



# Application for Employment

Position You Are Applying For \_\_\_\_\_

Desired Salary \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

## PERSONAL INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If selected for employment are you willing to submit to a pre-employment drug screening test?  Yes  No

## EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: \_\_\_\_\_

## EMPLOYMENT

Employer: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_

to \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact them?  Yes  No

## REFERENCES

Name	Title	Company	Phone

## Acknowledgement and Authorization

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## Background Check

All employees are required by law to complete BCI and FBI background checks in order to be employed with our establishment.

The cost is\$ \_\_\_\_\_

Background checks must be completed **EVERY 4 YEARS** in order to stay compliant with our facilities. Your signature below indicated that you have read and understand this condition of employment.

**Background and Federal Checks can be completed at:**

The BMV or the Job Center

Reason Code: 3721-121

You must take a Photo ID and a Social Security Card along with you.

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Employee Signature

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Date

## Certificate of Residence

Last Name:	First Name:
Soc. Sec.#:	Phone Number:

In connection with employment with New Beginning Youth Home applicant must have been a resident of the State of Ohio for the last FIVE (5) years.

\_\_\_\_\_ do hereby swear (or affirm) that I reside at

\_\_\_\_\_ State of Ohio; that I now am and have for a period of at least FIVE (5) years immediately prior to the date of this affidavit (or affirmation) has been a resident of the State of Ohio. List the following places during the last five years immediately prior to the date of this affidavit (or affirmation) and application.

Address(es)	Dates (From -To)

Proof of residency must show applicant's address (not P.O. Box or in care of a third party) and include the applicant's name.

Examples of acceptable proof of residency are:

- Lease or deed, or if not available, a letter from a landlord on the landlord's letterhead indicating dates of tenancy and rent payments
- Postmarked envelope mailed to you at your current address, dated at least five years ago
- Prior years income tax return
- Homeowner's or renter's insurance policy
- Driver's license or automobile registration certificate
- Bank Statement
- Automobile insurance policy
- Utility bill
- Cell phone bill
- Voter Registration

Employee Name:	Employee Signature:	Date:
Administrator Name:	Administrator Signature:	Date:
<b>List how residency was verified:</b>		



## Employee and Board Sexual Perpetrator Questionnaire

1	First Name	Middle Name	Last Name
2.	Social Security #	Home Phone #	Cell Phone #
3.	Home Address for the Last 10 years Street, City, State, Zip Code	Dates of Residence	
4.	List of Children Living Biological/Adopted a) b) c) d) e)	Dates of Birth	Biological or Adopted
5.	List of People Living in the Home	First and Last Name	

Please bring One item from each list below:

Please bring ID: Social Security Card, W-2 or 1099

Please bring ID: Driver's License, Birth Certificate, US Visa (Travel Passport)

## CONSENT FOR OHIO SACWIS REGISTRY SEARCH & DISSEMINATION OF INFORMATION

In addition to the completed application to Ohio's SACWIS Alleged Perpetrator Search (OSAPS) and two pieces of appropriate identification for the individual, this completed and signed informed consent form is required for the agency named below to request a SACWIS search for an individual. The purpose of the SACWIS search is to determine whether the individual was named as an alleged perpetrator in a Substantiated or Indicated child abuse and/or neglect report in Ohio's SACWIS Registry on Child Abuse or Neglect.

**Individual for whom the SACWIS search will be conducted (please print):**

_____ First Name	_____ Middle Name	_____ Last Name
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**Agency requesting searches and contact information to send search results:**

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contact E-mail: \_\_\_\_\_

**By signing this consent form, I confirm the following:**

1. I have read this form and understand the nature of the search to be conducted.
2. I have had ample opportunity to ask questions.
3. I am competent to consent to the search being completed.
4. I expressly authorize the Ohio Department of Job & Family Services to release the search results obtained from the SACWIS searches to the above-named agency.

**Signatures:**

\_\_\_\_\_  
Individual

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Contact Person

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date