

# PRE-EMPLOYMENT APPLICATION

## An Equal Opportunity Employer/Provider

We do not discriminate on the basis of race, color, religion, national origin, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

**PLEASE PRINT, except where signature is required on back of application. Answer each question fully and accurately.**

Job Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment? When could you start work \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME ( ) TELEPHONE NUMBER

\_\_\_\_\_  
PRESENT STREET ADDRESS City STATE ZIP

Are you 18 years of age or older? \_\_\_\_\_ Yes  No   
(if you are hired you may be required to submit proof of age)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? \_\_\_\_\_ Yes  No

Have you ever applied here before? \_\_\_\_\_ Yes  No  If yes, when? \_\_\_\_\_

Have you ever been employed by CCBH before \_\_\_\_\_ Yes  No  If yes, when? \_\_\_\_\_

Do you currently have any relatives working for CCBH? \_\_\_\_\_ Yes  No

Have you ever been convicted of any law violation (except a minor traffic violation)? \_\_\_\_\_ Yes  No

If yes, give details \_\_\_\_\_

(a "YES" answer DOES NOT automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you or do you expect to be engaged in any other business or employment? \_\_\_\_\_ Yes  No

If yes, please explain \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Yes  No

Driver's License # \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's's license suspended or revoked in the last 5 years? \_\_\_\_\_ Yes  No

If yes, give details: \_\_\_\_\_

PLEASE PRINT

List professional trade, business or civic activities and offices held. **(EXCLUDE LABOR ORGANIZATIONS AND MEMBERSHIPS WHICH REVEAL RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX AGE, DISABILITY OR OTHER PROTECTED STATUS.)** Please use additional paper, if necessary.

EDUCATION - ABOVE HIGH SCHOOL DIPLOMA SUBJECT TO VERIFICATION BY TRANSCRIPT

List names & addresses of High School, College, University and/or Technical schools attended	Subjects Studied	Diploma / Degree / Certificate received

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

Please list any computer software that you have experience with: \_\_\_\_\_

Please list Professional licenses & certifications with identification numbers(if applicable):

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PRINT**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Begin with your most recent employment. Attach additional sheet if needed. **THIS MUST BE COMPLETED, ATTACHING A RESUME IS NOT SUFFICIENT.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES:	
ADDRESS		DATE OF EMPLOYMENT:	FROM TO
CITY, STATE, ZIP		PAY:	START \$ FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	

NAME OF EMPLOYER		JOB TITLE AND DUTIES:	
ADDRESS		DATE OF EMPLOYMENT:	FROM TO
CITY, STATE, ZIP		PAY:	START \$ FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	

NAME OF EMPLOYER		JOB TITLE AND DUTIES:	
ADDRESS		DATE OF EMPLOYMENT:	FROM TO
CITY, STATE, ZIP		PAY:	START \$ FINAL \$
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NAME OF EMPLOYER		JOB TITLE AND DUTIES:	
ADDRESS		DATE OF EMPLOYMENT:	FROM TO
CITY, STATE, ZIP		PAY:	START \$ FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	

PLEASE PRINT

Have you worked under any other name ..... Yes  No

If yes, give name(s): \_\_\_\_\_

Are you currently employed? ..... Yes  No

If yes, may we contact your current employer? ..... Yes  No

Give three PROFESSIONAL references that are not relatives:

1. \_\_\_\_\_

Name Phone

\_\_\_\_\_

Full Address

2. \_\_\_\_\_

Name Phone

\_\_\_\_\_

Full Address

3. \_\_\_\_\_

Name Phone

\_\_\_\_\_

Full Address

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? \_\_\_\_\_Yes \_\_\_\_\_No

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications.

I hereby understand and acknowledge that this application or subsequent employment does not create a contract of employment NOR guarantee employment for a definite period of time. If employed, I understand that all original and promotional appointments, including provisional appointments shall be for a probationary period of one hundred and twenty (120) calendar days from date of appointment. No appointment or promotion is final until the appointee has satisfactorily served his/her probationary period.

If the services of an employee are found to be unsatisfactory following an original appointment, he/she may be removed at any time during his/her probationary period

I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

## READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038). The Pre-certification form (HLS 0035) should only be completed if you are specifically instructed to do so by the agency or office requesting the form.
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol

- \* DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.



**PUBLIC EMPLOYMENT**

In accordance with section 2909.34 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY		STATE	ZIP	COUNTY
HOME PHONE ( )		WORK PHONE ( )		

**DECLARATION**

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  Yes  No

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

**X**  
 \_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE