



DEAR APPLICANT,

Thank you for choosing Friends for Life Residential Care, LLC (FFLRC). In order for FFL to process your application in a timely manner, you will be required to fill out the entire application. FFLRC will review your application and run the six mandatory checks, including Ohio Abuser Registry. The prospective employee must not be negatively active on any list. Once that has been determined, the applicant may be called by FFLRC to schedule an interview. The applicant must bring the following to the scheduled interview: **A copy of your valid driver's license, a copy of your valid car insurance, a copy of your social security card, a copy of your high school diploma/GED/transcripts, copies of any other certificates if available.**

After the interview, if FFLRC would like to pursue employment, the applicant will be asked to obtain an Ohio Criminal Background Check at applicant's cost, (FBI check, if required), and obtain a Driver's Abstract (no more than 6 moving violation points) at applicant's cost. The Criminal Background Check and Driver's Abstract must come back satisfactory.

WHAT IS YOUR AVAILABILITY?						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:	FROM:	FROM:	FROM:	FROM:	FROM:	FROM:
TO:	TO:	TO:	TO:	TO:	TO:	TO:

CHECK HERE IF YOU HAVE AN OPEN AVAILABILITY

I certify that the information provided on this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize Friends For Life to contact former employers and educational organizations give any and all information concerning my previous employment and any pertinent information that may result from utilization of such information.

Signature of Applicant: _____ Date: _____



Employment Application

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Status	Full Time	Part Time	Position Applied for	Shift: (Circle) 1st 2nd 3rd
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you resided in Ohio for the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, how long have you resided in Ohio?	
Do you have a Valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Expiration Date	
Do you have Valid Car Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Expiration Date	
Do you have a High School Diploma or Equivalent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list graduation date or date of G.E.D.	
Are you certified for CPR/First Aid?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Expiration Date	
Have you ever applied for or worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you have friends or family members that work for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?	
How did you hear about this position?				
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

WORK REFERENCES

Please list three professional references.

Full Name	Relationship	Company
Phone	Address	
Full Name	Relationship	Company
Phone	Address	
Full Name	Relationship	Company
Phone	Address	

PREVIOUS EMPLOYMENT

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

SPECIAL SKILLS OR TRAININGS

WHY SHOULD WE HIRE YOU?

DISCLOSURE OF CRIMINAL RECORD

OHIO LAW AND/OR THE PRACTICE OF FRIENDS FOR LIFE RESIDENTIAL CARE REQUIRES DISCLOSURE OF ABUSE BACKGROUND INFORMATION OF APPLICANTS APPLYING FOR EMPLOYMENT IN ACCORDANCE WITH THE OHIO ADMINISTRATIVE CODE (OAC) 5123:2-2-02.

Prior to employing a person in the direct care services position, Friends For Life requires an applicant to indicate that he/she has NOT been charged with, convicted of or plead guilty to any of the offenses violations of the Ohio Administrative Code.

Once employed by Friends For Life, the employee is required to inform management within fourteen (14) days of being charged with, convicted of, or pleading guilty to any of the offenses violations of the Ohio Administrative Code. Failure to disclose this information may result in dismissal from employment.

I have read the list of offenses found on the attached list of violations of the Ohio Administrative Code. I have not been charged with, convicted of, or plead guilty to any of the referenced offenses.

Applicant's Printed Name

Date

Applicant's Signature

Tier 1 Disqualifying offenses (Permanent Exclusion):

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)
2909.23 (making terrorist threat)	2909.24 (terrorism)
2913.40 (Medicaid fraud)	2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list	2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
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 [SNAP] or women, infants, and children [WIC] program benefits).	
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 on this list.	

Tier 2 Disqualifying Offenses (Ten-Year Exclusion):

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)
Rule 5123:2-2-02 (effective January 1, 2013)	CONTINUE TO NEXT PAGE FOR ADDITIONAL OFFENSES

Tier 2 Disqualifying Offenses (Ten-Year Exclusion):

2911.01 (aggravated robbery)	2911.11 (aggravated burglary)
2913.46 (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits)	2913.48 (workers' compensation fraud)
2913.49 (identity fraud)	2917.02 (aggravated riot)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list	2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list	2923.12 (carrying concealed weapon)
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)	2923.123 (illegal conveyance, possession, or control of deadly weapon or dangerous ordnance into courthouse)
2923.13 (having weapons while under disability)	2923.161 (improperly discharging a firearm at or into a habitation 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)	

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 on this list.

Tier 3 Disqualifying Offenses (Seven-Year Exclusion):

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 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)	2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list	2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.05 (funding of drug or marijuana trafficking)	2925.06 (illegal administration or distribution of anabolic steroids)
2925.24 (tampering with drugs)	2927.12 (ethnic intimidation)

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 on this list.

Tier 4 Disqualifying Offenses (Five-Year Exclusion):

2903.13 (assault)	2903.22 (menacing)
2907.09 (public indecency)	2907.24 (soliciting after positive human immunodeficiency virus test)

Tier 4 Disqualifying Offenses (Five-Year Exclusion):

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 (telecommunications 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)	2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list	2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
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)
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 on this list.	



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page






Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space 
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Quality Assurance Coordinator	
Last Name of Employer or Authorized Representative Hudson	First Name of Employer or Authorized Representative Lindsey	Employer's Business or Organization Name Friends For Life Res. Care		
Employer's Business or Organization Address (Street Number and Name) 5330 Heatherdowns Blvd 207		City or Town Toledo	State OH	ZIP Code 43614

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative Lindsey Hudson
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