



2110 Hathaway Dr Brunswick OH 44212 Phone/Fax: 330-220-2112

**MEDINA CREATIVE ACCESSIBILITY EMPLOYEE APPLICATION**

NAME \_\_\_\_\_ Date \_\_\_\_\_

CURRENT ADDRESS

\_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ SSN \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

I have been a resident of Ohio **for the past** \_\_\_\_\_ **years.**

**Education:**

**High School:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N

Degree / diploma earned: \_\_\_\_\_

**College / University:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N

Degree / diploma earned: \_\_\_\_\_

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N

Degree / diploma earned: \_\_\_\_\_

**Employment History/Experience**

Years of experience within the MR/DD field \_\_\_\_\_

**Briefly describe your experience working with individuals with disabilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? [ ] Y or [ ] N

If you are currently employed, may we contact your current employer? [ ] Y or [ ] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

**Please List 3 References who have knowledge of your work performance:**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Years known \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Years known \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Years known \_\_\_\_\_

Have you ever been convicted of a felony or crime? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever been convicted of a drug or alcohol charge? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check the position(s) you are interested in:**

Homemaker/Personal Care House Manager \_\_\_\_\_

Homemaker/Personal Care Employee \_\_\_\_\_

**Availability**

Full time \_\_\_\_\_ Part time \_\_\_\_\_

Hours available: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Please check and attach copies of the following:**

Valid/Current Drivers License \_\_\_\_\_

Vehicle Insurance Coverage \_\_\_\_\_

**Please indicate if you have had the following training and attach copies of the certifications:**

Individual Rights Training\_\_\_\_\_

Medication Administration\_\_\_\_\_

Crisis Prevention Intervention\_\_\_\_\_

MUI/UIR or Health and Safety Training\_\_\_\_\_

Defensive Driving(or other driving certification)\_\_\_\_\_

CPR/FIRST AID:

Adult\_\_\_\_\_

Child\_\_\_\_\_

**\*\*Any person seeking employment with Medina Creative Accessibility must obtain a Background Check and Drivers Abstract prior to starting with the agency.**

(if you are currently employed with an agency that requires these certifications and a background check, please see the release below and sign)

I authorize the release of copies of my current certifications and background check information to Medina Creative Accessibility from my current place of employment.

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

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal.

I authorize the investigation of all statements contained herein and give permission for the references listed above to give any and all information concerning my background and release all parties from all liability for any damage that may result from furnishing the same to you. I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

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

**FOR OFFICE USE ONLY**

Date of interview\_\_\_\_\_

NOTES:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of hire\_\_\_\_\_

Background Check\_\_\_\_\_ Date\_\_\_\_\_

Copy of DL/Insurance\_\_\_\_\_ Date\_\_\_\_\_

Drivers Abstract \_\_\_\_\_ Date \_\_\_\_\_

CPR/FIRST AID \_\_\_\_\_ Date \_\_\_\_\_

Behavior Supports \_\_\_\_\_ Date \_\_\_\_\_

MUI/UIR \_\_\_\_\_ Date \_\_\_\_\_

Individual Rights \_\_\_\_\_ Date \_\_\_\_\_

Med Pass \_\_\_\_\_ Date \_\_\_\_\_