

Triad Residential Solutions, LLC

1605 Holland Rd. Suite A-4
Maumee, OH 43537

519 Main St.
Grafton, OH 44044

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security Number (required): _____ - -

Position(s) Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Do you have a valid driver license and car? YES NO State: _____ DL #: _____

Do you have current vehicle insurance? YES NO Do you have a high school diploma or GED? YES NO

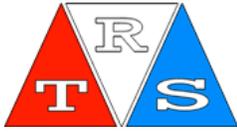
Will you consent to a criminal background check (BCII / FBI) as a condition of employment? YES NO

Availability

	1 st Shift 7am – 5pm	2 nd Shift 2pm – 12am	3 rd Shift 11pm – 9am	Available All Shifts	Not Available
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you available to work on holidays? Yes No

Are you willing to work a rotating schedule? Yes No



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Education

High School: _____ Address: _____

Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____

References

Please list two professional references.

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



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Additional Qualifications

First Aid / CPR Certification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Medication Administration Certification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CPI Certification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Other Qualifications: _____

Disclosure / Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview shall result in my disqualification from employment eligibility, and is justification for dismissal from employment if discovered after a hiring decision has been made.

I understand that nothing contained within the employment application or conveyed during any interview constitutes a guarantee or contract of employment between Triad Residential Solutions, LLC and myself. In addition, I understand and agree that if I am employed, my employment is at will, and may be terminated at any time, without or without prior notice, by myself or Triad Residential Solutions, LLC.

By providing my signature below, I authorize a representative of Triad Residential Solutions, LLC to investigate my reference, work record, and other provided information related to my suitability for employment.

By providing my signature below, I authorize a representative of Triad Residential Solutions, LLC to conduct initial employment database screenings of the following registries: Ohio Department of Developmental Disabilities Abuser Registry; Ohio Department of Rehabilitation and Corrections Offender; U.S. Department of Health and Human Services Exclusions Database; U.S. System for Award Management; Ohio Department of Health Nurse Aide Registry; and Ohio Attorney General Offender Watch. I understand that findings on any of these databases may disqualify me from employment eligibility.

By providing my signature below, I attest I have not been convicted of any offense that would exclude me from employment eligibility in the field of Developmental Disabilities, and agree to undergo a criminal background screening (BCII or FBI) to validate my claim.

Signature: _____ Date: _____



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Consent to Obtain Background Information

The Ohio Department of Developmental Disabilities, under Ohio Administrative Code 5123:1 and 5123:2, mandates all employment candidates undergo certain background screening as a condition of hire. All employees shall be subject to a BCI background check or, if not an Ohio resident for the past five consecutive years, an FBI background check. It is the sole responsibility of the employee to undergo the appropriate background check, and request results be delivered to the prospective employer, **Triad Residential Solutions, LLC**.

For applicants requiring BCI or FBI background check:

Triad Residential Solutions, LLC will sponsor the initial BCI or FBI background check, provided all information confirmed by the prospective employee is both complete and accurate, and the applicant utilizes the company contracted by Triad Residential Solutions, LLC. Prospective employees who are not eligible for employment due to findings through BCI or FBI background screenings may request, at their own cost, an uncertified copy of the background report.

Abuser Registry Screening:

Each applicant will be subject to a check of the Ohio Department of Developmental Disabilities Abuser Registry (ORC 5123.542). This registry tracks all individuals who have been convicted of crimes against a developmentally disabled person. Such crimes include, but are not limited to, the following: misappropriation; abuse; sexual contact; neglect; failure to report. Employees are subject to annual checks of the Abuser Registry.

The applicant shall be subject to searches of the following databases:

- Nurse Aide Registry: exclusions from Ohio Department of Health
- Social Security Act: exclusions from health care program participation
- Sex Offender and Child-Victim: exclusions based on criminal offenses
- General Services Award Management Database: exclusions from federal programs
- Incarcerated and Supervised Offenders: exclusions from incarceration / supervision

Employee Statement of consent:

I give my permission for an authorized representative of **Triad Residential Solutions, LLC** to review BCI and FBI background check results, and to obtain additional information through database query. I understand this information will be used in determining my employment potential, and authorize the results to be used for such purposes. I release and indemnify **Triad Residential Solutions, LLC** against any liability that might result from making such background checks. Additionally, I attest I have received printed notice of the Abuser Registry annual check procedure, and agree to its terms.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

Manager Signature: _____ Date: _____

