APPLICATION FOR EMPLOYMENT

Name _____ Date _____
LAST FIRST MIDDLE

THE ALPHA GROUP OF DELAWARE, INC.

ALPHA MANUFACTURING ▪ ALPHA ADULT DAY SUPPORT ▪ ERGON EMPLOYMENT SOLUTIONS ▪ ALPHA OFFICE & LAWN SERVICE

1000 Alpha Drive
Delaware, OH 43015

TO ALL APPLICANTS *(Please read carefully)*

Thank you for your interest in employment with The Alpha Group of Delaware, Inc.

When completing your application, please provide as much detail as possible and answer all questions thoroughly. Type or print clearly. If you need assistance to complete the application, please advise the personnel department. **The back portion of the application requires notarization, your signature and the date.** Return the completed application to the facility at which you are applying for employment. All applications will be kept on active status for a period of 6 months. If you are not hired but continue to have an interest in employment after this period of time, you will need to complete a new application.

HIRING PROCESS

Because there are generally more applicants than available positions, not all applicants will receive interviews. Interviews are scheduled by the supervisor in the facility/department based upon the applicant's qualifications and ability to perform the essential job functions of the position with or without reasonable accommodation. Following the initial interview, applicants may be recommended for additional interviews with other staff, supervisors, and the Controller. Offers of employment may be extended **only by the General Business Manager.** Employment shall be contingent upon successful completion of a job-related medical examination, drug testing, a criminal history background check, and, if the position requires the person to transport clients or operate agency vehicles for any other purpose, a driver's abstract, proper license, and proof of insurance with $100,000/$300,000/$100,000 limits.

CERTIFICATION/LICENSURE/REGISTRATION

Some positions require certification, licensure and/or registration. If you are applying for any of these positions, complete the appropriate information on the application and enclose a copy of the certificate, license an/or registration. If you are hired, you will need to bring the ***original*** certificate, license and/or registration in for review and copying. Applicants must be eligible for at least a temporary credential and willing to meet the requirements for renewal and/or upgrade. Applicants who have completed college or coursework related to the position applied for are requested to submit ***official transcripts*** with the application. If hired, official transcripts *must* be submitted prior to the first day of work. Educational degrees must be from a four (4) year college or university or graduate program authorized by the Ohio Board of Regents or comparable out-of-state institution.

THE ALPHA GROUP IS AN EQUAL OPPORTUNITY EMPLOYER

This philosophy calls for equal opportunity for employment, training and advancement regardless of sex, race, creed, color, age, national origin, religion, physical or mental disability or any other factors unrelated to the essential duties of the position.

PERSONAL INFORMATION *(Please read carefully)*

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Telephone Number ( ) _____

Position(s) applied for _____

Date available to start work _____ How did you learn of this opening? _____

Have you worked for this agency before? ☐ Yes ☐ No If yes, dates of employment _____

EMPLOYMENT HISTORY

List most recent first. Use additional sheet if necessary. If your job title or duties changed during employment with any one employer, please separate employers. A resume ***may not*** be used as a substitute for completing this application.

Name of employer _____ Telephone # _____

Address _____

Name & Title of Supervisor _____

Job Title _____

Dates of Employment _____ to _____ Ending Salary _____

Describe Responsibilities _____

Reason for Leaving _____

Name of employer _____ Telephone # _____

Address _____

Name & Title of Supervisor _____

Job Title _____

Dates of Employment _____ to _____ Ending Salary _____

Describe Responsibilities _____

Reason for Leaving _____

Name of employer _____ Telephone # _____

Address _____

Name & Title of Supervisor _____

Job Title _____

Dates of Employment _____ to _____ Ending Salary _____

Describe Responsibilities _____

Reason for Leaving _____

EDUCATION

Type	Complete Name and Address	Years Completed	Graduated	Degree	Major
High School		1 2 3 4	☐ Yes ☐ No		
College*		1 2 3 4	☐ Yes ☐ No		
Post Graduate*		1 2 3 4	☐ Yes ☐ No		
Business or Trade*		1 2 3 4	☐ Yes ☐ No		
Other		1 2 3 4	☐ Yes ☐ No		

Please submit transcripts (copies accepted for application; **official transcripts required at time of hire).*

CERTIFICATION/LICENSURE/REGISTRATION

For many positions, state certification, licensure or registration requirements must be met. Enclose copies of the applicable document(s) and complete information below as it relates to the position(s) for which you have applied. Check only those for which you hold a current valid certificate.

Ohio Department of Mental Retardation/ Developmental Disabilities ☐ Yes ☐ No

Certified Rehabilitation Counseling Board ☐ Yes ☐ No

Please list any state ODMR/DD certificates, licenses or registrations that you have ever held, *including those that may have expired.*

Type of Certificate/License/Registration	Authorizing Board or Agency	Expiration Date
1.		
2.		
3.		

DRIVER'S LICENSE

Do you have a valid Ohio operator's license? ☐ Yes ☐ No

Do you have Commercial Driver's License (CDL) with passenger endorsement? ☐ Yes ☐ No

Have you had any traffic accidents/citations within the last twelve (12) months? If yes, please explain. ☐ Yes ☐ No

Have you had your driver's license suspended or revoked within the last five years? ☐ Yes ☐ No

Do you have a motor vehicle with $100,000/$300,000/$100,000 of insurance that you can use as part of your duties, if required?

☐ Yes ☐ No

REFERENCES

List three (3) references, excluding relatives, this agency has permission to contact. Must include phone number.

	NAME/OCCUPATION	ADDRESS	CITY	STATE	ZIP	PHONE
1.						
2.						
3.						

NOTICE OF REQUIREMENT OF CRIMINAL HISTORY BACKGROUND CHECK

The Alpha Group is mandated by law to conduct criminal background checks on applicants under the final consideration for employment. If you are a finalist, you will be required to complete an affidavit and, upon the offer of employment, be fingerprinted. The background check will be completed by the Bureau of Criminal Investigation and Identification or, at Alpha's discretion, other state or federal agency. Applicants must show proof of residence in the State of Ohio for the past five years (i.e. cancelled check, etc.) Applicants not residing in the State of Ohio for the past five years will be required to have a background check completed by the Federal Bureau of Investigation. Employment is contingent upon satisfactory reports. Disclosure of a criminal record will not necessarily disqualify you for employment. Each convection will be evaluated on its own merits with respect to time, circumstances and seriousness of the offense in relation to the job for which you are applying. This report is not subject to the Ohio Public Records Act.

NOTICE OF REQUIREMENT OF DRUG TESTING

All applicants tentatively selected for this position will be required to submit to urinalysis to test for illegal drug use. An applicant with a positive test shall not be offered employment.

MISCELLANEOUS

1. Have you ever been discharged or requested to resign from a position? ☐ Yes ☐ No
   If yes, explain:
2. Have your ever had a certificate/license/registration revoked or suspended? ☐ Yes ☐ No
   If yes, explain:
3. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain:

4. Can you perform the essential functions of the specific job(s) for which you are applying as listed in the Position Description?

   ☐ Yes ☐ No

   If no, please list which essential function(s) you would have difficulty performing and identify possible reasonable accommodation(s):

   _____

5. List friends and/or relatives working for this agency:

   _____ NAME _____ RELATIONSHIP

APPLICANT'S AGREEMENT

I certify that I have read and understand the instructions on the front page and all other information on this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or immediate discharge at any time during my employment. I understand that, as a condition of initial or continued employment, I agree to submit to medical examinations, substance abuse testing, and other examinations that may be lawfully required by The Alpha Group. I understand that my future employment with the employer shall be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

I authorize The Alpha Group and/or its agents, including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers *unless restricted on page 2 of this application), person, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information. I confirm that I meet all the requirements as stated on the job posting(s) for which I am applying. I am able to perform all the essential duties of the position(s) as listed in the Position Description(s).

I understand that working gconditions may exist that are not such as normally exist in typical employment. These conditions may include exposure to blood borne pathogens, communicable disease, potentially infectious materials, as well as behaviors by eligible individuals who may be sexually, verbally or physically aggressive or inappropriate.

I understand and agree that, as a condition of employment, I shall meet and maintain all required standards of my position which involve certification, registration, licensure and training. I further understand that I may be required to enroll in college courses and/or other training at my expense.

I grant permission to have this application and enclosures duplicated and to be distributed to The Alpha Group's employees responsible for initial screening, interviewing, recommending applicants for employment and to employees responsible for personnel records and reports.

APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED; YOU MUST PERSONALLY APPEAR BEFORE A NOTAR' PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.

I solemnly swear or affirm that he answers I have made to each of the previous questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding past colleges, universities, or employers from disclosing any information which they acquired relevant to my employment. I hereby consent that they may disclose such knowledge or information to The Alpha Group of Delaware, Inc.

Signature of Applicant _____

SUBSCRIBED AND DULY SWORN BEFORE ME ACCORDING TO LAW, BY THE ABOVE NAMED APPLICANT

ON THIS _____ *DAY OF* _____ *AT* _____

COUNTY OF _____ *AND STATE OF* _____

SIGNATURE OF OFFICER _____ *OFFICIAL TITLE* _____

FOR THE ALPHA GROUP USE ONLY…

I recommend this applicant for the position of _____ with a start date of _____

The applicant will be replacing

Salary recommendation is based on _____ pay table with _____ years experience credit.

Supervisor's Signature _____ Date _____

General Business Manager's Signature _____ Date _____