

Finger Print Policy / Drug Screen Policy

PURPOSE

To enhance safety of patients.

FINGER PRINT POLICY

All employees of The Medical Shoppe, Inc. under final consideration for employment who will be providing direct patient care will be fingerprinted for a criminal records check and will be subject to a general background check.

PROCEDURE

State/Government Law requires persons relating to the care of children and/or the elderly to be fingerprinted. Any applicant who is under final consideration for employment and existing employees are required to have a BCII criminal records check completed. If an applicant does not provide proof of having been a resident of the State of Ohio for the five year period immediately prior to the date the criminal records check is requested the agency must request a FBI report. A copy of the proof of residency will be kept in the employee's personnel file.

The agency may conditionally employ an applicant for whom a criminal records check is required, provided that the agency requests a criminal record check not later than five business days after he or she begins conditional employment and review of the state and national databases do not reveal any disqualifying information. The agency shall terminate conditional employment if the results of the criminal records check request, other than the results of any request for information from the FBI, are not obtained within the period ending sixty days after the date the request was made. Regardless of when the results are obtained, if they indicate that the individual has been convicted of any of the violations listed as disqualifying offenses set forth in the revised code of the rule the agency shall terminate employment or choose to employ if he or she meets all of the conditions set forth in the rule. This agency is required to obtain the disposition/court record of the offense. It is the applicant's responsibility to obtain this information for the employer. Failure to do so within 3 days of request will result being ineligible for employment or termination of employment.

Effective January 1, 2013 All current direct care employees upon their 5 year anniversary and every 5 years thereafter will be required to undergo state and national data base checks and complete a criminal back ground check BCII and a FBI if employee has resided out of state of Ohio in previous 5 years. All current employees agree they have read disqualifying offenses and agree to notify their immediate supervisor or Administrator immediately should they have a disqualifying offense. Current employees with findings may not be able to continue employment. Failure to report a disqualifying offense and receipt of criminal back ground check with disqualifying offenses will result in termination of employment and if terminated under this policy the employee agrees they have voluntarily abandoned their position and is not entitled to workers compensation claims upon termination of employment.

The agency may at its expense complete a general background check on all applicants and employees including but not limited to civil and criminal matters and/or Ohio workers compensation claims history. The applicant and/or employee authorize records to be released to R.J. McGough & Associates, Inc. which will be forwarded to our agency.

The following fees will be taken from the employee's first paycheck and reimbursed after a year of employment. BCII \$35.00 BCII & FBI \$85.00

DRUG SCREEN POLICY

All new hires are required to complete a drug test prior to further employment processes. The company assumes fees for the drug screen. If you fail the drug screen you will not be considered for employment or will be terminated upon results of positive test results. Random testing is completed throughout the year and all employees are subject to Random Drug Screens. All drug screens may be monitored.

By signing below I understand the Finger Print Policy and have not been convicted of or plead guilty to any of the disqualifying offenses attached to policy. By Signing below I understand the Drug Screen Policy, agree to submit to testing and release records according to above statement.

Signature of understanding and release of records

Date

Applicant/Employee
Updated 12/20/12



Reference Release Form

Applicant name: _____

Former employer: _____

Social Security #: _____ Dates employed: _____

The above named applicant is being considered for employment with Ohio Valley Home Health, Inc. and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us in the enclosed, self-addressed, stamped envelope or fax to 740-441-1398. Thank you for your assistance.

Applicant's Authorization

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's signature: _____ Date: _____

Record of Employment

Position held: _____ Dates employed: _____

Summary of essential duties: _____

Reason for leaving: _____

Salary at termination: _____ Eligible for rehire? Yes No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments: _____

Signature: _____ Title: _____ Date: _____

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)

Part Time (Please indicate Mornings Afternoon Evenings)

Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		Work Performed
Job Title	Supervisor	Starting	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		Work Performed
Job Title	Supervisor	Starting	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		Work Performed
Job Title	Supervisor	Starting	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		Work Performed
Job Title	Supervisor	Starting	
Reason for Leaving			

Comments: Include explanation of any gaps in employment.

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	
WPM _____	WPM _____	_____	

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 REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

Name	Phone Number
1.	
2.	
3.	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

