

Epilepsy Foundation of Greater Cincinnati Application for Employment

Please fill out form completely for employment consideration. Print and fax or mail when completed. *Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.*

Personal Information

Last Name:	First:	Middle:
Street Address:		City, State, Zip:
Home Phone:	Mobile Phone:	E-mail address:
Social Security Number:	Date:	

Best time to contact you is: _____

Are you over 18 years of age? Yes No

If not, can you provide proof of your eligibility to work? Yes No

Have you ever applied for employment with us? Yes No

If Yes: Date _____

Have you ever been employed with us? Yes No

If Yes: Date _____

Are you legally eligible for employment in the United States? Yes No

When will you be able to work? _____

Have you been convicted of a crime in the past ten years which has not been annulled, expunged or sealed by a court? Yes No

If Yes, describe in full _____

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? Yes No

If Yes, please explain _____

Do any of your friends or relatives work here? Yes No

If Yes, state name and relationship _____

Are you currently employed? Yes No

Are you prevented from becoming legally employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full time (Please indicate: 1 2 3 shift)

Part time (Please indicate: Mornings Afternoons Evenings)

Education

School	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Military complete this section if you served in the U.S. Military.

Describe your duties and any special training:

Period of Active Duty (Month & Year)	From	To
Rank at Discharge		

Employment History Please give accurate and complete full-time and part-time employment information. Start with present or most recent employer.

Company:		Hourly Rate:	
Address:		Dates Employed:	From To
Telephone:			
Job Title:	Work Performed:		
Supervisor:			
Reason for Leaving:			

Company:		Hourly Rate:	
Address:		Dates Employed:	From To
Telephone:			
Job Title:	Work Performed:		
Supervisor:			
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Company:		Hourly Rate:	
Address:		Dates Employed:	From To
Telephone:			
Job Title:	Work Performed:		
Supervisor:			
Reason for Leaving:			

We may contact the employers that were listed for reference unless you indicate those you do not want us to contact.

Do not contact:

Employer(s): _____

Reason: _____

References: Give below the names of three persons not related to you, whom you have known at least one year. Do not list past supervisors.

Name:	Phone:	Business/Occupation:	Years Acquainted:
1.			
2.			
3.			

Additional Information

Describe any specialized training, apprenticeships, skills, extra-curricular activities, qualifications or explanations of any of the information provided in this Application for Employment that you feel may be beneficial in this agency arriving at an employment decision.

I, _____, authorize the Epilepsy Foundation of Greater Cincinnati to conduct a reference check which will include a national police record check and fingerprinting.

Social Security Number: _____ Date of birth: _____

- The information provided in this Application for Employment is true, correct and complete.
- If employed, any misstatements or omissions of fact on this application may result in my dismissal.
- I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
- I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

Date

Signature



**EPILEPSY
FOUNDATION®**
GREATER CINCINNATI

Not another moment lost to seizures™

895 Central Avenue, Suite 550
Cincinnati, OH 45202
(513) 721-2905 • Toll free: (877) 804-2241
Fax: (513) 721-0799
E mail: efgc@cincinnati-epilepsy.org
www.cincinnati-epilepsy.org

Authorization for Release of Information for Pre-Employment Purposes

I, _____, authorize the
Epilepsy Foundation of Greater Cincinnati to seek the following information for pre-employment
purposes:

- Criminal History
- Traffic History
- Education Verification
- Prior Employment Verification

Signature of Applicant: _____

Date: _____

Home address: _____

City, State, Zip: _____

How long have you resided at this address? _____

Home telephone (with area code): _____

Social Security Number: _____

Driver's License Number: _____

Issuing State of Driver's License: _____

Date of Birth: _____

Sex: _____



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AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

I, _____,
authorize the Epilepsy Foundation of Greater Cincinnati to conduct a reference check which
will include a national police record check and fingerprinting.

Employees or potential employees of the Epilepsy Foundation of Greater Cincinnati
who have not resided in Ohio for the five years previous to application for employment are
required to have both a BCI (Bureau of Criminal Identification) and a FBI (Federal Bureau of
Investigation) background check.

Please check one:

_____ I have resided in Ohio for the 5 years previous to this application for employment.

_____ I have NOT resided in Ohio for the 5 years previous to this application for
employment.

Signature of Applicant: _____

Social Security Number: _____

Date of birth: _____

Today's date: _____



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REPORT OF CHARGE/CONVICTION/GUILTY PLEA OF LISTED OFFENSES

I have not been convicted or plead guilty to any of the offenses listed or described below. I understand that upon return of my police check, if any of these charges are uncovered, it will be considered falsification of this statement and grounds for immediate termination without pay:

- a) 2903.01 aggravated murder
- b) 2903.02 murder
- c) 2903.03 voluntary manslaughter
- d) 2903.04 involuntary manslaughter
- e) 2903.11 felonious assault
- f) 2903.12 aggravated assault
- g) 2903.13 assault
- h) 2903.16 failing to provide for a functionally impaired person
- i) 2903.21 aggravated menacing
- j) 2903.34 patient abuse or neglect
- k) 2905.01 kidnapping
- l) 2905.02 abduction
- m) 2905.05 criminal child enticement
- n) 2907.02 rape
- o) 2907.03 sexual battery
- p) 2907.04 unlawful sexual conduct with a minor
- q) 2907.05 gross sexual imposition
- r) 2907.06 sexual imposition
- s) 2907.07 importuning
- t) 2907.08 voyeurism
- u) 2907.09 public indecency
- v) 2907.21 compelling prostitution
- w) 2907.22 promoting prostitution
- x) 2907.23 procuring
- y) 2907.25 prostitution after a positive HIV test
- z) 2907.31 disseminating matter harmful to juveniles
- aa) 2907.32 pandering obscenity

Continued on next page. . .

- bb) 2907.321 pandering obscenity involving a minor
- cc) 2907.322 pandering sexually oriented matter involving a minor
- dd) 2907.323 illegal use of a minor in nudity-oriented material or performance
- ee) 2911.01 aggravated robbery
- ff) 2911.02 robbery
- gg) 2911.11 aggravated burglary
- hh) 2911.12 burglary
- ii) 2919.12 unlawful abortion
- jj) 2919.22 endangering children
- kk) 2919.23 interference with custody
- ll) 2919.24 contributing to the unruliness or delinquency of a child
- mm) 2919.25 domestic violence
- nn) 2923.12 carrying a concealed weapon
- oo) 2923.13 having weapons while under disability
- pp) 2923.161 improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function

- qq) 2925.02 corrupting another with drugs
- rr) 2925.03 trafficking/aggravated trafficking in drugs
- ss) 2925.04 illegal manufacture of drugs, illegal cultivation of marijuana--methamphetamine offenses

- tt) 2925.05 funding/aggravated funding of drug or marijuana trafficking
- uu) 2925.06 illegal administration or distribution of anabolic steroids
- vv) 2925.11 possession of controlled substances
- ww) 3716.11 placing harmful objects in food or confection
- xx) Former Section 2905.04 of the Revised Code child stealing
- yy) Former Section 2907.12 of the Revised Code felonious sexual penetration

I, _____, further agree and understand that I must notify the licensee within fourteen (14) calendar days if, while employed by the licensee, I am ever formally charged with, convicted of or plead guilty to any of the offenses listed.

I understand that failure to report former charges, a conviction or a guilty plea may result in dismissal from employment.

Applicant's Signature

Date

Residential Director's Signature

Date

Fax to: Mary Jo LaEace, HTT-Agency
Fax: 513-245-6054

Please return to: Debbie Bedinghaus
Fax: 513-721-0340

**DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT AND
CONSENT TO PROCUREMENT OF CONSUMER REPORT FOR
EMPLOYMENT PURPOSES**

The undersigned hereby authorizes the Epilepsy Foundation of Greater Cincinnati, (the "employer") or its insurance agency, HTT-Agency, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Signature: _____

Printed Name: _____

Date: _____

Social Security Number: _____

Driver's License Number: _____

State Licensed In: _____

Date of Birth: _____

For agency use only

Approved: _____

Declined: _____



BUREAU OF MOTOR VEHICLES

**NOTARIZED WRITTEN CONSENT
RELEASE OF PERSONAL INFORMATION**

I, _____, _____ authorize
Full Name Social Security Number

the Ohio Bureau of Motor Vehicles and all Clerk of Courts Title Offices to release my personal information, (name, address, date of birth, and driver license number) and all other information to _____.

This authorization extends to records pertaining to my driver license, state identification card, vehicle registration, and Certificate of Title.

This authorization extends to the release of medical and disability information.

YES NO

Signature

The foregoing person came before me on the _____ day of _____, _____, and acknowledged that this consent was voluntary.

Notary

Printed Name

My commission expires: _____

Please complete and mail or fax a copy of these forms to:

Epilepsy Foundation of Greater Cincinnati
895 Central Ave., Suite 550
Cincinnati, OH 45202
Fax: 513-721-0799