



## Attention Applicants

**In order to be eligible for employment, you MUST be able to provide and complete the following required information:**

**PLEASE KEEP THIS FOR FUTURE REFERENCE**

**Applicants must present the following documents at Interview:**

2 ID's – for example:  
Picture ID and Social Security Card  
or Birth Certificate

Direct Deposit is Mandatory

Background Check, FBI and BCI&I

For driver's – Valid Driver's License, Driver's Abstract,  
and Valid Auto Insurance

High School Diploma or GED



## Employment Application

(Please Print Legibly)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Maiden Name (if any): \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Referred by:  Newspaper ad  Internet  TV  Current Employee Position applying for: \_\_\_\_\_

ELIGIBILITY	Yes	No	Please use initials to mark the appropriate answer!!!!
Are you a high school graduate or do you have a GED?			
Are you 18 years of age or older?			
Have you ever been employed by UCM or Art Sense before?			If yes, give date: ____/____/____
Do you have a valid driver's license?			License No.: _____ Exp. Date: ____/____/____ State issued: _____
Do you have proof of up-to-date car insurance?			Exp. Date: ____/____/____ Mandatory if hired.
Do you have a social security card OR birth certificate?			Mandatory if hired.
Do you have a bank account?			Mandatory direct deposit if hired.
Have you ever been arrested? If yes, please explain on the back side of this sheet.			If yes, give dates: ____/____/____ ____/____/____ ____/____/____
Have you ever been convicted of a felony? Please refer to attached Disqualifying Offenses form. If yes, please explain on the back side of this sheet.			If yes, give dates: ____/____/____ ____/____/____ ____/____/____

Signature of Applicant: \_\_\_\_\_ Applicant's Initials: \_\_\_\_\_

**SCREENING TESTS FOR ILLEGAL DRUG USE WILL BE REQUIRED AS A CONDITION OF EMPLOYMENT.**  
 Any TB test results and BCI/FBI results completed within the last 1 month is valid for possible employment with UCM Residential Services. Applicant may include a letter of recommendation in this application from someone who is **NOT** a member of your family.

**UCM Residential Services** is an equal opportunity employer and is committed to equal employment opportunities as prescribed by the laws and constitutions of the United States and Ohio. This includes Title VII of the Civil Rights Act and the Americans with Disabilities Act (ADA). **UCM Residential Services** engages in fair employment and non-discriminatory practices. Employment decisions shall be based without regard to race, sex, sexual preferences, disability, color, religion, national origin, age or other unlawful bias. Individual choice is the most important factor in determining work assignments among qualified applicants. Hiring is contingent upon the discretion of **UCM Residential Services** management staff who will select the applicant deemed most qualified, based upon such factors it considers relevant and important.

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

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

**UCM RESIDENTIAL SERVICES**

**POLICY AND PROCEDURES**

**POLICY: Terms of Employment**

An employee chooses to end employment or if employment is terminated due to violations of policy and procedures prior to one year from the date of hire will be expected to reimburse the expenses incurred during the hiring and orientation process.

**PROCEDURE:**

The expenses will be deducted from the employee's paycheck equal to the amount owed.  
The expenses are as follows:

PPD (TB Test)	\$12
Drug Screen	\$36
BCI (Ohio) Background Check	\$34
FBI Background Check	\$34
Hepatitis Vaccine (Step 1 & 2)	\$120
CPR	\$27

After one year of employment, the employee will not be required to reimburse.

Signature on this policy is permission for UCM Residential Services to deduct any owed expenses from employee's paycheck.

Signature of Employee: \_\_\_\_\_

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

EFFECTIVE DATE: 8/14/14 Revised 10/6/14 Revised 01/01/17

APPROVAL DATE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

<b>HIRED:</b>	<b>Start Date:</b>	____ / ____ / ____	<b>DECLINED:</b>	<b>Date:</b>	____ / ____ / ____
	<b>Position:</b>				
	<b>Status:</b>				
	<b>Location:</b>				
	<b>Shift:</b>	Split 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>			
	<b>Comments:</b>				

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

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

**EMPLOYMENT INFORMATION**

1.	Most Recent or Current Employer	Start Date	End Date	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street				
City, State, Zip				
Company Phone	(    )			

**May we contact this employer about your employment with them? Please circle: Yes No then initial here:**

2.	Most Recent or Current Employer	Start Date	End Date	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street				
City, State, Zip				
Company Phone	(    )			

**May we contact this employer about your employment with them? Please circle: Yes No then initial here:**

3.	Most Recent or Current Employer	Start Date	End Date	Supervisor:
Company Name:		Mo. _____ Yr. _____	Mo. _____ Yr. _____	Job Duties:
Number & Street				
City, State, Zip				
Company Phone	(    )			

**May we contact this employer about your employment with them? Please circle: Yes No then initial here:**

**OTHER REFERENCES (no relatives)**

1.	Person's Name and Occupation:
	Address:
	City, State, Zip:
	Contact Phone Number(s): (    ) - (    ) - (    ) -

2.	Person's Name and Occupation:
	Address:
	City, State, Zip:
	Contact Phone Number(s): (    ) - (    ) - (    ) -

3.	Person's Name and Occupation:
	Address:
	City, State, Zip:
	Contact Phone Number(s): (    ) - (    ) -

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

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

**EDUCATION INFORMATION**

		Course of Study and/or Degree	Circle Last Year Completed	
High School Name:			1 2 3 4	Did you graduate? (diploma or GED) Yes No
City and State:				
College Name:			1 2 3 4	Did you graduate? Yes No
City and State:				
Other (Specify):			1 2 3 4	Did you graduate? Yes No
City and State:				

**GENERAL APPLICANT INFORMATION**

List any relatives or friends working at UCM Residential Services (past or current): \_\_\_\_\_

Do you have experience working with individuals with intellectual disabilities or experience providing direct services to individuals?  
(circle one) Yes No If yes, how long? \_\_\_\_\_ years

Are you willing to work with or around people with individuals with intellectual disabilities?  
(circle one) Yes No Date available to begin work: \_\_\_/\_\_\_/\_\_\_

Hours and days of the week available to work (including week-ends): \_\_\_\_\_  
(most direct services jobs require week-end work)

**WAIVER OF CONFIDENTIALITY**

I, the undersigned, hereby waive the confidentiality of my application and employment records with UCM Residential Services (UCM), for any and all legitimate purposes as so deemed by UCM, including, without limitation, to the Department of Developmental Disabilities (DD), local case management or boards of DD, Ohio Job and Family Services, Abuser Registry, Nurse Aide Registry and law enforcement agencies.

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

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

**CONTINGENCY OF EMPLOYMENT**

Criminal background checks are completed for all applicants. According to Ohio Department of DD administrative Rules 5123:2-0-5 and 5123:2-1-05.1, "An Agency shall not employ a person who has been convicted of, or pleaded guilty, to "certain disqualifying offenses which bear a direct and substantial relationship to the responsibilities and duties of the position being filled".

Therefore, I understand that, if hired, my employment is contingent upon my BCI&I and FBI background, Abuser Registry, Nurse Aide Registry checks & other checks are identified in rule being received by UCM with no disqualifying offenses.

I further understand that I am required to report any criminal charges, arrests, indictments, convictions, or any motor vehicle violations within 14 days of employment or violation to supervisor of Administrative Office. Failure to report violations according to Ohio Department of IID administrative Rules 5123:2-0-5 and 5123:2-1-05.1, or changes in driving status will result in corrective action up to and including termination of employment with UCM.

I verify that I have not been convicted of any felonies.

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

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

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

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

**RELEASE OF DRIVING RECORDS**

I understand that if I become a UCM employee who is required to drive, my employment is contingent upon me having a valid driver's license. Therefore, I hereby agree to the release of any and all information pertaining to my driving records. Any information released to this agency will be kept strictly confidential. If hired, driving records will be checked on an annual basis or as needed.

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

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

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**RESIDENCE HISTORY**

Provide a complete address for each place of residence you have had in the **past five years**.

**CURRENT Address**

_____		How long have you lived there? ____ / ____	
Number and street	Apt. No.	Years/months	
_____	_____	_____	_____
City	State	Zip	County

**Previous Address**

_____		How long have you lived there? ____ / ____	
Number and street	Apt. No.	Years/months	
_____	_____	_____	_____
City	State	Zip	County

**Previous Address**

_____		How long have you lived there? ____ / ____	
Number and street	Apt. No.	Years/months	
_____	_____	_____	_____
City	State	Zip	County

**Previous Address**

_____		How long have you lived there? ____ / ____	
Number and street	Apt. No.	Years/months	
_____	_____	_____	_____
City	State	Zip	County

**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

DATE INTERVIEWED	INTERVIEWED BY	COMMENTS

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

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

**REFERENCE CHECKS**

	EMPLOYMENT INFORMATION VERIFICATION		RESULTS OF OTHER REFERENCES
1.		1.	
2.		2.	
3.		3.	

**AUTHORIZATION**

I certify that the information in this employment application is correct and complete to the best of my knowledge. I understand that if employed by the UCM Residential Services or Art Sense any falsified or misrepresent statements on this application are grounds to terminate my employment.

I authorize UCM Residential Services or Art Sense to investigate all my statements contained in this application. The references and employers listed are authorized to give UCM Residential Services or Art Sense any and all information regarding my previous employment and related information. I release UCM Residential Services or Art Sense from all liability for any damage that may result from the utilization of this information.

I understand that if I am hired, I may terminate my employment at any time. UCM Residential Services or Art Sense may also terminate my employment at any time, with or without cause. I also understand that nothing in the application, the granting of an interview, or the acceptance of an offer of employment should be construed as a contract of employment.

All persons hired by UCM Residential Services or Art Sense will be on a 90 day probationary period. During this time the employee's performance will be monitored closely. All employees are hired on a temporary basis. After the first 90 days an evaluation may be completed and the employee may be continued as temporary, part-time or full-time at UCM Residential or Art Sense's discretion. Employment may be terminated during the first 90 days or during any subsequent period without notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## DISQUALIFYING OFFENSES

**Please read this form in its entirety. It is VERY important that you read through all of the information and fill this form out completely.** Please CIRCLE any of the offenses listed below from Rule 5123:2-202 that you have been convicted of or pleaded guilty to. You shall disclose to UCM Residential Services any conviction for any offense regardless of the length of time since occurrence or if record has been sealed.

Criminal background checks are completed for all applicants and employees. Effective January 1, 2013, the Ohio Department of Developmental Disabilities issued a new administrative Rule, 5123:2-2-02, stating “There are 5 tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed or an employee from remaining employed by a responsible entity and preclude a candidate from receiving supported living certification issued by the department.”

**1. Tier one: permanent exclusion – No responsible entity shall employ an applicant or continue to employ an employee, nor shall the department issue supported living certification to a candidate, if the applicant, employee, or candidate has been convicted of or pleaded guilty to any of the following sections of the Revised Code:**

### Criminal

<u>Code #</u>	<u>Offense</u>
2903.01	Aggravated Murder
2903.02	Murder
2903.03	Voluntary Manslaughter
2903.11	Felonious Assault
2903.15	Permitting Child Abuse
2903.16	Failing to provide for a functionally impaired person
2903.34	Patient abuse and neglect
2903.341	Patient Endangerment
2905.01	Kidnapping
2905.02	Abduction
2905.32	Human Trafficking
2905.33	Unlawful Conduct with Respect to Documents
2907.02	Rape
2907.03	Sexual Battery
2907.04	Unlawful sexual conduct with a minor, formerly corruption of a minor
2907.05	Gross sexual imposition
2907.06	Sexual imposition
2907.07	Importuning
2907.08	Voyeurism
2907.12	Felonious sexual penetration
2907.31	Disseminating matter harmful to juveniles
2907.32	Pandering obscenity
2907.321	Pandering obscenity involving a minor
2907.322	Pandering sexually oriented matter involving a minor
2907.323	Illegal use of minor in nudity-oriented material or performance
2909.22	Soliciting/Providing Support for Act of Terrorism
2909.23	Making Terrorist Threat
2909.24	Terrorism
2913.40	Medicaid Fraud
2923.01	Conspiracy, 2923.02 Attempt, or 2923.03 Complicity when the underlying offense is any of the offenses or violations described in the above permanent exclusions codes.

A conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state-funded program, excluding the disqualifying offenses set forth in section 2913.46 of the Revised Code (illegal use of supplemental nutrition assistance program or women, infants, and children program benefits) or:

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 or violation described in the permanent exclusion codes in this rule.



2. **Tier two: ten-year exclusion** – No responsible entity shall employ an applicant or continue to employ an employee, nor shall the department issue supported living certification to a candidate, for a period of ten years from the date the applicant, employee, or candidate was fully discharged from imprisonment, probation, and parole, if the applicant, employee, or candidate has been convicted of or pleaded guilty to an of the following sections of the Revised Code:

2903.04	Involuntary Manslaughter
2903.041	Reckless Homicide
2905.04	Child Stealing (as it existed prior to July 1, 1996)
2905.05	Criminal child enticement
2905.11	Extortion
2907.21	Compelling prostitution
2907.22	Promoting prostitution
2907.23	Enticement or solicitation to patronize a prostitute, procurement of a prostitute for another
2909.02	Aggravated arson
2909.03	Arson
2911.01	Aggravated Robbery
2911.11	Aggravated Burglary
2913.46	Illegal use of supplemental nutrition assistance program or women, infants, and children program benefits
2913.48	Workers' Compensation Fraud
2913.49	Identity Fraud
2917.02	Aggravated Riot
2923.12	Carrying concealed weapon
2923.122	Illegal conveyance or possession of deadly weapon or dangerous ordinance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone
2923.123	Illegal conveyance, possession, or control of deadly weapon or dangerous ordinance into courthouse
2923.13	Having weapons while under disability
2923.161	Improperly discharging a firearm at or into a habilitation or school
2923.162	Discharge of firearm on or near prohibited premises
2923.21	Improperly furnishing firearms to minor
2923.32	Engaging in pattern of corrupt activity
2923.42	Participating in criminal gang
2925.02	Corrupting another with drugs
2925.03	Trafficking in drugs
2925.04	Illegal manufacture of drugs or cultivation of marihuana
2925.041	Illegal assembly or possession of chemicals for the manufacture of drugs
3716.11	Placing harmful objects in food or confection
2923.01	Conspiracy, 2923.02 Attempt, or 2923.03 Complicity when the underlying offense is any of the offenses or violations described in the ten-year exclusions of this rule or;

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 or violations described in the ten-year exclusions of this rule.

3. **Tier three: seven-year exclusion** – No responsible entity shall employ an applicant or continue to employ an employee, nor shall the department issue supported living certification to a candidate, for a period of seven years from the date the applicant, employee, or candidate was fully discharged from imprisonment, probation, and parole, if the applicant, employee, or candidate has been convicted of or pleaded guilty to any of the following sections of the Revised Code:

959.13	Cruelty to animals
959.131	Prohibitions concerning companion animals
2903.12	Aggravated Assault
2903.21	Aggravated menacing
2903.211	Menacing by Stalking
2905.12	Coercion
2909.04	Disrupting Public Services
2911.02	Robbery
2911.12	Burglary
2913.47	Insurance Fraud
2917.01	Inciting to Violence
2917.03	Riot
2917.31	Inducing Panic
2919.22	Endangering Children
2919.25	Domestic Violence

- 2921.03 Intimidation
  - 2921.11 Perjury
  - 2921.13 Falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license
  - 2921.34 Escape
  - 2921.35 Aiding escape or resistance to lawful authority
  - 2921.36 Illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution
  - 2925.05 Funding of drug or marihuana trafficking
  - 2925.06 Illegal administration or distribution of anabolic steroids
  - 2925.24 Tampering with drugs
  - 2927.12 Ethnic intimidation
  - 2923.01 Conspiracy, 2923.02 Attempt, or 2923.03 Complicity when the underlying offense is any of the offenses or violations described in the seven-year exclusions of this rule or;
- 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 or violations described in the seven-year exclusions of this rule.

**4. Tier four: five-year exclusion – No responsible entity shall employ an applicant or continue to employ an employee, nor shall the department issue supported living certification to a candidate, for a period of five years from the date the applicant, employee, or candidate has been convicted of or pleaded guilty to any of the following sections of the Revised Code:**

- 2903.13 Assault
- 2903.22 Menacing
- 2907.09 Public Indecency
- 2907.24 Soliciting after positive human immunodeficiency virus test
- 2907.25 Prostitution
- 2907.33 Deception to obtain matter harmful to juveniles
- 2911.13 Breaking and entering
- 2913.02 Theft
- 2913.03 Unauthorized use of a vehicle
- 2913.04 Unauthorized use of property, computer, cable, or telecommunication property
- 2913.05 Telecommunication fraud
- 2913.11 Passing bad checks
- 2913.21 Misuse of credit cards
- 2913.31 Forgery, forging identification cards
- 2913.32 Criminal simulation
- 2913.41 Defrauding a rental agency or hostelry
- 2913.42 Tampering with Records
- 2913.43 Securing writings by deception
- 2913.44 Personating an officer
- 2913.441 Unlawful display of law enforcement emblem
- 2913.45 Defrauding creditors
- 2913.51 Receiving stolen property
- 2919.12 Unlawful abortion
- 2919.121 Unlawful abortion upon minor
- 2919.123 Unlawful distribution of an abortion-inducing drug
- 2919.23 Interference with Custody
- 2919.24 Contributing to unruliness or delinquency of child
- 2921.12 Tampering with evidence
- 2921.21 Compounding a Crime
- 2921.24 Disclosure of Confidential Information
- 2921.32 Obstructing justice
- 2921.321 Assaulting/Harassing police dog or horse/service animal
- 2921.51 Impersonation of peace officer
- 2925.09 Illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug
- 2925.11 Drug possession other than a minor drug possession offense
- 2925.13 Permitting drug abuse
- 2925.22 Deception to obtain dangerous drugs
- 2925.23 Illegal processing of drug documents
- 2925.36 Illegal dispensing of drug samples

- 2925.55 Unlawful purchase of pseudoephedrine product
- 2925.56 Unlawful sale of pseudoephedrine product
- 2923.01 Conspiracy, 2923.02 Attempt, or 2923.03 Complicity when the underlying offense is any of the offenses or violations described in the five-year exclusions of this rule or;  
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 or violations described in the five-year exclusions of this rule.

**5. Tier five: no exclusion – A responsible entity may employ an applicant or continue to employ an employee, and the department may issue supported living certification to a candidate, if the applicant, employee, or candidate has been convicted of or pleaded guilty to any of the following sections of the Revised Code:**

- 2925.11 Drug possession that is minor drug possession offense
- 2925.14 Illegal use or possession of drug paraphernalia
- 2925.474 Illegal use or possession of marijuana drug paraphernalia or;  
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 or violations described in the no exclusion section of this rule.

**Multiple offenses**

**If an applicant, employee, or candidate has been convicted of or pleaded guilty to multiple disqualifying offenses listed in the ten-year exclusion of this rule, and the seven-year exclusion of this rule, and the five-year exclusion of this rule, the applicant, employee, or candidate is subject to a fifteen-year exclusion period.**

**If an applicant, employee, or candidate has been convicted of or pleaded guilty to multiple disqualifying offenses listed in the seven-year exclusion of this rule, and the five-year exclusion of this rule, the applicant, employee, or candidate is subject to a ten-year exclusion period.**

**If an applicant, employee, or candidate has been convicted of or pleaded guilty to multiple disqualifying offenses listed in the five-year exclusion of this rule, the applicant, employee, or candidate is subject to a seven-year exclusion period.**

A valid motor operator’s license and driving record prepared by the bureau of motor vehicles must be obtained by UCM Residential Services if the duties of the position require transport of individuals or to operate the responsible entity’s vehicles for any other purpose. **A person having six or more points on his or her driving record is prohibited from transporting individuals.**

Furthermore, employees are **required to report** any criminal charges, arrests, indictments, convictions, or any motor vehicle violations **within 14 calendar days of employment or violation** to any Human Resources representative or the Human Resources Director. Failure to report violations according to Ohio Department of Developmental Disabilities administrative Rule 5123:2-2-02, or changes in driving status may result in termination of employment with UCM Residential Services.

**I attest I have not been convicted of or pleaded guilty to a disqualifying offense. If I have, it has been identified on the form. Please circle any of the above offenses listed in Rule 5123:2-202 that you have been convicted of or pleaded guilty to. I shall disclose to UCM Residential Services a conviction for any offense that has been sealed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**UCM RESIDENTIAL SERVICES**  
**REQUEST FOR BACKGROUND CHECKS**

\*\*Please print legibly.\*\*

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

Known by other names (maiden name): \_\_\_\_\_

Former last name: \_\_\_\_\_ # of years ago

Former last name: \_\_\_\_\_ # of years ago

Former last name: \_\_\_\_\_ # of years ago

Address: \_\_\_\_\_  
\_\_\_\_\_

Previous Address (Last six months): \_\_\_\_\_  
\_\_\_\_\_

SS#: \_\_\_\_\_

If Needed – Driver’s License #: \_\_\_\_\_ State: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Requesting: \_\_\_\_\_ Date: \_\_\_\_\_

For UCM: \_\_\_\_\_ Date: \_\_\_\_\_

**UCM Residential Services**  
**400 South Melvin-Eley Avenue**  
**Union City, Ohio 45390**  
**937-968-6265**

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

**EMERGENCY MEDICAL INFORMATION**

Employee's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**MANDATORY INFORMATION**

**PERSONS TO CONTACT IN CASE OF ILLNESS OR ACCIDENT**

1<sup>ST</sup> Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Employee (circle one): Spouse Parent Child Sibling Friend Other

Is this person employed by UCM Residential Services (Circle One)? Yes No

2nd Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Employee (circle one): Spouse Parent Child Sibling Friend Other

Is this person employed by UCM Residential Services (Circle One)? Yes No

.....  
**Dentist's EMPLOYEE: You may complete the following information if you desire. This information is kept strictly confidential unless needed by medical personnel during a medical emergency.**

**Doctor's Name:** \_\_\_\_\_ **Hospital Preferred:** \_\_\_\_\_

**Doctor's Phone:** \_\_\_\_\_ **Employee's Blood Type:** \_\_\_\_\_

**Allergies and/or Medical Conditions:** \_\_\_\_\_ **Medications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Insurance Phone:** \_\_\_\_\_

Form should be completed annually by employee.

**UCM RESIDENTIAL SERVICES**  
**HIRING PROCESS CHECKLIST TO BE COMPLETED BY UCM DEPARTMENT HEAD**

APPLICANT'S NAME: \_\_\_\_\_ DEPART. HEAD: \_\_\_\_\_

CHECKLIST	DATE COMPLETED	DEPARTMENT HEAD INITIALS/COMMENTS
Review Application. Must be 18 yrs. old & have Diploma/GED. Ensure application is complete.		
Request Administrative Office to complete the following:		
Abuser/Neglect Registry Check (Prior to hire)		
Nurse Aide Registry (Prior to hire)		
Inspectors General's Exclusion Registry (Prior to Hire)		
US General Services Administration System for Award Management Database (Prior to Hire)		
Sex and Child Victim Offender database (Prior to Hire)		
Department Head should complete references – document specifically and only facts.		
Administrative Office will inform Department Head when above stated checks come back via e-mail.		
Call Applicant to set up interview preferably when individuals are home on Monday or Wednesday. Request applicant to bring a copy of photo ID, Social Security Card or Birth Certificate, and High School Diploma/GED.		
Interview Applicant – Request copy of GED & Diploma to interview. Complete Interview Form. Give Tour of Facility. If considering for hire, have applicant complete drug screen with Nursing (Monday & Wednesday) and Set up 2 <sup>nd</sup> interview with add. Supervisors. Make a decision as to hire or not hire.		
If no hire, give application to Administrative Office to file. If choose to hire, have applicant complete:		
Employee must Schedule Physical with own physician or facility physician (\$35 if scheduled with facility physician – inform employee of this).		
Department Head should instruct employee to stop in to front Administrative office to obtain paperwork for BCI/FBI check – potential employee must return verification that they went to License Bureau to Administrative Office.		
Department Head must verify with Administrative Assistant the prospective employee has turned in receipt of initiating BCI/FBI check prior to start of employment.		
TB Screening will be completed the first day of orientation. If employee has had a previous 2 step a copy must be brought in prior to or start of orientation.		
If Job requires them to drive – Must obtain drivers abstract – may do while completing BCI/FBI checks.		
Department Head should request applicant to bring account information for direct deposit to Administrative Office.		
Department Head should schedule applicant for orientation.		
Department Head should ensure Admin. Office has all information for applicant to start orientation.		