



CATHOLIC RESIDENTIAL SERVICES

**APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

CRS DOES NOT DISCRIMINATE IN EMPLOYMENT OPPORTUNITIES OR PRACTICES ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER CHARACTERISTICS PROTECTED BY LAW.

INSTRUCTIONS: PLEASE COMPLETE THIS APPLICATION IN FULL. ONLY APPLICATIONS THAT ARE COMPLETE, LEDGIBLE AND SIGNED WILL BE CONSIDERED. APPLICANTS WILL TESTED FOR ILLEGAL DRUGS. SPECIFIC CRIMINAL AND RECORD CHECKS WILL BE COMPLETED.

PERSONAL INFORMATION

HOW DID YOU HEAR ABOUT OUR AGENCY AND JOB OPPORTUNITIES? _____

DATE _____ SOCIAL SECURITY NO. _____

FULL LEGAL NAME _____
FIRST MIDDLE LAST

DO YOU HAVE ANY ALIASES? _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____ CELL OR PAGER# _____ EMAIL ADDRESS _____

ARE YOU 18 YEARS OR OLDER? YES OR NO DO YOU HAVE A VALID DRIVERS LICENSE? YES OR NO

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED? YES OR NO IF YES, WHEN/WHY? _____

DO YOU HAVE PROOF OF CURRENT AUTOMOBILE INSURANCE? YES OR NO

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS? YES OR NO IF YES DESCRIBE: _____

DO YOU HAVE ANY POINTS ON YOUR DRIVERS LICENSE? YES OR NO IF YES HOW MANY? _____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES OR NO

HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH A CRIME? YES OR NO IF YES EXPLAIN CONVICTION(S), NATURE OF OFFENSE(S), STATE(S)

WHERE OFFENSE(S) OCCURRED AND SENTENCE(S) IMPOSED UPON BY THE COURT: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES OR NO IF SO, CAN WE CONTACT YOUR PRESENT EMPLOYER? YES OR NO

EVER APPLIED TO THIS AGENCY? YES OR NO IF SO, WHEN _____

CHECK WHICH SHIFT YOU WILL ACCEPT: ___ EVENING ___ NIGHT ___ WEEKENDS ___ ROTATING PREFERRED SHIFT HOURS _____

| DAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|------|--------|---------|-----------|----------|--------|----------|--------|
| FROM | | | | | | | |
| TO | | | | | | | |

EDUCATION

| EDUCATION | NAME OF SCHOOL | DID YOU GRADUATE? |
|--------------|----------------|-------------------|
| HIGH SCHOOL | | |
| COLLEGE | | |
| TRADE SCHOOL | | |

DO YOU HAVE ADDITIONAL TRAINING AND/OR CERTIFICATIONS THAT SHOULD BE CONSIDERED? _____

DO YOU HAVE ___ ADULT CPR ___ FIRST AID ___ MEDICATION CERTIFICATION

| FORMER EMPLOYERS | NAME | ADDRESS, CITY, STATE, ZIP & PHONE # | SALARY | POSITION | REASON FOR LEAVING |
|------------------|------|-------------------------------------|--------|----------|--------------------|
| FROM | | | | | RESIGNATION _____ |
| TO | | | | | LAY OFF _____ |
| | | | | | TERMINATION _____ |
| | | | | | Explain: |
| FROM | | | | | RESIGNATION _____ |
| TO | | | | | LAY OFF _____ |
| | | | | | TERMINATION _____ |
| | | | | | Explain: |
| FROM | | | | | RESIGNATION _____ |
| TO | | | | | LAY OFF _____ |
| | | | | | TERMINATION _____ |
| | | | | | Explain: |

WHICH JOB DID YOU LIKE THE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

WERE YOU EVER DISCHARGED BY ANY COMPANY? YES OR NO IF YES GIVE NAME OF COMPANY(IES) _____

REASON FOR DISCHARGE: _____

REFERENCES: GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**REFERENCES: TWO REFERENCES HAVE TO BE BUSINESS REFERENCES. ONE SHOULD BE A PERSONAL REFERENCE.**

| NAME | RELATIONSHIP | ADDRESS AND PHONE # | CITY | STATE | ZIP CODE |
|------|--------------|---------------------|------|-------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

IN CASE OF EMERGENCY NOTIFY:

NAME _____ PHONE# _____ RELATIONSHIP _____

I Certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the agency's rules and regulations. I agree that my employment and compensation can be terminated with or without cause and with or without notice at anytime at either my or the agency's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice at any time by the agency. I understand that no agency representative, other than the Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for specific period of time, or make any agreement contrary to the forgoing.

SIGNATURE: _____ DATE: _____

REV 1/21/10



CATHOLIC RESIDENTIAL SERVICES

Offenses Listed in Paragraph (c)(1) of Ohio Adm. Code 5123:2-1-051

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

MENACING

9. R.C. 2903.21 -- Aggravated menacing

PATIENT ABUSE AND NEGLECT

10. R.C. 2903.34 -- Patient abuse; neglect

KIDNAPPING AND RELATED OFFENSES

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



SEX OFFENSES

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

ROBBERY & BURGLARY

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

OFFENSES AGAINST FAMILY

37. R.C. 2919.12 -- Unlawful abortion
38. R.C. 2919.22 -- Endangering children
39. R.C. 2919.23 -- Interference with custody that would have been a violation of section 2905.04 of the revised code as it existed prior to July 1, 1996, had the violation occurred prior to that date
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 drug or marihuana trafficking
- 49. R.C. 2925.06 -- Illegal administration or distribution of anabolic steroids
- 51. R.C. 2925.11 (a) -- Possession of drugs that is not a minor drug possession offense as defined in this rule
- 52. R.C. 2925.11 (b) -- Felonious sexual penetration in violation of former section 2907.12 Revised Code

SEXUALLY VIOLENT OFFENSES

53. R.C. 2941.147 – A violation of section 2903.01 (aggravated murder), 2903.02 (murder), 2903.11 (felonious assault), or 2905.01 (kidnapping) of the Revised Code or a violation of division (A) of section 2903.04 (involuntary manslaughter) of the Revised Code for which the offender also was convicted of or plead guilty to a sexual motivation specification charges that a person charged with the offense designated in this paragraph committed the offense with a purpose to gratify the sexual needs or desires of the offender, or 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 or described in this paragraph.

OTHER

- 54. R.C. 3716.11 -- Placing harmful objects in food or confection

I attest that I have not been convicted of or pleaded guilty to any of the disqualifying offenses listed above.

In addition, I agree that I will notify **Catholic Residential Services** within 14 calendar days of future formal charges, conviction or guilty pleas to one of the disqualifying offenses listed above.

Employee Name

Date Signed

**CATHOLIC RESIDENTIAL SERVICES
PERSONAL INFORMATION RELEASE FORM**

Name: _____

Address: _____

Social Security #: _____

Drivers License #: _____

Sex: Male Female

The purpose for obtaining DOB is limited to means of identification in conducting a background screening, that the information will remain confidential, and that Catholic Residential Services recognizes and abides by the Age Discrimination in Employment Act (ADEA) and all state and local EEOC laws.

1. I, the undersigned, authorize Hamilton County Sheriff and Ohio Bureau of Motor Vehicles (or your county\state of residence, if other than Hamilton County or State of Ohio, _____) to release any information regarding any Traffic or Criminal convictions on file. If it is necessary to verify this Authorization, I can be reached at telephone number _____. This Authorization is void if not exercised by the person or organization named below within one year from the date signed. I hereby agree to indemnify Hamilton County Sheriff and Ohio Bureau of Motor Vehicles (or your county\state of residence) and its representatives for any liability arising out of improper use of the information provided.

Signature: _____

Date: _____

2. I, the undersigned, give permission to Catholic Residential Services to check my Traffic Record and Criminal Background on a continuing basis, while employed by Catholic Residential Services.

Signature: _____

Date: _____

EDUCATION VERIFICATION

High School Diploma: yes no

GED: yes no

School that you graduated from or obtained your GED.

School Name: _____

City _____ State _____

CERTIFICATION OF PURPOSE

I, the undersigned, certify that the information applied for will be used only for the purpose it is requested and agree that this information will not be released outside Catholic Residential Services.

Type of Record

Ohio BCII

FBI

Ohio Driver's Abstract

State of Ohio Abuse Registry

State of Ohio Nurse's Registry

I hereby permit Hamilton County Sheriff, Ohio Bureau of Motor Vehicles (or your county\state of residence) and OPEN to forward my record to the agency listed below:

CATHOLIC RESIDENTIAL SERVICES
100 EAST EIGHTH STREET
CINCINNATI, OHIO 45202
ATTENTION: Libby Baker

Signature: _____

Date: _____



EMPLOYEE REFERENCE FORM

NAME OF APPLICANT _____ POSITION APPLIED FOR _____

I authorize the release of the requested information below to Catholic Residential Service; I understand the information provided is confidential and will not be made available for me to review. I consent to this waiver, or copy of the same, and release said persons and/or organizations from any and all liability and /or claim that could in any manner rise as a result of the requested information and evaluations provided to Catholic Residential Services.

Applicant's Signature

Date

TO BE COMPLETED BY PERSON GIVING REFERENCE:

The applicant listed above had applied for a position with Catholic Residential Services and has authorized our agency to contact you for a reference. Your cooperation in furnishing the requested information is appreciated. Please, include any additional information you feel pertinent to our hiring process. Your reply is confidential and is not made available to the applicant for review. Please mail this form back to Catholic Residential Services with return address side up and staple/tape form closed. Thank you.

Last Position Held _____ Employed from: _____ to _____

| | Excellent | Good | Fair | Poor | Unable to Judge |
|-------------------------------|-----------|------|------|------|-----------------|
| Attendance and/or Punctuality | | | | | |
| Quality | | | | | |
| Initiative | | | | | |
| Communication Skills | | | | | |
| Cooperation | | | | | |
| Relationships with Others | | | | | |
| Overall Evaluation | | | | | |

Please comment on the applicant's suitability for employment in this field: _____

Is this person suitable to work with individuals with mental retardation or developmental disabilities? _____

Would you rehire? Yes No (circle one) If you would not rehire your comments would be appreciated

Company Name: _____

Name of Reference (Please Print): _____

Date: _____

Signature _____

Home Phone Number _____

Best Time to be Reached _____

Work Phone Number _____

