND CHECK WITHIN THE PAST 12 MONTHS AND VALID FIRST\CPR BEFORE POTENTIAL EMPLOYMENT******

Opening Arms Outreach Social Services, Inc.
215 E. Waterloo Rd. Ste. 14
Akron, Ohio 44305
(330)-634-3089
oaoss.llc@gmail.com

INFORMATION RELEASE

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 expires 45 days from this date, or upon termination of employment.

Applicant's Signature

Date

**OFFICE USE ONLY
REFERENCE CHECK**

PLEASE COMPLETE THE FOLLOWING

Job _____ Spoke to: _____ Hire Date _____ Separation Date _____
Re-hire: Yes/No If no, state reason

Job _____ Spoke to: _____ Hire Date _____ Separation Date _____
Re-hire: Yes/NO If no, state reason

WORK PERFORMANCE

QUALITY OF WORK	EXCELLENT TO POOR									
QUANTITY OF WORK	10	9	8	7	6	5	4	3	2	1
LEARNING ABILITY	10	9	8	7	6	5	4	3	2	1
COOPERATION WITH SUPERVISORS	10	9	8	7	6	5	4	3	2	1
COOPERATION WITH CO-WORKERS	10	9	8	7	6	5	4	3	2	1
INITIATIVE	10	9	8	7	6	5	4	3	2	1
ATTENDENCE/PUNCTUALITY	10	9	8	7	6	5	4	3	2	1
INDEPENDENTWORK ABILITY	10	9	8	7	6	5	4	3	2	1
	10	9	8	7	6	5	4	3	2	1

Signature/Title

Date

OFFICE USE ONLY

Initial: _____

Sent out: _____

Received back: _____

In-House: _____