



Attention Applicants

In order to be eligible for employment, you MUST be able to provide and complete the following required information:

PLEASE KEEP THIS FOR FUTURE REFERENCE

Applicants must present the following documents at Interview:

2 ID's – for example:
Picture ID and Social Security Card
or Birth Certificate

Direct Deposit is Mandatory

Background Check, FBI and BCI&I

For driver's – Valid Driver's License, Driver's Abstract,
and Valid Auto Insurance

High School Diploma or GED



Employment Application
(Please Print Legibly)

Name: _____ Today's Date: ____/____/____
Last First Middle

Maiden Name (if any): _____

Social Security Number: ____/____/____ Telephone Number: (____) ____ - ____

Address: _____
Street City State Zip Code

Referred by: Newspaper ad Internet TV Current Employee Position applying for: _____

ELIGIBILITY	Yes	No	Please use initials to mark the appropriate answer!!!!
Are you a high school graduate or do you have a GED?			
Are you 18 years of age or older?			
Have you ever been employed by UCM or Art Sense before?			If yes, give date: ____/____/____
Do you have a valid driver's license?			License No.: _____ Exp. Date: ____/____/____ State issued: _____
Do you have proof of up-to-date car insurance?			Exp. Date: ____/____/____ Mandatory if hired.
Do you have a social security card OR birth certificate?			Mandatory if hired.
Do you have a bank account?			Mandatory direct deposit if hired.
Have you ever been arrested? If yes, please explain on the back side of this sheet.			If yes, give dates: ____/____/____ ____/____/____ ____/____/____
Have you ever been convicted of a felony? Please refer to attached Disqualifying Offenses form. If yes, please explain on the back side of this sheet.			If yes, give dates: ____/____/____ ____/____/____ ____/____/____

Signature of Applicant: _____ Applicant's Initials: _____

SCREENING TESTS FOR ILLEGAL DRUG USE WILL BE REQUIRED AS A CONDITION OF EMPLOYMENT.
Any TB test results and BCI/FBI results completed within the last 1 month Is valid for possible employment with UCM Residential Services. Applicant may include a letter of recommendation in this application from someone who is **NOT** a member of your family.

UCM Residential Services is an equal opportunity employer and is committed to equal employment opportunities as prescribed by the laws and constitutions of the United States and Ohio. This includes Title VII of the Civil Rights Act and the Americans with Disabilities Act (ADA). **UCM Residential Services** engages in fair employment and non-discriminatory practices. Employment decisions shall be based without regard to race, sex, sexual preferences, disability, color, religion, national origin, age or other unlawful bias. Individual choice is the most important factor in determining work assignments among qualified applicants. Hiring is contingent upon the discretion of **UCM Residential Services** management staff who will select the applicant deemed most qualified, based upon such factors it considers relevant and important.

Applicant Name: _____

Date: _____

UCM RESIDENTIAL SERVICES

POLICY AND PROCEDURES

POLICY: Terms of Employment

When an employee chooses to end employment, if employment is terminated due to violations of policy and procedures, or chooses to go to PRN status prior to one year from the date of hire, the employee will be expected to reimburse the expenses incurred during the hiring and orientation process.

PROCEDURE:

The expenses will be deducted from the employee's paycheck equal to the amount owed.

The expenses are as follows:

PPD (TB Test)	\$12
Drug Screen	\$36
BCI (Ohio) Background Check	\$36
FBI Background Check	\$36
Hepatitis Vaccine (Step 1 & 2)	\$120
CPR	\$75
Walkie Talkie	\$25
Gaitbelt	\$8
Protective sleeve (each)	\$3.50

After one year of employment, the employee will not be required to reimburse.

Signature on this policy is permission for UCM Residential Services to deduct any owed expenses from employee's paycheck.

Signature of Employee: _____

Date: _____

EFFECTIVE DATE: 8/14/14 Revised 10/6/14 Revised 04/13/15 Revised 01/01/17 Revised 03/01/17 Revised 02/15/18 Revised 7/24/18, 4/8/20, 8/1/20

APPROVAL DATE: _____

APPROVAL DATE: _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

HIRED:	Start Date:	/ /	DECLINED:	Date:	/ /
	Position:				
	Status:				
	Location:				
	Shift:	Split 1 st 2 nd 3 rd			
	Comments:				

Applicant Name: _____

Date: _____

EMPLOYMENT INFORMATION

1.	Most Recent or Current Employer	Start Date	End Date	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street				
City, State, Zip				
Company Phone	()			

May we contact this employer about your employment with them? Please circle: Yes No then initial here:

2.	Most Recent or Current Employer	Start Date	End Date	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street				
City, State, Zip				
Company Phone	()			

May we contact this employer about your employment with them? Please circle: Yes No then initial here:

3.	Most Recent or Current Employer	Start Date	End Date	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street				
City, State, Zip				
Company Phone	()			

May we contact this employer about your employment with them? Please circle: Yes No then initial here:

OTHER REFERENCES (no relatives)

1.	Person's Name and Occupation:
	Address:
	City, State, Zip:
	Contact Phone Number(s): () - () - () -

2.	Person's Name and Occupation:
	Address:
	City, State, Zip:
	Contact Phone Number(s): () - () - () -

3.	Person's Name and Occupation:
	Address:
	City, State, Zip:
	Contact Phone Number(s): () - () -

Applicant Name: _____

Date: _____

EDUCATION INFORMATION

		Course of Study and/or Degree	Circle Last Year Completed	
High School Name:			1 2 3 4	Did you graduate? (diploma or GED)
City and State:				Yes No
College Name:			1 2 3 4	Did you graduate?
City and State:				Yes No
Other (Specify):			1 2 3 4	Did you graduate?
City and State:				Yes No

GENERAL APPLICANT INFORMATION

List any relatives or friends working at UCM Residential Services (past or current): _____

Do you have experience working with individuals with intellectual disabilities or experience providing direct services to individuals?
(circle one) Yes No If yes, how long? _____ years

Are you willing to work with or around people with individuals with intellectual disabilities?
(circle one) Yes No Date available to begin work: ___/___/___

Hours and days of the week available to work (including week-ends): _____
(most direct services jobs require week-end work)

WAIVER OF CONFIDENTIALITY

I, the undersigned, hereby waive the confidentiality of my application and employment records with UCM Residential Services (UCM), for any and all legitimate purposes as so deemed by UCM, including, without limitation, to the Department of Developmental Disabilities (DD), local case management or boards of DD, Ohio Job and Family Services, Abuser Registry, Nurse Aide Registry and law enforcement agencies.

Signature: _____

Date: _____

CONTINGENCY OF EMPLOYMENT

Criminal background checks are completed for all applicants. According to Ohio Department of DD administrative Rules 5123:2-0-5 and 5123:2-1-05.1, "An Agency shall not employ a person who has been convicted of, or pleaded guilty, to "certain disqualifying offenses which bear a direct and substantial relationship to the responsibilities and duties of the position being filled".

Therefore, I understand that, if hired, my employment is contingent upon my BCI&I and FBI background, Abuser Registry, Nurse Aide Registry checks & other checks are identified in rule being received by UCM with no disqualifying offenses.

I further understand that I am required to report any criminal charges, arrests, indictments, convictions, or any motor vehicle violations within 14 days of employment or violation to supervisor of Administrative Office. Failure to report violations according to Ohio Department of IID administrative Rules 5123:2-0-5 and 5123:2-1-05.1, or changes in driving status will result in corrective action up to and including termination of employment with UCM.

I verify that I have not been convicted of any felonies.

Signature: _____

Date: _____

Applicant Name: _____

Date: _____

RELEASE OF DRIVING RECORDS

I understand that if I become a UCM employee who is required to drive, my employment is contingent upon me having a valid driver's license. Therefore, I hereby agree to the release of any and all information pertaining to my driving records. Any information released to this agency will be kept strictly confidential. If hired, driving records will be checked on an annual basis or as needed.

Signature: _____

Date: _____

Social Security Number: _____

Driver's License Number: _____

RESIDENCE HISTORY

Provide a complete address for each place of residence you have had in the **past five years**.

CURRENT Address

_____		How long have you lived there? ____ / ____	
Number and street	Apt. No.	Years/months	
_____	_____	_____	_____
City	State	Zip	County

Previous Address

_____		How long have you lived there? ____ / ____	
Number and street	Apt. No.	Years/months	
_____	_____	_____	_____
City	State	Zip	County

Previous Address

_____		How long have you lived there? ____ / ____	
Number and street	Apt. No.	Years/months	
_____	_____	_____	_____
City	State	Zip	County

Previous Address

_____		How long have you lived there? ____ / ____	
Number and street	Apt. No.	Years/months	
_____	_____	_____	_____
City	State	Zip	County

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

DATE INTERVIEWED	INTERVIEWED BY	COMMENTS

Applicant Name: _____

Date: _____

REFERENCE CHECKS

	EMPLOYMENT INFORMATION VERIFICATION		RESULTS OF OTHER REFERENCES
1.		1.	
2.		2.	
3.		3.	

AUTHORIZATION

I certify that the information in this employment application is correct and complete to the best of my knowledge. I understand that if employed by the UCM Residential Services or Art Sense any falsified or misrepresent statements on this application are grounds to terminate my employment.

I authorize UCM Residential Services or Art Sense to investigate all my statements contained in this application. The references and employers listed are authorized to give UCM Residential Services or Art Sense any and all information regarding my previous employment and related information. I release UCM Residential Services or Art Sense from all liability for any damage that may result from the utilization of this information.

I understand that if I am hired, I may terminate my employment at any time. UCM Residential Services or Art Sense may also terminate my employment at any time, with or without cause. I also understand that nothing in the application, the granting of an interview, or the acceptance of an offer of employment should be construed as a contract of employment.

All persons hired by UCM Residential Services or Art Sense will be on a 90 day probationary period. During this time the employee's performance will be monitored closely. All employees are hired on a temporary basis. After the first 90 days an evaluation may be completed and the employee may be continued as temporary, part-time or full-time at UCM Residential or Art Sense's discretion. Employment may be terminated during the first 90 days or during any subsequent period without notice.

Signature _____

Date _____

DISQUALIFYING OFFENSES

Please read this form in its entirety. It is VERY important that you read through all of the information and fill this form out completely. Please CIRCLE any of the offenses listed below from Rule 5123:2-202 that you have been convicted of or pleaded guilty to **or have been found eligible for intervention in lieu of conviction.** You shall disclose to UCM Residential Services any conviction for any offense regardless of the length of time since occurrence or if record has been sealed.

Criminal background checks are completed for all applicants and employees. Effective January 1, 2013, the Ohio Department of Developmental Disabilities issued a new administrative Rule, 5123:2-2-02, stating “There are 5 tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed or an employee from remaining employed by a responsible entity and preclude a candidate from receiving supported living certification issued by the department.”

1. Tier one: permanent exclusion – No responsible entity shall employ an applicant or continue to employ an employee, nor shall the department issue supported living certification to a candidate, if the applicant, employee, or candidate has been convicted of or pleaded guilty to any of the following sections of the Revised Code:

Criminal

<u>Code #</u>	<u>Offense</u>
2903.01	Aggravated Murder
2903.02	Murder
2903.03	Voluntary Manslaughter
2903.11	Felonious Assault
2903.15	Permitting Child Abuse
2903.16	Failing to provide for a functionally impaired person
2903.34	Patient abuse and neglect
2903.341	Patient Endangerment
2905.01	Kidnapping
2905.02	Abduction
2905.32	Human Trafficking
2905.33	Unlawful Conduct with Respect to Documents
2907.02	Rape
2907.03	Sexual Battery
2907.04	Unlawful sexual conduct with a minor, formerly corruption of a minor
2907.05	Gross sexual imposition
2907.06	Sexual imposition
2907.07	Importuning
2907.08	Voyeurism
2907.12	Felonious sexual penetration
2907.31	Disseminating matter harmful to juveniles
2907.32	Pandering obscenity
2907.321	Pandering obscenity involving a minor
2907.322	Pandering sexually oriented matter involving a minor
2907.323	Illegal use of minor in nudity-oriented material or performance
2909.22	Soliciting/Providing Support for Act of Terrorism
2909.23	Making Terrorist Threat
2909.24	Terrorism
2913.40	Medicaid Fraud
2923.01	Conspiracy, 2923.02 Attempt, or 2923.03 Complicity when the underlying offense is any of the offenses or violations described in the above permanent exclusions codes.

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:

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 violation described in the permanent exclusion codes in this rule.

2. **Tier two: ten-year exclusion** – No responsible entity shall employ an applicant or continue to employ an employee, nor shall the department issue supported living certification to a candidate, for a period of ten years from the date the applicant, employee, or candidate was fully discharged from imprisonment, probation, and parole, if the applicant, employee, or candidate has been convicted of or pleaded guilty to an of the following sections of the Revised Code:

2903.04	Involuntary Manslaughter
2903.041	Reckless Homicide
2905.04	Child Stealing (as it existed prior to July 1, 1996)
2905.05	Criminal child enticement
2905.11	Extortion
2907.21	Compelling prostitution
2907.22	Promoting prostitution
2907.23	Enticement or solicitation to patronize a prostitute, procurement of a prostitute for another
2909.02	Aggravated arson
2909.03	Arson
2911.01	Aggravated Robbery
2911.11	Aggravated Burglary
2913.46	Illegal use of supplemental nutrition assistance program or women, infants, and children program benefits
2913.48	Workers' Compensation Fraud
2913.49	Identity Fraud
2917.02	Aggravated Riot
2923.12	Carrying concealed weapon
2923.122	Illegal conveyance or possession of deadly weapon or dangerous ordinance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone
2923.123	Illegal conveyance, possession, or control of deadly weapon or dangerous ordinance into courthouse
2923.13	Having weapons while under disability
2923.161	Improperly discharging a firearm at or into a habilitation or school
2923.162	Discharge of firearm on or near prohibited premises
2923.21	Improperly furnishing firearms to minor
2923.32	Engaging in pattern of corrupt activity
2923.42	Participating in criminal gang
2925.02	Corrupting another with drugs
2925.03	Trafficking in drugs
2925.04	Illegal manufacture of drugs or cultivation of marihuana
2925.041	Illegal assembly or possession of chemicals for the manufacture of drugs
3716.11	Placing harmful objects in food or confection
2923.01	Conspiracy, 2923.02 Attempt, or 2923.03 Complicity when the underlying offense is any of the offenses or violations described in the ten-year exclusions of this rule or;

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 the ten-year exclusions of this rule.

3. **Tier three: seven-year exclusion** – No responsible entity shall employ an applicant or continue to employ an employee, nor shall the department issue supported living certification to a candidate, for a period of seven years from the date the applicant, employee, or candidate was fully discharged from imprisonment, probation, and parole, if the applicant, employee, or candidate has been convicted of or pleaded guilty to any of the following sections of the Revised Code:

959.13	Cruelty to animals
959.131	Prohibitions concerning companion animals
2903.12	Aggravated Assault
2903.21	Aggravated menacing
2903.211	Menacing by Stalking
2905.12	Coercion
2909.04	Disrupting Public Services
2911.02	Robbery
2911.12	Burglary
2913.47	Insurance Fraud
2917.01	Inciting to Violence
2917.03	Riot
2917.31	Inducing Panic
2919.22	Endangering Children
2919.25	Domestic Violence

2921.03	Intimidation
2921.11	Perjury
2921.13	Falsification, falsification in the theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license
2921.34	Escape
2921.35	Aiding escape or resistance to lawful authority
2921.36	Illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution
2925.05	Funding of drug or marihuana trafficking
2925.06	Illegal administration or distribution of anabolic steroids
2925.24	Tampering with drugs
2927.12	Ethnic intimidation
2923.01	Conspiracy, 2923.02 Attempt, or 2923.03 Complicity when the underlying offense is any of the offenses or violations described in the seven-year exclusions of this rule or;

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 the seven-year exclusions of this rule.

4. Tier four: five-year exclusion – No responsible entity shall employ an applicant or continue to employ an employee, nor shall the department issue supported living certification to a candidate, for a period of five years from the date the applicant, employee, or candidate has been convicted of or pleaded guilty to any of the following sections of the Revised Code:

2903.13	Assault
2903.22	Menacing
2907.09	Public Indecency
2907.24	Soliciting after positive human immunodeficiency virus test
2907.25	Prostitution
2907.33	Deception to obtain matter harmful to juveniles
2911.13	Breaking and entering
2913.02	Theft
2913.03	Unauthorized use of a vehicle
2913.04	Unauthorized use of property, computer, cable, or telecommunication property
2913.05	Telecommunication fraud
2913.11	Passing bad checks
2913.21	Misuse of credit cards
2913.31	Forgery, forging identification cards
2913.32	Criminal simulation
2913.41	Defrauding a rental agency or hostelry
2913.42	Tampering with Records
2913.43	Securing writings by deception
2913.44	Personating an officer
2913.441	Unlawful display of law enforcement emblem
2913.45	Defrauding creditors
2913.51	Receiving stolen property
2919.12	Unlawful abortion
2919.121	Unlawful abortion upon minor
2919.123	Unlawful distribution of an abortion-inducing drug
2919.23	Interference with Custody
2919.24	Contributing to unruliness or delinquency of child
2921.12	Tampering with evidence
2921.21	Compounding a Crime
2921.24	Disclosure of Confidential Information
2921.32	Obstructing justice
2921.321	Assaulting/Harassing police dog or horse/service animal
2921.51	Impersonation of peace officer
2925.09	Illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug
2925.11	Drug possession other than a minor drug possession offense
2925.13	Permitting drug abuse
2925.22	Deception to obtain dangerous drugs
2925.23	Illegal processing of drug documents
2925.36	Illegal dispensing of drug samples

- 2925.55 Unlawful purchase of pseudoephedrine product
- 2925.56 Unlawful sale of pseudoephedrine product
- 2923.01 Conspiracy, 2923.02 Attempt, or 2923.03 Complicity when the underlying offense is any of the offenses or violations described in the five-year exclusions of this rule or;
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 the five-year exclusions of this rule.

5. Tier five: no exclusion – A responsible entity may employ an applicant or continue to employ an employee, and the department may issue supported living certification to a candidate, if the applicant, employee, or candidate has been convicted of or pleaded guilty to any of the following sections of the Revised Code:

- 2925.11 Drug possession that is minor drug possession offense
- 2925.14 Illegal use or possession of drug paraphernalia
- 2925.474 Illegal use or possession of marijuana drug paraphernalia or;
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 the no exclusion section of this rule.

Multiple offenses

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

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

If an applicant, employee, or candidate has been convicted of or pleaded guilty to multiple disqualifying offenses listed in the five-year exclusion of this rule, the applicant, employee, or candidate is subject to a seven-year exclusion period.

A valid motor operator’s license and driving record prepared by the bureau of motor vehicles must be obtained by UCM Residential Services if the duties of the position require transport of individuals or to operate the responsible entity’s vehicles for any other purpose. **A person having six or more points on his or her driving record is prohibited from transporting individuals.**

Furthermore, employees are **required to report** any criminal charges, arrests, indictments, convictions, or any motor vehicle violations **within 14 calendar days of employment or violation** to any Human Resources representative or the Human Resources Director. Failure to report violations according to Ohio Department of Developmental Disabilities administrative Rule 5123:2-2-02, or changes in driving status may result in termination of employment with UCM Residential Services.

I attest I have not been convicted of or pleaded guilty to a disqualifying offense. If I have, it has been identified on the form. Please circle any of the above offenses listed in Rule 5123:2-202 that you have been convicted of or pleaded guilty to or have been found eligible for intervention in lieu of conviction. I shall disclose to UCM Residential Services a conviction for any offense that has been sealed.

Signature

Date

Print Name

UCM RESIDENTIAL SERVICES
REQUEST FOR BACKGROUND CHECKS

Please print legibly.

Name: _____

Known by other names (maiden name): _____

Former last name: _____

_____ # of years ago

Former last name: _____

_____ # of years ago

Former last name: _____

_____ # of years ago

Address: _____

Previous Address (Last six months): _____

STNA/CNA license #: _____

SS#: _____

If Needed – Driver's License #: _____

State: _____

Applicant's Signature: _____

Date: _____

Department Head Requesting: _____

Date: _____

For UCM: _____

Date: _____

**UCM Residential Services
400 South Melvin-Eley Avenue
Union City, Ohio 45390
937-968-6265**

Today's Date: _____

EMERGENCY MEDICAL INFORMATION

Employee's Full Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

MANDATORY INFORMATION

PERSONS TO CONTACT IN CASE OF ILLNESS OR ACCIDENT

1ST Contact's Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Relationship to Employee (circle one): Spouse Parent Child Sibling Friend Other

Is this person employed by UCM Residential Services (Circle One)? Yes No

2nd Contact's Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Relationship to Employee (circle one): Spouse Parent Child Sibling Friend Other

Is this person employed by UCM Residential Services (Circle One)? Yes No

.....
Dentist's EMPLOYEE: You may complete the following information if you desire. This information is kept strictly confidential unless needed by medical personnel during a medical emergency.

Doctor's Name: _____

Hospital Preferred: _____

Doctor's Phone: _____

Employee's Blood Type: _____

Allergies and/or Medical Conditions:

Medications:

Dentist's Name: _____

Phone: _____

Insurance Company: _____

Insurance Phone: _____

Form should be completed annually by employee.

**UCM RESIDENTIAL SERVICES/ART SENSE
HIRING PROCESS CHECKLIST TO BE COMPLETED BY UCM DEPARTMENT HEAD**

APPLICANT'S NAME: _____ **DEPART. HEAD:** _____

CHECKLIST	DATE COMPLETED	DEPARTMENT HEAD INITIALS/COMMENTS
Ensure application is complete and filled out properly.		
Review Application. Must be 18 yrs. old & have Diploma/GED or waiver must apply for waiver.		
Submit form for Admin Office to complete prior to hire:		
Abuser/Neglect Registry Check		
Nurse Aide Registry		
Inspectors General's Exclusion Registry		
US General Services Administration System for Award Management Database		
Sex and Child Victim Offender database		
Medicaid Provider Exclusion/Suspension List Check		
Department Head should complete references – document specifically and only facts.		
Administrative Office will inform Department Head when above stated checks come back via e-mail.		
Call Applicant to set up interview on Monday or Wednesday. Request applicant to bring a copy of photo ID, Social Security Card or Birth Certificate, and High School Diploma/GED if possesses one.		
Interview Applicant – Request Copy of GED & Diploma to interview. Complete Interview Form. Give Tour of Facility. If considering for hire, have applicant complete drug screen with Nursing (Mon & Wednesday) and Set up 2 nd interview with add. Supervisors. Make a decision as to hire or not hire.		
If no hire, give application to Administrative Office to file. If choose to hire, have applicant complete:		
Employee must Schedule Physical with own physician or facility physician (\$40 if scheduled with facility physician – inform employee of this).		
Department Head should instruct employee to stop in to front Administrative office to obtain paperwork for BCI/FBI check – potential employee must return verification that they went to License Bureau to Administrative Office.		
Department Head must verify with Administrative Assistant the prospective employee has turned in receipt of initiating BCI/FBI check prior to start of employment.		
TB Screening will be completed the first day of orientation. If employee has had a previous 2 step a copy must be brought in prior to or start of orientation.		
If Job requires them to drive – Must obtain drivers abstract.		
Department Head should request applicant to bring account information for direct deposit to Admin Office.		
Department Head should schedule applicant for orientation and inquire with Admin Office to ensure they have all needed information.		