



APPLICATION FOR EMPLOYMENT

Applicants are encouraged to submit a professional resume, if one is available

Human Resources Department
535 Marmion Ave., Youngstown, Ohio 44502

Position now applying for _____ Program _____ Date _____

PLEASE TYPE OR PRINT:

Name _____
LAST
FIRST
MIDDLE INITIAL

Address _____ Phone _____
NUMBER AND STREET
CITY
STATE
ZIP

Email _____ *SS(last4) - _____*
(Fill in only after interview)

FORMER EMPLOYERS: List below all previous employers starting with your most recent employment first. If you are currently employed by another organization, please include the name of present employer and the reason for your desire to quit. Also give reason for lapse of time where a period of termination of one place of employment does not fit into the next place of employment.

NAME AND ADDRESS OF COMPANY	NAME OF SUPERVISOR	KIND OF WORK	FINAL SALARY	DATE STARTED	DATE LEFT	REASON

List skills, equipment operated, certificates/licenses, previous work or volunteer experience related to position applying for: _____

REFERENCES: List four references, **previous employers preferred**

PERSON TO CONTACT	TELEPHONE NO.	RELATIONSHIP	ADDRESS (Include Company Name, if applicable)

EDUCATIONAL BACKGROUND

NAME AND LOCATIONAL OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE	DEGREE(S) HELD
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
GRADUATE SCHOOL			

I, _____ hereby authorize **COMPASS FAMILY & COMMUNITY SERVICES** or any agents, to make written or oral inquiries of any of my former or present employers, or of any school or educational institutions which I attended concerning any of the information given by me in this application. I understand that completing this application for employment in no way assures me of employment by **COMPASS FAMILY & COMMUNITY SERVICES**. I hereby certify that the information given by me in this application is true and accurate to the best of my knowledge. Further, I understand that false statements on this application may be considered sufficient cause for dismissal.

WITNESS _____

SIGN HERE _____

SIGNATURE OF APPLICANT

COMPASS is an EQUAL OPPORTUNITY EMPLOYER – M/F/H Service Provider through Affirmative Action;
which includes employing persons with disabilities and/or veterans.

Compass Family & Community Services follows rules and regulations governing fair employment practices.
An applicant's right to privacy shall be respected and the results of inquiries shall be treated in confidence by the agency.

As a contractor and or subcontractor, COMPASS shall abide by the requirements of 41 CFR 60-741.5 (a). This regulation prohibits discrimination against qualified individuals on the basis of disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

In accordance with the above OFCCP Section 503 Regulation 41 CFR 60-741.42 (a) as an applicant of employment, I fully understand that I have the OPTION to self-identify as a (IWD) Individual with disabilities and or a Veteran.

By indicating an (X), I hereby elect to voluntarily identify myself as Disabled: _____

By indicating an (X), I hereby elect to voluntarily identify myself as a Veteran: _____

(Please Initial)

_____ **I attest that I have been a resident of the State of Ohio** for (5) five years immediately preceding the date of this release.

OR

_____ **I attest that I have not been a resident of the State of Ohio** for (5) five years immediately preceding the date of this release.

1. May we contact your present employer?

_____ Yes _____ No

2. Do you have a reliable means of transportation?

_____ Yes _____ No

3. Is there any reason known to you why you might be unable to consistently and promptly perform any job duties?

_____ Yes _____ No

4. Have you ever been disciplined or fired?

_____ Yes _____ No

If yes, why? _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE TO EACH AND ALL QUESTIONS IN THIS APPLICATION ADDENDUM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME

DATE

I _____ (Printed Name of Applicant for Employment) attest that **I HAVE NOT BEEN convicted of or plead guilty to a “Disqualifying Offense *”** as outlined or described in: Section 109.572 of the Ohio Revised Code, Section/Rule Number 5122-30-31 and Section/Rule Number: 5101:2-5-09, Background Investigations for Employment.

OR

I _____ (Printed Name of Applicant for Employment) attest that **I HAVE BEEN convicted of or plead guilty to a “Disqualifying Offense *”** as outlined or described in: Section 109.572 of the Ohio Revised Code, Section/Rule Number 5122-30-31 and Section/Rule Number: 5101:2-5-09, Background Investigations for Employment.

Please explain fully below:

Furthermore, I attest that as an applicant or future employee of COMPASS, I shall disclose to COMPASS a conviction for any offense that has been sealed and attest that as an applicant, I agree to notify COMPASS within fourteen calendar days if, while employed by COMPASS, I am formally charged with, is convicted of, or plead guilty to a disqualifying offense as outlined in Section 109.572 of the Ohio Revised Code, Rule Number 5122-30-31 and Section/Rule Number: 5101:2-5-09, Background Investigations for Employment.

Date	Printed Name of Applicant	Signature of Applicant
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*Listed below are a an **example of, but not inclusive of all five tiers of disqualifying offenses** with corresponding time periods that preclude an applicant from being employed or remaining employed by COMPASS.

Note: A Complete listing of “disqualifying offenses” can be located on the Ohio Revised Code division(s) (A)(3)(a) to (A)(3)(e) of section 109.572 and Ohio Revised Rule Number 5101:2-5-09 (I)(1).

Tier One: Permanent Exclusion

- (i) 2903.01 (aggravated murder);
- (ii) 2903.02 (murder);
- (iii) 2903.03 (voluntary manslaughter);
- (iv) 2903.11 (felonious assault);
- (v) 2903.15 (permitting child abuse);
- (vi) 2903.16 (failing to provide for a functionally impaired person);
- (vii) 2903.34 (patient abuse and neglect);

Tier Two: Ten Year Exclusion

- (i) 2903.04 (involuntary manslaughter);
- (ii) 2903.041 (reckless homicide);
- (iii) 2905.04 (child stealing) as it existed prior to July 1, 1996;
- (iv) 2905.05 (criminal child enticement);
- (v) 2905.11 (extortion);
- (vi) 2907.21 (compelling prostitution);
- (vii) 2907.22 (promoting prostitution);

Tier Three: Seven Year Exclusion

- (i) 959.13 (cruelty to animals);
- (ii) 959.131 (prohibitions concerning companion animals);
- (iii) 2903.12 (aggravated assault);
- (iv) 2903.21 (aggravated menacing);
- (v) 2903.211 (menacing by stalking);
- (vi) 2905.12 (coercion);
- (vii) 2909.04 (disrupting public services);
- (viii) 2911.02 (robbery);

Tier Four: Five Year Exclusion

- (i) 2903.13 (assault);
- (ii) 2903.22 (menacing);
- (iii) 2907.09 (public indecency);
- (iv) 2907.24 (soliciting after positive human immunodeficiency virus test);
- (v) 2907.25 (prostitution);
- (vi) 2907.33 (deception to obtain matter harmful to juveniles);
- (vii) 2911.13 (breaking and entering);
- (viii) 2913.02 (theft);