

**COPIES**

- Drivers License
- Current Certifications
- Current CPR & First Aid
- Car Insurance
- Social Security Card

**Pre Interview Application Questionnaire**

NAME: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

CPR & First Aid Training:      Yes       No

Any experience with DD:      Yes       No

    If yes, how much: \_\_\_\_\_

Currently working:      Yes       No

Availability:      Days: \_\_\_\_\_

    Hours: \_\_\_\_\_

Own vehicle:      Yes       No

**NOTES:**

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Today's Date: \_\_\_\_\_

<b>Personal Data</b>			
			Email Address: _____
Last Name	First Name	Middle	SSN
Home Address		City	State
			Zip
Home Phone	Cell Phone	Pager	

<b>Emergency Contact Information</b>		
Name of Emergency Contact	Relation	Emergency Telephone Number

**Job Information**

Position (Job Class) Applying for:

- RN   
  Assistant Support Manager   
  Residential Manager   
  DSP   
  Transportation Driver   
  Clerical   
  Other \_\_\_\_\_

Date Available: \_\_\_\_\_

**Work Experience/Skills**

Please mark each block that you have the experience, current training or skill set:

- | INDIVIDUAL WITH                                | CURRENT TRAINING                               | SKILLS                                 |
|--|--|--|
| <input type="checkbox"/> ADHD                  | <input type="checkbox"/> Client Rights         | <input type="checkbox"/> Hoyer Lift    |
| <input type="checkbox"/> DD                    | <input type="checkbox"/> MUI                   | <input type="checkbox"/> Transfers     |
| <input type="checkbox"/> Cerebral Palsy        | <input type="checkbox"/> CPR                   | <input type="checkbox"/> Shower Chair  |
| <input type="checkbox"/> OCD                   | <input type="checkbox"/> FIRST AID             | <input type="checkbox"/> Gate Belt     |
| <input type="checkbox"/> Mental/Dual Diagnosed | <input type="checkbox"/> PMT                   | <input type="checkbox"/> Wheelchair    |
| <input type="checkbox"/> Down Syndrome         | <input type="checkbox"/> Med Delegation 1,2,3  | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Autism Spectrum       | <input type="checkbox"/> Universal Precautions | <input type="checkbox"/> Hospital Bed  |
| <input type="checkbox"/> Iso Dicentric 15      | <input type="checkbox"/>                       | <input type="checkbox"/>               |

OTHER \_\_\_\_\_

**Previous Facility Types Worked: Check All That Apply –**

- Hospital   
  Hospice   
  Nursing Home   
  Rehab   
  Private Duty   
  Group Home

Language Skills: <b>Other than English, please check any other languages you speak –</b> <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Other: _____	<b>Check the type of assignment you are available for:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Travel
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Check the days of the week you are available to work: **PLEASE BE SPECIFIC WITH START TIME AND END TIME, THESE TIMES WILL BE USED TO DETERMINE IF YOU WILL BE HIRED IMMEDIATELY.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Holidays available to work: \_\_\_\_\_

License Type	License/Certification #	State	Expiration Date

Has your professional license ever been suspended, revoked or under investigation?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

**Certifications: Check all applicable certifications and enter expiration date:**

- RN Expiration Date: \_\_\_\_\_  FIRST AID Expiration Date: \_\_\_\_\_
- LPN Expiration Date: \_\_\_\_\_  STNA Expiration Date: \_\_\_\_\_
- CPR Expiration Date: \_\_\_\_\_

**Work Experience: List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.**

Facility/Employer Name	Date Employed From: _____ To: _____
Address	Title
City/State/Zip Country	Unit
Number of Beds in Unit: _____ In Hospital: _____	Name of Current Immediate Supervisor
Describe duties and specialty areas:	Telephone #:
Pay Rate/Salary: Hourly _____ Yearly _____	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Reason for leaving:	If this was a travel assignment, name of agency:
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?

Facility/Employer Name	Date Employed From: _____ To: _____
Address	Title
City/State/Zip	Country
Unit	Name of Current Immediate Supervisor
Number of Beds in Unit: _____ In Hospital: _____	Telephone #:
Describe duties and specialty areas:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Pay Rate/Salary: Hourly _____ Yearly _____	If this was a travel assignment, name of agency:
Reason for leaving:	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, what name?	
Facility/Employer Name	Date Employed From: _____ To: _____
Address	Title
City/State/Zip	Country
Unit	Name of Current Immediate Supervisor
Number of Beds in Unit: _____ In Hospital: _____	Telephone #:
Describe duties and specialty areas:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Pay Rate/Salary: Hourly _____ Yearly _____	If this was a travel assignment, name of agency:
Reason for leaving:	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	

Please list any other work related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, additional work experience, etc.

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**Additional Information:**

1. Are you legally authorized to work in the USA?  Yes  No
2. Have you ever been convicted of a felony?  Yes  No
3. Can you pass a pre-employment drug test?  Yes  No
4. How were you referred to YOUR INDEPENDENCE INC. LLC.?
  - Newspaper  Trade Publication  Job Fair/Open House  Internet Site
  - Company Employee – Name: \_\_\_\_\_

I understand that I **must** report all accidents to my immediate supervisor **and** to YOUR INDEPENDENCE INC. LLC. - - No MATTER HOW SLIGHT.  Yes

I also understand that I must wear all required personal protection equipment (PPE).  Yes  
The penalty for not wearing PPE is disciplinary action, up to and including termination.

\_\_\_\_\_  
Signature

**ACKNOWLEDGMENT (Please read carefully and sign)**

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give YOUR INDEPENDENCE INC. LLC. permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by YOUR INDEPENDENCE INC. LLC. with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, YOUR INDEPENDENCE INC. LLC. may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release YOUR INDEPENDENCE INC. LLC., its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by YOUR INDEPENDENCE INC. LLC., I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either YOUR INDEPENDENCE INC. LLC. or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of YOUR INDEPENDENCE INC. LLC., at any time, can constitute a contract of employment. No representative or agent of YOUR INDEPENDENCE INC. LLC., has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that YOUR INDEPENDENCE INC. LLC. is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies YOUR INDEPENDENCE INC. LLC. against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

**I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Ohio law, with some exceptions, prohibits YII from hiring persons who have been convicted of or pleaded guilty to the following criminal offenses. The number preceding an offense is the Revised Code section that establishes the offense:**

959.13	Cruelty to animals	2909.24	Terrorism	2921.36	Illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution
959.131	Prohibitions concerning companion animals	2911.01	Aggravated robbery	2921.51	Impersonation of peace officer
2903.01	Aggravated murder	2911.02	Robbery	2923.12	Carrying concealed weapons
2903.02	Murder	2911.11	Aggravated burglary	2923.122	Illegal conveyance or possession of a deadly weapon or dangerous ordnance in a school safety zone & illegal possession of an object indistinguishable from a firearm in a school safety zone.
2903.03	Voluntary manslaughter	2911.12	Burglary	2923.123	Illegal conveyance or possession of a deadly weapon or dangerous ordnance in a courthouse & illegal possession of deadly weapon or dangerous ordnance in a courthouse.
2903.04	Involuntary manslaughter	2911.13	Breaking & entering	2923.13	Having weapons while under disability
2903.041	Reckless homicide	2913.02	Theft	2923.161	Improperly discharging a firearm at or into a habitation or school
2903.11	Felonious assault	2913.03	Unauthorized use of a vehicle	2923.162	Discharge of firearm on or near prohibited premises
2903.12	Aggravated assault	2913.04	Unauthorized use of property, computer, cable, or telecommunication property	2923.21	Improperly furnishing firearms to a minor
2903.13	Assault	2913.05	Telecommunications fraud	2923.32	Engaging in a pattern of corrupt activity
2903.15	Permitting child abuse	2913.11	Passing bad checks	2923.42	Criminal gang activity
2903.16	Failing to provide for a functionally impaired person	2913.21	Misuse of credit cards	2925.02	Corrupting another with drugs
2903.21	Aggravated menacing	2913.31	Forgery; identification card	2925.03	Trafficking in drugs
2903.211	Menacing by stalking	2913.32	Criminal simulation	2925.04	Illegal manufacture of drugs or cultivation of marijuana
2903.22	Menacing	2913.40	Medicaid fraud	2925.041	Illegal assembly or possession of chemicals for the manufacture of drugs
2903.34	Patient abuse; neglect	2913.41	defrauding a rental agency or hostelry	2925.05	Funding of drugs or marijuana trafficking
2903.341	Patient endangerment	2913.42	Tampering with records	2925.06	Illegal administration or distribution of anabolic steroids
2905.01	Kidnapping	2913.43	Securing writings by deception	2925.09	Illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug
2905.02	Abduction	2913.44	Personating an officer	2925.11	Drug possession other than a minor drug possession offense
2905.04	Child stealing	2913.441	Unlawful display of law enforcement emblem	2925.13	Permitting drug abuse
2905.05	Criminal child enticement	2913.45	Defrauding creditors	2925.22	Deception to obtain a dangerous drug
2905.11	Extortion	2913.46	Illegal use of supplemental nutrition assistance program or women, infants, and children program benefits	2925.23	Illegal processing of drug documents
2905.12	Coercion	2913.47	Insurance fraud	2925.24	Tampering with drugs
2905.32	Trafficking in persons	2913.48	Worker's compensation fraud	2925.36	Illegal dispensing of drug samples
2905.33	Unlawful conduct with respect to documents	2913.49	Identify fraud	2925.55	Unlawful purchase or receipt of pseudoephedrine product
2907.02	Rape	2913.51	Receiving stolen property	2925.56	Unlawful sale of pseudoephedrine product
2907.03	Sexual battery	2917.01	Inciting to violence	2927.12	Ethnic intimidation
2907.04	Unlawful sexual conduct with a minor, formerly corruption of a minor	2917.02	Aggravated riot	3716.11	Placing harmful objects in food or confection
2907.05	Gross sexual imposition	2917.03	Riot		
2907.06	Sexual imposition	2917.31	Inducing panic		
2907.07	Importuning	2919.12	Unlawful abortion		
2907.08	Voyeurism	2919.121	Unlawful abortion on a minor		
2907.09	Public indecency	2919.123	Unlawful distribution of an abortion-inducing drug		
2907.12	Felonious sexual penetration	2919.22	Endangering children		
2907.21	Compelling prostitution	2919.23	Interference with custody		
2907.22	Promoting prostitution	2919.24	Contributing to unruliness or delinquency of a child		
2907.23	Procuring	2919.25	Domestic violence		
2907.24	Soliciting & solicitation after a positive HIV test	2921.03	Intimidation		
2907.25	Prostitution	2921.11	Perjury		
2907.31	Disseminating matter harmful to juveniles	2921.12	Tampering with evidence		
2907.32	Pandering obscenity	2921.13	Falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun		
2907.321	Pandering obscenity involving a minor	2921.21	Compounding a crime		
2907.322	Pandering sexually oriented matter involving a minor	2921.24	Disclosure of confidential information		
2907.323	Illegal use of a minor in nudity oriented material or performance	2921.32	Obstructing justice		
2907.33	Deception to obtain matter harmful to juveniles	2921.321	Assaulting/harassing police dog or horse/service animal		
2909.02	Aggravated arson	2921.34	Escape		
2909.03	Arson	2921.35	Aiding escape or resistance to authority		
2909.04	Disrupting public services				
2909.22	Soliciting or providing support for act of terrorism				
2909.23	Making terroristic threat				

ADDITIONAL DISQUALIFYING OFFENSES: A felony in the Revised Code that is not one of the offenses included in this list that bears a direct and substantial relationship to the duties and responsibilities of the position being filled. Any offense in the Revised Code that constitutes a misdemeanor of the first degree on the first offense and a felony on a subsequent offense and bears a direct and substantial relationship to the position being filled and the nature of the services provided by ODODD or a county DD board. 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 listed above.

**PLEASE REVIEW THE ABOVE LIST OF CRIMINAL OFFENSES AND READ AND COMPLETE THE FOLLOWING DECLARATION STATEMENT:**

I, (print name) \_\_\_\_\_, hereby declare that I have never been convicted of or pleaded guilty to any of the criminal offenses listed above. I also understand that if I am charged with any of the above-listed offenses, either during the application process or during the course of my employment at YII, I must report the charge to the Director of Human Resources no later than the next scheduled business day. I also understand that I could be fingerprinted periodically during my employment as required by either State Law or Rule.

I further understand that my employment may be terminated for failure to disclose any relevant violations. I understand that the YII is relying on the accuracy of these statements and that this information is a condition of employment. Therefore, I hereby declare that the above statements are complete, true, and accurate under penalty of perjury

OAC 5123:2-2-02

Signature \_\_\_\_\_ Date \_\_\_\_\_



**BCII ATTESTMENT**

**Disclosure**

I attest that I have been a resident of Ohio for the past 5 years. If I have not been a resident of Ohio for the last 5 years Your Independence Inc. will conduct a FBI check along with my BCII check.

Contractor Name \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_

Director \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_

**Applicant Information Release**

**Disclosure**

I hereby authorize any person, educational institution, or company I have listed as a reference on my contractor application to disclose in good faith any information they may have regarding my qualifications and fitness to be a contractor for Your Independence Inc. I will also hold harmless any former employers, educational institutions, and any other persons giving references on my behalf for the exchange of this information and any other reasonable and necessary information pertaining to the contracting process.

Signed \_\_\_\_\_  
Date: \_\_\_\_\_



**Your Independence Inc.**  
Employment Reference Verification Form

Name of Candidate	Potential Position
Current/Previous Employer	Type of Business
Supervisor/Person Contacted	Position or Title of Person Contacted
Telephone Number of Person Contacted	Date

**STOP HERE OFFICE USE ONLY**

Note: Try to speak with the applicant's supervisor; if this is not possible, be sure the individual you speak with has a factual basis for his/her comments. Ask the person contacted if he/she has a few minutes to speak with you regarding \_\_\_\_\_ for a reference check.

Name of Candidate \_\_\_\_\_

I'd like to verify the following information from \_\_\_\_\_ 's application:

- (a) Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_.
- (b) Part time or Full time: \_\_\_\_\_.
- (c) Salary: He/she started \$ \_\_\_\_\_ per \_\_\_\_\_. Is that correct? Yes, or No.
- (d) Did he/she supervise other people? Yes, or No \_\_\_\_\_. How many? \_\_\_\_\_.
- (e) He/she said they held the following position \_\_\_\_\_. Is that correct? Yes, or No.

1. Why did he/she leave your company? \_\_\_\_\_
2. What were his/her strong points? \_\_\_\_\_
3. What was his/her weak points or limitations? \_\_\_\_\_
4. On the average, how many times a month does he/she miss work or come in late? \_\_\_\_\_
5. Did his/her job duties change during the time employed by you? Yes, or No  
If yes, how? \_\_\_\_\_
6. Did he/she improve or advance while on the job? \_\_\_\_\_
7. How well did he/she relate to other people? \_\_\_\_\_  
Specifically: Superiors? \_\_\_\_\_
8. Could you comment on degree of supervision needed? \_\_\_\_\_
9. Could you comment on his/her overall attitude? \_\_\_\_\_
10. Given the following categories, how would you rate his/her overall work performance:  
Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_
11. If given the opportunity to rehire this person, would you do so? Yes \_\_\_\_\_ or No \_\_\_\_\_

Thank you taking time to respond to my questions.

Reference Check Performed by: \_\_\_\_\_ Date: \_\_\_\_\_





## PERSONAL CHARACTER REFERENCE

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### References:

1. Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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### OFFICE USE ONLY STOP HERE

1. Who called: \_\_\_\_\_ Date & Time: \_\_\_\_\_

a. How do you know the applicant? \_\_\_\_\_

b. How long have you known the applicant? \_\_\_\_\_

c. What are 3 words to describe the applicant? \_\_\_\_\_

d. Do they have a good work ethic? \_\_\_\_\_

2. Who called: \_\_\_\_\_ Date & Time: \_\_\_\_\_

a. How do you know the applicant? \_\_\_\_\_

b. How long have you known the applicant? \_\_\_\_\_

c. What are 3 words to describe the applicant? \_\_\_\_\_

d. Do they have a good work ethic? \_\_\_\_\_

3. Who called: \_\_\_\_\_ Date & Time: \_\_\_\_\_

a. How do you know the applicant? \_\_\_\_\_

b. How long have you known the applicant? \_\_\_\_\_

c. What are 3 words to describe the applicant? \_\_\_\_\_

d. Do they have a good work ethic? \_\_\_\_\_



# Orientation and Training

Our policy at Your Independence Inc is that we DO NOT pay you for Orientation of Training that you may have while employed as a contractor at Your Independence Inc.

Thank you.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_