

# 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 General Business Manager. The back portion of the application requires your signature and the date. Return the completed application to the General Business Manager of The Alpha Group. All applications will be kept on active status for a period of six months. If you are not hired but continue to have an interest in employment after six months, 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 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 General Business Manager. Offers of employment may be extended only by the General Business Manager. Employment shall be contingent upon successful completion of drug testing, a criminal history background check, verification that the applicant is not registered as an offender on required registries. Some positions may require that you verify or demonstrate the physical capability to lift a specific amount of weight, and, if the position requires the applicant to transport individuals receiving services or operate agency vehicles for any other purpose, a driver's abstract, proper license and documentation of proof of insurance with \$100,000/\$300,000 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(s), license(s) and/or registration(s). If you are hired, you will need to bring the *original* certificate(s), license(s) and/or registration(s) in for review and copying. For some positions applicants must be eligible for at least a temporary credential and willing to meet the requirements for renewal and/or upgrade. Applicants selected for positions requiring college degrees and coursework must provide *official transcripts* prior to the first day of work. Educational degrees must be from an accredited college, university or graduate program.

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### THE ALPHA GROUP IS AN EQUAL OPPORTUNITY EMPLOYER

This philosophy calls for equal opportunity for employment, training and advancement regardless of gender, 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 \_\_\_\_\_ Email address \_\_\_\_\_

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(s) 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, but may be included.

**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
		1	2	3	4	Yes	No		
High School		1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>		
						Yes	No		
College*		1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>		
						Yes	No		
Post Graduate*		1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>		
						Yes	No		
Business or Trade*		1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>		
						Yes	No		
Other		1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>		
						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 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, private source, 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. Furthermore, you are required to report any current charge of a misdemeanor or felony brought against you by a court of law. Disclosure of a criminal record will not necessarily disqualify you from employment. Each conviction 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. As part of the background investigation, The Alpha Group is required to verify that the applicant is not listed as an offender on the abuse and neglect registers maintained by ODMRDD and the Ohio Department of Health.

## 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 you 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
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**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 conditions 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.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>FOR THE ALPHA GROUP USE ONLY</b>	
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 _____