



Central Office: 1517 Chestnut Street (P. O. Box 997) Coshocton OH 43812

Phone: (740) 622-9778 or (800) 722-9778

Fax: (740) 622-6640

Website: www.rhdd.org

RHDD Application for Employment

DATE OF APPLICATION	POSITION APPLIED FOR
CHECK BELOW THE COUNTIES YOU ARE INTERESTED IN OBTAINING EMPLOYMENT <input type="checkbox"/> Athens County <input type="checkbox"/> Coshocton County <input type="checkbox"/> Holmes County <input type="checkbox"/> Guernsey County <input type="checkbox"/> Muskingum County <input type="checkbox"/> Morgan County <input type="checkbox"/> Washington County	

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE. Applications are kept on file for 90 days. After 90 days, interested applicants may reapply. **IF YOU NEED ASSISTANCE COMPLETEING THIS FOR DUE TO A DISABILITY,** please request assistance and RHDD will provide someone to assist you, or you may request some other reasonable accommodation.

EQUAL OPPORTUNITY EMPLOYER - RHDD is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion gender, national origin, age, disability, veteran status or any other status protected under applicable local, state and federal laws.

NOTICE TO APPLICANTS AND EMPLOYEES: RHDD is a DRUG-FREE WORKPLACE. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment

Personal Information

NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER
ADDRESS	TELEPHONE NUMBER
CITY, STATE, ZIPCODE	CELLULAR/PAGER/OTHER NUMBER
How Long have you lived at your current address?	If less than 3 yrs. at current address, list previous address?

Are you legally authorized to work in the U.S.? YES NO

Are you over the age of 18? YES NO If no, can you furnish a work permit? YES NO

Do you have a High School Diploma or GED? YES NO (Most positions require verification of High School Diploma or GED)

Do you have reliable transportation? YES NO

Answer the following question if driving is required for the position which you are applying:

Do you possess a valid driver's license? YES NO

Have you ever been employed by RHDD before? YES NO

If yes, please list dates, location, positions and reasons for separation of employment: _____

Have you ever been convicted of any type of crime? YES NO

If yes, provide date(s) and details: _____

Type of employment desired: (Check all that apply) Full Time Part Time Seasonal Temporary

How many hours a week would you like to work? _____ Date can start, if hired: _____ / _____ / _____

Are you able to work overnights? YES NO Are you able to work 2 1/2 day shifts? YES NO

Availability and Type of Employment Desired

RHDD provides 24-hour services, please indicate what days/hours you are NOT available to work:													
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

Education

Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of Years Completed	Degree/Major Completed
High School					
College					
Bus./Tech./Trade or Post College					

Specialized Training, Certification, or Experience

Yes	No	Training/Certif	Expiration Date	Comments
<input type="checkbox"/>	<input type="checkbox"/>	CPR	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	First Aid	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bloodborne Pathogens		_____
<input type="checkbox"/>	<input type="checkbox"/>	Medication Administration		_____
<input type="checkbox"/>	<input type="checkbox"/>	Supported-Living, Personal Care		_____
<input type="checkbox"/>	<input type="checkbox"/>	Behavior Support		_____
<input type="checkbox"/>	<input type="checkbox"/>	Crisis Intervention		_____
<input type="checkbox"/>	<input type="checkbox"/>	Feeding/Swallowing Techniques		_____
<input type="checkbox"/>	<input type="checkbox"/>	Communication Techniques		_____
<input type="checkbox"/>	<input type="checkbox"/>	Transferring/Positioning/Lifting		_____

Do you have experience in providing care/treatment for persons with any of the following:

Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/Breathing Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	Memory Impairments/Alzheimer
<input type="checkbox"/>	<input type="checkbox"/>	Bowel Programs	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Issues
<input type="checkbox"/>	<input type="checkbox"/>	Catheter Care	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Disability
<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy
<input type="checkbox"/>	<input type="checkbox"/>	Feeding Tubes	<input type="checkbox"/>	<input type="checkbox"/>	Nedulizer Treatments
<input type="checkbox"/>	<input type="checkbox"/>	Gastronomy	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairments/Dea	<input type="checkbox"/>	<input type="checkbox"/>	Memory Impairments/Alzheimer

Summarize any additional special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. Include hobbies in which you have learned qualifying skills, and why you would like to work with RHDD.

Note: RHDD provides training for employees. Experience is a plus, but not required.

Work Experience

Please list your last three employment experiences, beginning with the most recent employment. In absence of three employments, volunteer service may be included as work experience.

EMPLOYER	JOB TITLE
ADDRESS	SUPERVISOR'S NAME & TELEPHONE NUMBER
TELEPHONE NUMBER	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER If No, why not?
DATES EMPLOYED: FROM _____ TO _____	
DUTIES	ENDING WAGE:\$ _____ PER _____
REASON FOR LEAVING	
WHAT WILL THIS EMPLOYER SAY WAS THE REASON YOUR EMPLOYMENT TERMINATED?	
HOW MUCH NOTICE DID YOU GIVE WHEN RESIGNING? IF NONE, EXPLAIN.	

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ADDRESS	SUPERVISOR'S NAME & TELEPHONE NUMBER
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EMPLOYER	JOB TITLE
ADDRESS	SUPERVISOR'S NAME & TELEPHONE NUMBER
TELEPHONE NUMBER	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER If No, why not?
DATES EMPLOYED: FROM _____ TO _____	
DUTIES	ENDING WAGE:\$ _____ PER _____
REASON FOR LEAVING	
WHAT WILL THIS EMPLOYER SAY WAS THE REASON YOUR EMPLOYMENT TERMINATED?	
HOW MUCH NOTICE DID YOU GIVE WHEN RESIGNING? IF NONE, EXPLAIN.	

References

Please list three references who are not related to you and are not previous supervisors listed in the employment section of this application.

Name	Telephone Number	Complete Mailing Address	How Long Have You Known his Person?	Type Of Reference
				<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal
				<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal
				<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal

Applicant Statements

READ THE FOLLOWING STATEMENTS CAREFULLY. ONLY APPLICATIONS THAT ARE SIGNED AND DATE ARE CONSIDERED VALID.

I understand that in connection with the application process, RHDD and its representatives may contact my former employers, educational institutions, references, and other relevant third parties to obtain references. I hereby give RHDD permission to verify any and all information that I have provided on this application and release all parties involved from any and all liability for any and all damage that might result by providing such information.

I understand that RHDD conducts a criminal background check on all applicants as defined by the Ohio Revised Code. I hereby authorize RHDD to conduct a pre-employment background check. I understand that if I am hired, I must submit fingerprints for a BCI/FBI check to the Ohio Bureau of Criminal Identification and Investigation at RHDD's expense.

I understand that RHDD conducts a driving record check to determine Insurance eligibility on all applicants who are applying for positions that operate Agency vehicles. I hereby authorize RHDD to conduct a pre-employment driving record check.

I understand that RHDD will check the Ohio Department of MR/DD Abuse Registry pursuant to section 5123.52 of the Ohio Revised Code and the nurse aide registry established under section 3721.32 of the Revised Code to determine employment eligibility.

I understand that screening test for alcohol and illegal drug use may be required before hiring and during employment.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that employment with RHDD is "at-will" which means that either RHDD or the employee may terminate the employment relationship at any time, with or without cause, or prior notice. I understand that this application is not a contract of employment and that no employee or representative of RHDD has authority to enter into a verbal or written contract of employment. Likewise, no applicant or employee should construe any statements made to mean or imply any promise of guaranteed employment or benefits.

I understand that any falsification, misrepresentation or omission of information may prevent my being hired or if hired, may subject me to the immediate termination of my employment with RHDD.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENTS.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____

Date: _____

THANK YOU FOR APPLYING TO RHDD

HR Department

245 County Rd 9
 Marietta, OH 45750
 740.376.9264
 Fax: 740.376.2080
 E-mail: hr@rhdd.org
 Website: www.rhdd.org



Office Use Only	Date/by
	A/D
	HRD/S
	Notified

PRE-EMPLOYMENT SCREENING**Criminal Background Check**

RHDD is required by Federal Law and the Ohio Revised Code to conduct a background check on all employees who work with any individual we serve. Any individual convicted of offenses specified by the County Board Developmental Disabilities in section 5123:2-1- 051 in compliance with Ohio Revised Code Section 5126.281 are rendered unemployable in this field. To satisfy this requirement, RHDD conducts a pre-employment OPENonline background check on applicants. Upon employment, each employee must submit fingerprints for an FBI/BCI check to the Bureau of Criminal Identification and Investigation at RHDD expense.

Driving Record Check

A pre-employment OPENonline driving record check will be conducted on all applicants who are applying for positions that operate Agencies vehicles to determine insurance eligibility.

Ohio Department of Developmental Disabilities Abuse Registry

A pre-employment check will be conducted on all applicants to determine whether the applicant is included on the Ohio Department of MR/DD Abuse Registry pursuant to section 5123.52 of the Ohio Revised Code to determine employment eligibility.

Ohio Department of Health Nurses Aide Registry

A pre-employment check will be conducted on all applicants to determine whether the applicant is included on the nurse aide registry established under section 3721.32 of the Revised Code to determine employment eligibility.

Alcohol and Illegal Drug Screening

Screening test for alcohol and illegal drug use may be required before hiring and during employment.

Applicant Please print the following information:

NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER	
ADDRESS	PHONE NUMBER	
CITY, STATE, ZIPCODE	DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE

PRE-EMPLOYMENT SCREENING AUTHORIZATION

I, _____, do hereby authorize RHDD to conduct a pre-employment OPENonline criminal background check, OPENonline driver record check, Ohio Department of MRDD Abuse Registry check, and the Ohio Department of Health Nurses Aide Registry check. I understand that I may have to submit to a screening test for alcohol and illegal drug use should I be offered a position with RHDD.

I authorize and allow OPENonline, acting as an agent, to obtain a copy of my driver's licence record/abstract information, which may include personal information, to be used for verification of information and for Employment purposes, and to release my information to RHDD, HR Department, 221 Greene Street, Marietta, OH 45750.

 Applicant's Signature

 Date

Authorization to Request Motor Vehicle Record

Federal and state laws provide individuals with privacy rights with respect to personal information contained in their motor vehicle record. Disclosure of your motor vehicle record is permitted under specific circumstances. Two of those circumstances are (1) upon the written consent of the driver, and (2) for use by any insurer or insurance support organization or its agents, employees, or contractors in connection with claim investigation activities, antifraud activities, insurance rating or underwriting.

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

That the undersigned gives his/her consent to the release of his/her driving record for use by the Insured, its agents, employees, contractors, insurers and other insurance support organizations in connection with claim investigation activities, antifraud activities, rating and underwriting.

DRIVER NAME: _____
(Print full name as it appears on your license)

License # _____

State of Issuance: _____

Date of Birth: _____

Social Security Number _____

Signature of Driver: _____

Date: _____.

DISQUALIFYING OFFENSES FOR EMPLOYMENT ORC 5123 :2-2-02

THERE ARE FIVE TIERS OF DISQUALIFYING OFFENSES WITH CORRESPONDING TIME PERIODS THAT PRECLUDE AN APPLICANT FROM BEING EMPLOYED OR AN EMPLOYEE FROM REMAINING EMPLOYED BY RHDD.

TIER ONE: PERMANENT EXCLUSION - No responsible entity shall employ an applicant or continue to employ an employee, for a period often years from the date the applicant or employee was fully discharged from imprisonment, probation, and parole, if the applicant or employee has been convicted of or pleaded guilty to any of the following sections of the Revised Code:

1. 2903.01 aggravated murder
2. 2903.02 murder
3. 2903.03 voluntary manslaughter
4. 2903.11 felonious assault
5. 2903.15 permitting child abuse
6. 2903.16 failing to provide for a functionally impaired person
7. 2903.34 patient abuse and neglect
8. 2903.341 patient endangerment
9. 2905.01 kidnapping
10. 2905.02 abduction
11. 2905.32 human trafficking
12. 2905.33 unlawful conduct with respect to documents
13. 2907.02 rape
14. 2907.03 sexual battery
15. 2907.04 unlawful sexual conduct with a minor, formerly corruption of a minor
16. 2907.05 gross sexual imposition
17. 2907.06 sexual imposition
18. 2907.07 importuning
19. 2907.08 voyeurism
20. 2907.12 felonious sexual penetration
21. 2907.31 disseminating matter harmful to juveniles
22. 2907.32 pandering obscenity
23. 2907.321 pandering obscenity involving a minor
24. 2907.322 pandering sexually oriented matter involving a minor
25. 2907.323 illegal use of minor in nudity-oriented material or performance
26. 2909.22 soliciting/providing support for act of terrorism
27. 2909.23 making terrorist threat;
28. 2909.24 terrorism;
29. 2913.40 Medicaid fraud;
30. 2923.01(conspiracy), 2923.02(attempt), 2923.03(complicity) when the underlying offense is any of the offenses or violations described in tier one - permanent exclusions.
31. A conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state-funded program, excluding the disqualifying offenses set forth in section 2913.46 of the Revised Code illegal use of supplemental nutrition assistance program or women, infants, and children program benefits; or
32. A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations described in tier one - permanent exclusion of this rule.

TIER TWO: TEN-YEAR EXCLUSION - No responsible entity shall employ an applicant or continue to employ an employee, for a period of ten years from the date the applicant, employee, was fully discharged from imprisonment, probation, and parole, if the applicant or employee has been convicted of or pleaded guilty to any of the following sections of the Revised Code:

1. 2903.04 involuntary manslaughter
2. 2903.041 reckless homicide
3. 2905.04 child stealing as it existed prior to July 1, 1996
4. 2905.05 criminal child enticement
5. 2905.11 extortion
6. 2907.21 compelling prostitution
7. 2907.22 promoting prostitution
8. 2907.23 enticement or solicitation to patronize a prostitute, procurement of a prostitute for another
9. 2909.02 aggravated arson
10. 2909.03 arson
11. 2911.01 aggravated robbery
12. 2911.11 aggravated burglary

13. 2913.46 illegal use of supplemental nutrition assistance program or women, infants, and children program benefits
14. 2913.48 workers' compensation fraud
15. 2913.49 identity fraud
16. 2917.02 aggravated riot
17. 2923.12 carrying concealed weapon
18. 2923.122 illegal conveyance or possession of deadly weapon or dangerous ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone
19. 2923.123 illegal conveyance, possession, or control of deadly weapon or dangerous ordnance into courthouse
20. 2923.13 having weapons while under disability
21. 2923.161 improperly discharging a firearm at or into a habitation or school;
22. 2923.162 discharge of firearm on or near prohibited premises
23. 2923.21 improperly furnishing firearms to minor
24. 2923.32 engaging in pattern of corrupt activity
25. 2923.42 participating in criminal gang
26. 2925.02 corrupting another with drugs
27. 2925.03 trafficking in drugs
28. 2925.04 illegal manufacture of drugs or cultivation of marijuana
29. 2925.041 illegal assembly or possession of chemicals for the manufacture of drugs
30. 3716.11 placing harmful objects in food or confection
31. 2923.01(conspiracy), 2923.02(attempt), 2923.03(complicity) when the underlying offense is any of the offenses or violations described in tier two - ten year exclusions
32. A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses' or violations described in tier two - ten year exclusion of this rule

TIER THREE: SEVEN-YEAR EXCLUSION - No responsible entity shall employ an applicant or continue to employ an employee for a period of seven years from the date the applicant or employee was fully discharged from imprisonment, probation, and parole, if the applicant or employee has been-convicted of or pleaded guilty to any of the following sections of the Revised Code:

1. 959.13 cruelty to animals
2. 959.131 prohibitions concerning companion animals
3. 2903.12 aggravated assault
4. 2903.21 aggravated menacing
5. 2903.211 menacing by stalking
6. 2905.12 coercion
7. 2909.04 disrupting public services
8. 2911.02 robbery
9. 2911.12 burglary
10. 2913.47 insurance fraud
11. 2917.01 inciting to violence
12. 2917.03 riot
13. 2917.31 inducing panic
14. 2919.22 endangering children
15. 2919.25 domestic violence
16. 2921.03 intimidation
17. 2921.11 perjury
18. 2921.13 falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license
19. 2921.34 escape
20. 2921.35 aiding escape or resistance to lawful authority
21. 2921.36 illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution
22. 2925.05 funding of drug or marijuana trafficking
23. 2925.06 illegal administration or distribution of anabolic steroids
24. 2925.24 tampering with drugs
25. 2927.12 ethnic intimidation
26. 2923.01(conspiracy), 2923.02(attempt), 2923.03(complicity) complicity when the underlying offense is any of the offenses or violations described in tier three - seven year exclusion, or
27. A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations described in tier three - seven year exclusion of this rule.

TIER FOUR: FIVE-YEAR EXCLUSION - No responsible entity shall employ an applicant or continue to employ an employee for a period of five years from the date the applicant, employee, or candidate was fully discharged from imprisonment, probation, and parole, if the applicant or employee has been convicted of or pleaded guilty to any of the following sections of the Revised Code:

1. 2903.13 assault
2. 2903.22 menacing
3. 2907.09 public indecency
4. 2907.24 soliciting after positive human immunodeficiency virus test
5. 2907.25 prostitution
6. 2907.33 deception to obtain matter harmful to juveniles
7. 2911.13 breaking and entering
8. 2913.02 theft
9. 2913.03 unauthorized use of a vehicle
10. 2913.04 unauthorized use of property, computer, cable, or telecommunication property
11. 2913.05 telecommunications fraud
12. 2913.11 passing bad checks
13. 2913.21 misuse of credit cards
14. 2913.31 forgery, forging identification cards
15. 2913.32 criminal simulation
16. 2913.41 defrauding a rental agency or hostelry
17. 2913.42 tampering with records
18. 2913.43 securing writings by deception
19. 2913.44 impersonating an officer
20. 2913.441 unlawful display of law enforcement emblem
21. 2913.45 defrauding creditors
22. 2913.51 receiving stolen property
23. 2919.12 unlawful abortion
24. 2919.121 unlawful abortion upon minor
25. 2919.123 unlawful distribution of an abortion-inducing drug
26. 2919.23 interference with custody
27. 2919.24 contributing to unruliness or delinquency of child
28. 2921.12 tampering with evidence
29. 2921.21 compounding a crime
30. 2921.24 disclosure of confidential information
31. 2921.32 obstructing justice
32. 2921.321 assaulting/harassing police dog or horse/service animal
33. 2921.51 impersonation of peace officer
34. 2925.09 illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug
35. 2925.11 drug possession other than a minor drug possession offense
36. 2925.13 permitting drug abuse
37. 2925.22 deception to obtain dangerous drugs
38. 2925.23 illegal processing of drug documents
39. 2925.36 illegal dispensing of drug samples
40. 2925.55 unlawful purchase of pseudo-ephedrine product
41. 2925.56 unlawful sale of pseudo-ephedrine product
42. 2923.01(conspiracy),2923.02(attempt), 2923.03(complicity) when the underlying offense is any of the offenses or violations described in tier four - five year exclusion or
43. A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations described in tier four - five year exclusion of this rule.

TIER FIVE: No Exclusion - A responsible entity may employ an applicant or continue to employ an employee, if the applicant or employee has been convicted of or pleaded guilty to any of the following sections of the Revised Code:

1. 2925.11 drug possession that is minor drug possession offense
2. 2925.14 illegal use or possession of drug paraphernalia
3. 2925.141 illegal use or possession of marijuana drug paraphernalia or
4. A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations described in tier five - no exclusion of this rule .

MULTIPLE DISQUALIFYING OFFENSES

- a. If an applicant or employee has been convicted of or pleaded guilty to multiple disqualifying offenses listed in tier two -ten year exclusion of this rule, and offenses listed in tier three - seven year exclusion of this rule, and tier four - five year exclusion of this rule, the applicant or employee is subject to a fifteen-year exclusion period.
- b. If an applicant, employee, or candidate has been: convicted of or pleaded guilty to multiple disqualifying offenses listed in tier three - seven year exclusion of this rule, and tier four - five year exclusion of this rule, the applicant, or employee is subject to a ten-year exclusion period.
- c. If an applicant or employee has been convicted of or pleaded guilty to multiple disqualifying offenses listed in tier four - five year exclusion of this rule, the applicant or employee is subject to a seven-year exclusion period.

CRIMINAL BACKGROUND DISCLOSURE:

True /False The undersigned certifies that he/she has not been convicted of or plead guilty to any of the above listed offenses as conducted in the Ohio Revised Code .. (OAC 5123:2-2-02 requires applicants and/or employees to disclose sealed records) If false, please provide details of what you were found guilty of or what crime you plead to:

True/ False The undersigned has never been found guilty of or pleaded to a crime which is a violation of an existing or former law of this state, any other state, or the United States. (OAC 5123:2-2-02 requires applicants and/ or employees to disclose sealed records) If false, please provide details of what you were found guilty of or what crime you pleaded to:

True/ False The above information is complete, true, and accurate under the penalty of perjury.

True/False The undersigned understands that the accuracy of this information is a condition of employment and the employer is relying on this information in making the offer of employment.

True/False The undersigned understands that he/she may be discharged if any of the above information is false, incomplete, or misleading.

Applicant/Employee Signature

Date

NOTIFICATION OF FUTURE OFFENSES AGREEMENT:

The undersigned agrees to notify RHDD within fourteen calendar days if, while employed, the person is ever formally charged with, convicted of, or pleads guilty to any of the offenses listed or described in paragraphs (E)(l)(a) to (E)(l)(e) of Ohio Administrative Code 5123:2-2-02. Failure to report formal charges, a conviction, or a guilty plea may result in being dismissed from employment.

Applicant/Employee Signature

Date