

# Leeda Northeast, Inc.

## Application for Employment

Thank you for applying for employment with us. Leeda Northeast, Inc. is licensed by the Ohio Department of Developmental Disabilities as a provider of support services to people with developmental disabilities.

Leeda Northeast, Inc. is an "At Will" employer consistent with applicable law.

At Leeda Northeast, Inc., we seek to provide "**quality**" in the services we provide to each and every individual we serve. **Quality**, in part, means that every day, every shift, the employees of Leeda Northeast, Inc. provide our service(s) in a courteous, friendly, and professional manner to the individuals we serve. You will receive training, which ensures your ability to provide services in a manner consistent with all applicable federal, state, county, and agency rules and regulations.

### **Some of the job duties that you may be required to perform will include:**

- Treating all individuals you work with in a courteous, friendly, and professional manner.
- Learning and following all Leeda Northeast, Inc. employment policies and procedures.
- Ensuring that all training programs are properly implemented through "quality" interaction with all individuals you work with.
- Finishing all paperwork in timely manner, ensuring it is neat and complete.
- Making sure that the homes and apartments of those we serve are kept in a clean, neat manner at all times.

### **Leeda Northeast, Inc. expects all employees to learn and follow all agency policies, such as:**

- Treating those we serve and your fellow employees with courtesy and respect at all times.
- Reporting to work as scheduled and on time.
- Implementing all training programs for the adults you work with according to established plans and protocols.
- Occasionally working extra hours or overtime as needed.
- Following all dress, health and safety policies as established.

### **Employment with Leeda Northeast, Inc...WHAT'S IN IT FOR YOU?**

- Stable and competitive part-time and full-time employment.
- The personal reward of contributing to the success, health, and well being of the individuals we serve.
- Learning new skills that will help you in everyday living.
- Opportunities for promotion and career growth.
- Working for a Provider truly committed to maintaining a "**Team**" approach in the employment relationship.

Leeda Northeast, Inc. is an Equal Employment Opportunity, At-Will Employer.

Your application will be kept in an "active" status for 30 days.

LEEDA Northeast, Inc.

1441 Parkman Road NW Warren, Ohio 44485

Phone: (330)392-6006

Fax: (330)392-6116

Web Site: www.leedanortheast.com

Employment Application

"An Equal Opportunity Employer"

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, the presence of non-job-related medical condition, or handicap

PLEASE PRINT

Date of Application: \_\_\_\_\_

Position(s) Applied For:  Direct Care  Clerical

Referral Source:  Advertisement  Friend  Relative  Walk-in
 Other \_\_\_\_\_

Applicant Name: \_\_\_\_\_
Last First Middle

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

Daytime Phone: \_\_\_\_\_ Evening Phone/Cell Phone: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Have you filed an application here before?  Yes  No If yes, provide date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, provide date \_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your current employer?  Yes  No

On what date would you be available to start work? \_\_\_\_\_

Are you available to work (check all that apply):  Full Time  Part Time  Temporary  Weekends

Education (please circle one): Graduated from High School OR Obtained GED

High School/Prep School \_\_\_\_\_
Name of School City, State

Did you graduate?  Yes  No Course/Major \_\_\_\_\_

College \_\_\_\_\_
Name of School City, State

Did you graduate?  Yes  No Course/Major \_\_\_\_\_ Are you currently attending?  Yes  No

College \_\_\_\_\_
Name of School City, State

Did you graduate?  Yes  No Course/Major \_\_\_\_\_ Are you currently attending?  Yes  No

**Work History**

PLEASE PRINT, LISTING MOST RECENT EMPLOYMENT FIRST		
Employer	Dates of Employment From: _____ To: _____	Work Performed
Address	Job Title	
Reason for Leaving	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates of Employment From: _____ To: _____	Work Performed
Address	Job Title	
Reason for Leaving	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates of Employment From: _____ To: _____	Work Performed
Address	Job Title	
Reason for Leaving	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**References**

Give name, address and telephone number of two references who are <i>not</i> previous employers	
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone

I understand that consideration for employment is contingent upon the results of reference and background reviews and that any false statement or misrepresentation of the facts called for on the application will be cause for rejection of my application, or for termination of my employment. I also understand that Leeda Northeast Inc. is an Equal Employment Opportunity and At Will Employer consistent with applicable laws.

I certify that answers given herein are true and complete to the best of my knowledge

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**Addendum to Direct Care Application**

Please answer the following questions by using a check mark or by supplying a written response.

- 1.) This position often requires lifting objects and/or people. Please indicate your current safe level of lifting:

<input type="checkbox"/> Cannot Lift	<input type="checkbox"/> Can lift up to 25 lbs. with partner
<input type="checkbox"/> Can lift up to 5 lbs. by self	<input type="checkbox"/> Can lift up to 50 lbs. by self
<input type="checkbox"/> Can lift up to 5 lbs. with partner	<input type="checkbox"/> Can lift up to 50 lbs. with partner
<input type="checkbox"/> Can lift up to 10 lbs. by self	<input type="checkbox"/> Can lift up to 100 lbs. by self
<input type="checkbox"/> Can lift up to 10 lbs. with partner	<input type="checkbox"/> Can lift up to 100 lbs. with partner
<input type="checkbox"/> Can lift up to 25 lbs. by self	
  
- 2.) This position may require that the employee provide direct physical assistance to people to help them do such things as dressing, bathing, eating, make beds, cooking, dusting, and cleaning. Are you able to perform these tasks? \_\_\_\_\_
  
- 3.) If a client becomes physically aggressive, it may be necessary for one or more staff to physically control the client. Appropriate physical control generally requires the use of the employee's hands, arms, torso, legs, and feet to help hold the person. Are you able to perform these tasks? (All staff are provided training in approved and appropriate techniques) \_\_\_\_\_
  
- 4.) This position requires a lot of reading such as memos, in service material, written directives, and client program plans, etc. Employees are required to read, understand, and implement this material. Do you possess the necessary reading skills to carry out your job duties? \_\_\_\_\_
  
- 5.) This position requires a lot of form completion and writing of information that is complete and descriptive. Do you possess the necessary writing skills to carry out your job duties? \_\_\_\_\_
  
- 6.) Your work may be monitored through observation and review of your paperwork. How would you feel about this? \_\_\_\_\_
  
- 7.) Place a check by each item that you have experience operating.

<input type="checkbox"/> Vacuum	<input type="checkbox"/> Iron	<input type="checkbox"/> Ironing Board
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Fax Machine
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> VCR/DVD	<input type="checkbox"/> Washing Machine
<input type="checkbox"/> Dryer	<input type="checkbox"/> Mop	<input type="checkbox"/> Broom and Dust Pan
  
- 8.) Because of the coverage requirements, you are not allowed to leave work until your replacement arrives. If your replacement does not arrive as scheduled, then you are to immediately notify the site

supervisor or the on-call supervisor. You will be required to stay until your replacement arrives or until your site supervisor releases you. Do you agree with this requirement? \_\_\_\_\_

9.) Transportation is your responsibility. Transportation problems will not be an acceptable excuse for tardiness or missing work. You may be required to transport individuals in your own vehicle as part of your employment (we reimburse for mileage). You MUST have reliable transportation and current auto insurance at all times while employed. Are you willing and able to work on this basis?  
\_\_\_\_\_

10.) If hired, you are hired based on the information that you supplied during the application and interview process and your references. You are expected to have the skills and abilities to complete your job duties. If you are unsure of what to do, you are to ask your site supervisor for guidance, direction, or training. Do you agree to the requirement? \_\_\_\_\_

11.) Leeda Northeast, Inc. tries to provide a set schedule; however, because of coverage requirements, your workdays, shifts, etc. are subject to temporary or permanent change. Any permanent change is given with at least two weeks' notice. Do you agree to the requirement? \_\_\_\_\_

12.) Hiring of employees is based on the presentation of themselves as competent, stable, caring, and understanding people who want to work to help the individuals we serve. Sometimes individuals become upset or angry; and yell at or try to hit, or actually hit employees. Can you control your emotions and be patient with individuals who act this way? (Leeda Northeast, Inc. provides initial and on-going training in how to deal with such situations) \_\_\_\_\_

13.) By regulation and program design, Leeda Northeast Inc. is required to provide a minimum number of on-duty staff based on the number of individuals living in the home. It is also required to provide services identified in the program plan. As a result, Leeda Northeast, Inc. may require staff to work extra or overtime when needed, especially if an emergency occurs. Staff can be required to work up to 16 hours extra or overtime hours in any pay period. Staff may volunteer to work additional overtime. Will you be able to meet this requirement at least 80% of the time when assigned or requested? \_\_\_\_\_

14.) Is there any medical reason why you could not perform the duties required of the job? \_\_\_\_\_  
\_\_\_\_\_

15.) Evaluation of your work will be based on how you follow policies and procedures. A great deal of your work must be carried out by following written training plans. To perform satisfactorily, you must carry out the plans as they are written. You are not free to, change, alter, nor ignore plans. However, staff are encouraged and expected to report problems or concerns to the site Supervisors or Program Coordinators. Are you willing to follow the Policy and Procedures along with the written plans? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**LEEDA Northeast, Inc.**  
1441 Parkman Road NW Warren, Ohio 44485  
Phone: (330)392-6006 Fax: (330)392-6116

**Background and Reference Check Authorization Form**

Applicant's Name (please print): \_\_\_\_\_

I have applied for a job with Leeda Northeast, Inc. As part of the application process, I understand that Leeda Northeast, Inc. will conduct a background and reference check which will include a review of public records including a Motor Vehicle Record.

I hereby authorize Leeda Northeast, Inc. to conduct this background and reference check as part of my application process. Further, on behalf of myself and my heirs, assignees, and personal representatives, I hereby release and forever discharge Leeda Northeast, Inc., its employees, agents, and contractors from any and all causes of action, liability, claim, loss, cost, or expense and promise not to sue on any such claim against any such person or organization arising directly or indirectly from or attributable in any legal way to this background. I also hereby release and forever discharge any individual, agency or organization providing any information about me to Leeda Northeast, Inc. from any and all causes of action, liability, claim, loss, cost, or expense whatsoever related to the furnishing of such information.

Driver License Number: \_\_\_\_\_

State of Drivers License: \_\_\_\_\_

Drivers License Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**LEEDA Northeast, Inc.**  
**1441 Parkman Road NW Warren, Ohio 44485**  
**Phone: (330)392-6006 Fax: (330)392-6116**

**Authorization to Release Information**  
**Personal Reference**

Reference Name: \_\_\_\_\_  
 Reference Address: \_\_\_\_\_  
 \_\_\_\_\_

I have applied to Leeda Northeast, Inc. for employment as a direct care staff person working with developmentally disabled adults. I ask that you answer the following concerning me, and hereby release you from any and all liability of damages for providing the information request.

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 This Portion is to be completed by the individual providing reference:

Your answers to the questions listed below will be appreciated. Employees of Leeda Northeast, Inc. must possess common sense, good moral character and understanding in order to succeed in their position. All information you provide will be regarded as confidential.

Length of time you have known the applicant: \_\_\_\_\_

Relationship: \_\_\_\_\_

Special abilities, skills, or qualifications you feel the applicant possess: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Please rate the following:</b>	Excellent	Good	Fair	Poor
Responsibility				
Cooperation				
Initiative				
Patience				
Honesty				
Trustworthiness				
Compassion/Understanding				

Do you know any reason why this applicant would not be suitable for the position for which he/she is applying? \_\_\_\_\_  
 \_\_\_\_\_

*Please use back side for additional comments.*

\_\_\_\_\_  
 Signature of Individual Providing Reference

\_\_\_\_\_  
 Date

**LEEDA Northeast, Inc.**  
**1441 Parkman Road NW Warren, Ohio 44485**  
**Phone: (330)392-6006 Fax: (330)392-6116**

**Authorization to Release Information**  
**Employment Reference**

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

I hereby authorize release of information to Leeda Northeast, Inc.

\_\_\_\_\_  
 Name of Applicant Social Security Number

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

This Portion is to be completed by Employer:

**ATTENTION:**

The applicant above has listed employment with your organization. We would appreciate your furnishing us with as much information requested below as possible. We assure you that any information you give will be treated confidentially. An early reply will be greatly appreciated.

Dates in your employment: \_\_\_\_\_

Position Description: \_\_\_\_\_

Would you re-hire this applicant:  Yes  No  
 If no, Please state reason \_\_\_\_\_

Why did applicant leave your organization? \_\_\_\_\_

<b>Please rate the following:</b>	Excellent	Very Good	Average	Below Average	Poor
Quality of Work					
Quantity of Work					
Personality					
Attendance					
Dependability					
Cooperation					

\_\_\_\_\_  
 Signature/Title Date



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**Authorization to Release Information**  
**Employment Reference**

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

I hereby authorize release of information to Leeda Northeast, Inc.

\_\_\_\_\_  
 Name of Applicant Social Security Number

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

This Portion is to be completed by Employer:

**ATTENTION:**

The applicant above has listed employment with your organization. We would appreciate your furnishing us with as much information requested below as possible. We assure you that any information you give will be treated confidentially. An early reply will be greatly appreciated.

Dates in your employment: \_\_\_\_\_

Position Description: \_\_\_\_\_

Would you re-hire this applicant:  Yes  No  
 If no, Please state reason \_\_\_\_\_

Why did applicant leave your organization? \_\_\_\_\_

<b>Please rate the following:</b>	Excellent	Very Good	Average	Below Average	Poor
Quality of Work					
Quantity of Work					
Personality					
Attendance					
Dependability					
Cooperation					

\_\_\_\_\_  
 Signature/Title Date

**Ohio Revised Code**

2903.01	Aggravated Murder
2903.02	Murder
2903.03	Voluntary Manslaughter
2903.04	Involuntary Manslaughter
2903.11	Felonious Assault
2903.12	Aggravated Assault
2903.13	Assault
2903.16	Failing to provide for Functionally Impaired Person
2903.21	Aggravated Menacing
2903.34	Patient Abuse and Neglect
2905.01	Kidnapping
2905.02	Abduction
2905.04	Child Stealing
2905.05	Criminal Child Enticement
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
2907.09	Public Indecency
2907.21	Compelling Prostitution
2907.22	Promoting Prostitution
2907.23	Procuring
2907.25	Prostitution
2907.31	Disseminating Matter
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
2911.01	Aggravated Robbery
2911.02	Robbery
2911.11	Aggravated Burglary
2911.12	Burglary
2919.12	Unlawful Abortion
2919.22	Endangering Children

- 2919.23 Interference with Custody
- 2919.24 Contributing to Unruliness or Delinquency of Child
- 2919.25 Domestic Violence
- 2923.12 Carrying Concealed Weapon
- 2923.13 Having Weapons While Under Disability
- 2923.161 Improperly Discharging a firearm at or into a Habitation or School
- 2925.02 Corrupting Another with Drugs
- 2925.03 Trafficking in Drugs
- 2925.04 Illegal Manufacture of Drugs or Cultivation of Marihuana
- 2925.05 Funding of Drugs or Marihuana Trafficking
- 2925.06 Illegal Administration or Distribution of Anabolic Steroids
- 2925.11 Possession of Drugs
- 3716.11 Placing Harmful Objects in Food or Confection

I, the undersigned, solemnly swear and affirm that I have not been convicted, or pled guilty to any of the above listed offenses in any legal jurisdiction in the United States or the world.

Should I become employed by Leeda Northeast, Inc., I, the undersigned, solemnly swear and affirm that I will notify Leeda Northeast Inc., within 14 days, if I am formally charged with, I am convicted of, or I have pled guilty to any of the above listed offenses in any legal jurisdiction in the United States or the world.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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**Police Record Release Form**

**NOTE TO APPLICANT: Please take picture ID and this form to your local police or sheriff's department and return with application**

I, \_\_\_\_\_, authorize the release of an arrest record in accordance with Section 2.02 "Recruitment/Employment" of the Leeda Northeast, Inc. Personnel Policy Manual. I understand that consideration for hire and/or my current employment status may be terminated immediately as a result of information received in the local police arrest record and the police record on file with the State of Ohio Bureau of Criminal Investigation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
This Portion is to be completed by your local police or sheriff dept:

I, Officer \_\_\_\_\_, did an arrest record check on the above employee.

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Date



Please check box if record is attached