Date _____

APPLICATION For EMPLOYMENT

Hilltop Adult Group Home, Inc.

7726 N RIDGE ROAD, MADISON, OHIO 44057 Office Phone 440-259-1979

| ame | | | | Social Security Numi | ber |
|----------------|---|------------------------|---------------------------|-------------------------|----------------------|
| | Last | First | Middle | Social Security I value | |
| ddress | Street | | City | State | Zip Code |
| none (home): (| Area Code | | For Messages | S: (| |
| | nts/employees are required to | | | | |
| Positions ap | Positions applied for 1 | | • Rate of pay expected Sp | | per |
| in order of p | oreference 2 | | • Rate of p | pay expected \$ | per |
| I coation nee | ferred, if any | | | | |
| Escation pro | nerrea, ir any | | | | |
| Date availab | le to start work | | _ • Hours availab | le to work | |
| How did you | learn of this opening? | | | | |
| Have you wo | orked for this agency be | fore? Yes No | | | |
| - If Y | es, When? | | Posit | ion held | |
| - Reas | on for leaving | | | | |
| | e you involved in discipl | | | | |
| - wer | e you involved in discipi | inary action? Yes | No LI Yes, pleas | se explain | |
| | | | | | |
| | ted by birth or by marria | age to any employee or | Board member of th | nis agency? Yes 🗌 No 🕻 | If Yes, please state |
| Are you rela | 27 327 7272 | | | | |
| | relationship | | | | |
| person and | relationship been convicted of a crime | | | | |

THE BOARD IS AN EQUAL OPPORTUNITY EMPLOYER

This philosophy calls for equal opportunity for employment, training and advancement regardless of sex, race, creed, color, age, national origin, religion, physical or mental disability or any other factors unrelated to the essential duties of the position. Applicants for employment, consideration for promotional opportunities and other aspects of employment will be judged on the basis of an individual's ability to perform the essential job functions of the position with or without reasonable accommodation.

^{*} Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness of the offense in relation to the job for which you are applying and the requirements of Ohio law and Board Policy.

EMPLOYMENT HISTORY

Please list ALL employment history with the most recent first. Use additional sheet if necessary. Must include phone numbers.

| Name of Employer | | Telephone No. () | | |
|------------------------------|--|--|---------------|--------------|
| | | Name & Title of Supervisor _ | | <u>_</u> |
| Status: Full Time | Part Time Substitute | | | |
| Job Title | Dates of Employment | to Salary Beginning | Ending | <u> </u> |
| Describe Responsibilities | | | | |
| Reason for Leaving | | | | |
| Name of Employer | | Telephone No. () | | |
| Address | | Name & Title of Supervisor _ | | |
| | Part Time Substitute | | | |
| Job Title | Dates of Employment | to Salary Beginning | Ending | _ |
| Describe Responsibilities | | | | |
| | | | | |
| Name of Employer | | Telephone No. () | | |
| | | | | |
| Address Status: Full Time | Part Time Substitute | Name & Title of Supervisor _ | | |
| | | to Salary Beginning | Ending | |
| | | | | |
| | | | | - |
| Reason for Leaving | | | | <u> </u> |
| Name of Employer | | Telephone No. () | | |
| Address | | Name & Title of Supervisor _ | | |
| Status: Full Time | Part Time Substitute | | | |
| Job Title | Dates of Employment | to Salary Beginning | Ending | _ |
| Describe Responsibilities | | | | |
| Reason for Leaving | r | | | |
| Address | Part Time Substitute Dates of Employment Part Time No | Name & Title of Supervisor to Salary Beginning | | |
| ate which one(s) you | u do not wish us to contact and why: | | | |
| | | | | |
| | DEDCON | | | |
| | | L REFERENCES | | |
| List three references, exclu | ding former employers and relatives, | who may be contacted. (Must include | phone numbers | .) |
| Name | Occupation No. Stree | t City State | Zip Code | Telephone No |
| Social Direction | | | -ip Jour | |
| | | | | |
| | | | | |
| | | | | |
| 1 | | | | |

| Complete Name and Address | | a/Degree Major | | | |
|--|---|---|--|--|--|
| | 1 2 3 4 Yes | No | | | |
| | | No | | | |
| | | No | | | |
| | | N ₁ | | | |
| Obtained Through: | | | | | |
| ns state certification, licensure or registratio rmation below as it relates to the position(s) | on requirements MUST be met. Be sure to en for which you have applied. Copy of high s | close copies of the applicable document(s, | | | |
| Туре | Grade Effective Da | ates: FromTo | | | |
| Area | | | | | |
| Type | | ntal Disabilities Yes No | | | |
| Validation er Certificates, Licenses or Registrati | ons that qualify you for the position(| s) for which you have applied: | | | |
| ertificate/License/Registration | Authorizing Board or Agency | Expiration Dates | | | |
| | | | | | |
| | | | | | |
| 1 | | | | | |
| | | | | | |
| E A VALID DRIVER'S LICENSE? State Class ADDITI | Endorsements | Expiration Date | | | |
| , , | CERTIFICATION In state certification, licensure or registration remation below as it relates to the position(s) rom the Ohio Department of Education Type Area ertification from the Ohio Department Type Validation er Certificates, Licenses or Registration | Obtained Through: To official transcripts CERTIFICATION / LICENSURE / RE Institute certification, licensure or registration requirements MUST be met. Be sure to enternation below as it relates to the position(s) for which you have applied. Copy of high strom the Ohio Department of Education? Type Grade Area Certification from the Ohio Department of Mental Retardation and Development of Type Grade Type Grade Validation Type Grade Validation Type Grade Validation Type Grade | | | |

EDUCATION

I solemnly swear and affirm that I have read this employment application in its entirety. The answer to each and every question and any additional statements and/or materials submitted with this application are true and accurate to the best of my knowledge and belief. I understand and agree that the submission of any false and/or misleading statements or the failure to disclose relevant information deemed material to the application process — no matter when discovered — may result in my disqualification for employment or termination of my continued employment, at the discretion of the Board.

I authorize the Board to make whatever inquiries it considers necessary and appropriate of any person or organization to verify any of the information I have provided in this application and to determine my experience, qualifications, skills and abilities. I grant permission for this application and attachments, if any, to be duplicated and distributed to Board employees responsible for reviewing, interviewing and recommending applicants for employment and to Board employees responsible for personnel records.

I hereby waive all provisions of the law forbidding colleges or universities which I have attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment, and I hereby consent to their disclosure of such knowledge or information to the Board, its authorized employees or to the Division of Personnel, Ohio Department of Administrative Services without my prior notice.

I understand that the Board is required by Ohio law to conduct a record check of the criminal conviction history of an applicant under final consideration for employment with the Board. Ohio law and Board policy make applicants with certain criminal conviction histories ineligible for employment. I understand that if requested I will be required to complete an affidavit regarding my criminal conviction history and be fingerprinted. The criminal conviction record check will be conducted by the Ohio Bureau of Criminal Investigation and Identification which agency may include information from the Federal Bureau of Investigation and, at the Board's discretion, other state and/or federal agencies. The report of my criminal conviction history, if any, may be made available (pursuant to Section 5126.28(c) of the Ohio Revised Code) to Board members, Board employees responsible for employment decisions or any hearing officer in the case of denial of employment. I will be provided with a copy of the report. I understand and agree that my eligibility for employment is subject to and conditioned upon review and evaluation of the criminal conviction history, if any, contained in the report. I have fully and completely disclosed my criminal conviction history, if any, where requested on Page 1 of this application.

I understand and agree that all offers of employment are subject to and conditioned upon the results of a pre-employment physical, including a drug test and tuberculosis test or chest x-ray, verifying my fitness for duty and ability to perform the essential functions of the position with or without reasonable accommodation.

I understand and agree, that as a condition of employment and continued employment, I shall meet and maintain any and all required standards for my position, including but not limited to certification, registration, licensure and/or training. I further understand and agree that in order to renew a certification, registration or licensure, or otherwise as a condition of continued employment, I may be required to enroll in and successfully complete college courses, classes, seminars and/or other job-related training which may be at my expense.

I am prepared to offer documentation of my right to work in the United States.

| | Date | |
|------------------------|------|--|
| | | |
| SIGNATURE OF APPLICANT | | |