

***Providing Bright Futures!***

**Address:**

8287 Winton Road

Cincinnati, Ohio 45231

**Phone:**

513-832-0553

**Fax:**

513-448-0415

**Website: icuexceednow.com**

www.icuexceed.com

Date: Click or tap here to enter text.

Applicant Information:

**Full Name:** Click or tap here to enter text. **Date Available to Start:** Click or tap here to enter text.

**Address:** Click or tap here to enter text. **City/State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **Cell/Other:**Click or tap here to enter text. **E-mail Address:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text. **Social Security Number:** Click or tap here to enter text. **Pay Rate Desired: $**

**Type of Commitment:**

**Part-Time  Full-Time  PRN 1st Shift 2nd Shift 3rd Shift**

**Direct Support Professional:  Management:  (please attached resume).**

**Do you rely on the bus or do you have your own transportation?** Click or tap here to enter text.

**What area of town do you prefer to work?** Click or tap here to enter text.

**Are you a United States Citizen?  Yes  No**

**If no are you authorized to work in the U.S.? Yes  No**

**Have you ever been convicted of a crime? Yes  No**

**If yes, select type of conviction:  Felony  Misdemeanor.**

**Summary of Charges (including):** Click or tap here to enter text.

**Education:**

**High School Diploma/GED (REQUIRED):**Click or tap here to enter text. **City/State:**Click or tap here to enter text.

**Degree/Diploma  Yes  No Dates Attended:** Click or tap here to enter text.

**College/Other:**Click or tap here to enter text. **City/State:**Click or tap here to enter text.

**Degree/Diploma  Yes  No Dates Attended:** Click or tap here to enter text.

**Employment History**

**In this section, please list your last 4 employers, assignments or volunteer activities starting with the most recent first.**

Company:Click or tap here to enter text. Phone:

Address:Click or tap here to enter text. Manager: Click or tap here to enter text.

Job Title:Click or tap here to enter text. Starting Pay:Click or tap here to enter text. Ending Pay: Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.

Start Date:Click or tap here to enter text. End Date: Click or tap here to enter text.Reason for leaving:Click or tap here to enter text. May we contact your previous employer? Yes  No

Company:Click or tap here to enter text. Phone:Click or tap here to enter text.

Address: Click or tap here to enter text. Manager: Click or tap here to enter text.

Job Title: Click or tap here to enter text. Starting Pay:Click or tap here to enter text. Ending Pay:Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.

Start Date:Click or tap here to enter text. End Date: Click or tap here to enter text. Reason for leaving: Click or tap here to enter text. May we contact your previous employer?  Yes  No

Company:Click or tap here to enter text. Phone:Click or tap here to enter text.

Address: Click or tap here to enter text. Manager: Click or tap here to enter text.

Job Title: Click or tap here to enter text. Starting Pay:Click or tap here to enter text. Ending Pay:Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.

Start Date:Click or tap here to enter text. End Date: Click or tap here to enter text. Reason for leaving: Click or tap here to enter text. May we contact your previous employer?  Yes  No

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Company:Click or tap here to enter text. Phone:Click or tap here to enter text.

Address: Click or tap here to enter text. Manager: Click or tap here to enter text.

Job Title: Click or tap here to enter text. Starting Pay:Click or tap here to enter text. Ending Pay:Click or tap here to enter text.

Responsibilities: Click or tap here to enter text.

Start Date:Click or tap here to enter text. End Date: Click or tap here to enter text. Reason for leaving: Click or tap here to enter text. May we contact your previous employer?  Yes  No



Equal Opportunity

**Applicant Information:**

Full Name: Click or tap here to enter text. Address: Click or tap here to enter text.City/StateClick or tap here to enter text.Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text. Date of Birth: Click or tap here to enter text. Social Security: Click or tap here to enter text.

Position applied for: Click or tap here to enter text.

**Voluntary Information:**

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for a position with our company.

**Racial or Ethnic Group**:

American Indian/Alaskan Pacific Islander/ Asian Black/African American

Hispanic/Latino  White/ Caucasian Click or tap here to enter text.Other

**Military Service:**

Pre-Vietnam Era Veteran Era post-Vietnam Era  Disabled Veteran

**How did you hear about us?**

Website Provider Fair Click or tap here to enter text. Family/Friend Twitter/Facebook

Indeed/Craigslist Click or tap here to enter text.Other



**Policies and Procedures Overview**

* In compliance with Ohio law, all staff in order to accept positions in residential setting with persons with Developmental Disabilities must submit to a criminal background check (Cost of BCII is $32.00 and is a cost that the applicant is responsible for).
* To ensure that Individuals who join ICU Exceed are well qualified and have a strong potential to be productive and successful, it is the policy of ICU Exceed to check employment references of all applicants.
* Prior to an offer being made to an applicant, ICU Exceed will at its expense, access the applicants driving record, Contracts; assignments to duties are contingent upon the return of an “acceptable driving record”. For this policy “acceptable driving record” is defined as, but not limited to more than four points against the applicant’s license. Failure to provide any information or the return of anything but an “acceptable driving record” may eliminate the applicant from consideration for any position including driving as a requirement/duty of the positon. Staff should promptly notify the CEO when there are changes made to Driver’s License (such as point increase, suspension, etc.).
* To maintain a safe and productive work environment, ICU Exceed expects Staff to be reliable and to be punctual in reporting for their scheduled shifts. Absenteeism and tardiness places a burden on other Staff and on ICU Exceed. In the rare instances when staff cannot avoid being late to work or are unable to work as scheduled, they should notify their Supervisor as soon as possible in advance of the anticipated absence. Staffs who are unable to report to work due to illness or injury should notify Management 4 hours before the scheduled start of their work day if possible or no later than 2 hours before they are scheduled to start their workday. They must also contact their Supervisor on each additional day of absence. Poor attendance and excessive tardiness are disruptive. Either may lead to disciplinary action up to and including termination.
* **Failure to call off or show up for a scheduled shift = 2 points**

**All call off= 1 point**

**Tardiness= ½ point**

**Leaving a scheduled shift early = ½ point**

* Staff should accurately record time they begin and end their work. Alerting, falsifying, tampering with time records, may result in disciplinary action up to and including termination of contract. Staff should report to work no more than 15 minutes prior to their scheduled starting time nor stay more than 15 minutes after their scheduled stop time without authorization.
* You are to notify is of any changes in address, phone numbers and any other information. If we are unable to contact you after sufficient attempts, we will assume that you have resigned and will cancel your assignment.

Click or tap here to enter text. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click or tap here to enter text.

**Name (Print) (Signature) (Date)**

**Staff Orientation, Training, and Development**

1. **Training as a Two-Way Responsibility**

ICU Exceed is committed to the establishment of an ongoing training environment that includes all staff at ICU Exceed. ICU Exceed shall implement orientation and training and then ongoing training for all staff. The goal is that each day, at ICU Exceed Staff will learn a new skill that solidifies current skills by their implementation during the workday.

Training is a two-way street each ICU Exceed Staff must inform their Supervisor of any areas in which they feel that further training in necessary. Staff must be active in training by expressing their training needs. ICU Exceed Management with also identify areas in which they feel the Staff needs training.

Each ICU Exceed Supervisor is responsible for reviewing the skills of Staff to determine further training, also to communicate with the staff and follow- up on their needs.

ICU Exceed is dedicated to providing quality to training to its Staff if a staff member does not complete at least 6 months of service with ICU Exceed.

ICU Exceed will deduct the following from the final pay check to cover the cost of training or Background Checks:

CPR/First/Aid $79.00

Delegated Nursing $150.00

BCII/ FBI Check $65-$80 (when applicable)

1. **Orientation:** Prior to providing services, each ICU Exceed staff shall be oriented per state and federal guidelines. The remaining part of orientation for ICU Exceed Staff shall be designated by the ICU Exceed management team to meet the needs of the Staff based on the location they are assigned.
2. **Mandatory Training:** In addition to the orientation program in the first month ICU Exceed shall continue to provide training to Staff as part of the day-to-day operation of the agency.

ICU Exceed Staff are required to attend mandatory training as part of federal and or state regulations, or as part of ICU Exceed procedures. Failure to attend mandatory training as well as mandatory staff meetings will result in disciplinary action up to and including termination.

**I have read and understand these polices in regards to Orientation, Training and Development.**

Click or tap here to enter text. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click or tap here to enter text.

**Name (Print) (Signature) (Date)**

**AUTHORIZATION TO RELEASE INFORMATION**

I,Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Last Name First Name Middle

Current Address: Click or tap here to enter text.

Addresses for the last five years: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text. Social Security Number:Click or tap here to enter text.

Driver’s License number/State: Click or tap here to enter text.

I do hereby authorize verification of all information in my application from all sources of employment, education, motor vehicle, financial history, personal history, person character, and workers compensation records in accordance with ADA, labor and wage records, etc., or any part thereof, and authorize any duly authorized agent to ICU Exceed to obtain, whether the said records are public or private and including those which may be deemed as privileged or confidential in nature and I release all persons from liability on account of such disclosures, information appearing on this authorization will be used exclusively by ICU Exceed for identification purposes and for the release of information which will be considered in determining my suitability for hire. I certify that I have made true, correct, and complete answers and statements on my application any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application. I agree to provide additional information that may be requested to process my application. I authorize without reservation, any party or agency contacted by ICU Exceed to furnish the above mentioned information. This authorization is valid during the course of my tenure with ICU Exceed or to the extent the law permits.

I authorize ICU Exceed to obtain information pertinent to my previous employment by contacting previous (and current, if applicable) employers in order to determine my eligibility for hire. I authorize previous employers to release this information and hold them harmless from doing so. I also understand that ICU Exceed may need to share this information with Customers for consideration for placement and authorize them to do so when necessary.

I have the right to make a request to ICU Exceed, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and recipients of any reports on me which ICU Exceed has.

I understand and agree that omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in interviews will be sufficient grounds for termination.

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

**Name (Print) (Signature) (Date)**

**ABUSER REGISTRY ANNUAL NOTICE**



The Ohio Department of Developmental Disabilities (“Department”) maintains an Abuser Registry which is a list of employees who the Department has determined have abused, neglected, had prohibited sexual relations with, stolen property from, or did not report the abuse or neglect of an individual with developmental disabilities. If your name is placed on the Abuser Registry you are barred from employment as a DD employee in this state for a minimum of 1 year.

**Employees whose names may be placed on the Abuser Registry.** The name of any “Developmental Disabilities (DD) employee” may be placed on the Abuser Registry. DD employee includes any Department employee, any employee of a county board of DD and any employee providing specialized services to an individual with developmental disabilities. A specialized service is a program or service designed to primarily serve individuals with developmental disabilities including services by an entity licensed or certified by the Department.

**Abuser Registry Offenses.** The Department may place the name of a DD employee on the Abuser Registry if it determines that the employee has committed any of the below offenses against an individual with developmental disabilities.

• **Abuse**

• Abuse includes the use of any physical force that could reasonably be expected to result in physical harm.

• Abuse includes unlawful sexual conduct (unprivileged intercourse or other sexual penetration) and unlawful sexual contact (unprivileged touching of another’s erogenous zone).

• Abuse includes verbal abuse. Verbal abuse means purposely using words to threaten, coerce, intimidate, harass or humiliate an individual.

• **Prohibited Sexual Relations**. This means the consensual touching of an erogenous zone for sexual gratification by a DD employee of an individual in the employee’s care who is not the employee’s spouse.

• **Neglect**. Neglect means, when there is a duty to do so, failing to provide an individual with any treatment, care, goods or services necessary to maintain the health or safety of the individual.

• **Misappropriation (theft).** This means obtaining the property of an individual or individuals, without consent, with an aggregate (combined) value of at least $100. Theft of any check, credit card, ATM card and the like are also Abuser Registry offenses.

• **Failure to Report Abuse, Neglect or Misappropriation**. A DD employee may be placed on the Abuser Registry if the employee unreasonably does not report abuse, neglect or misappropriation of the property of an individual with developmental disabilities, or the substantial risk to such an individual of abuse, neglect or misappropriation, when the employee should know that his/her non-reporting will result in a substantial risk of harm to such individual.

***ORC 5123.542 requires the Department, each county DD board, each entity providing specialized services under contract with a DD board, and each owner, operator or administrator of a residential facility as defined in ORC 5123.19 or of a program certified by the Department to provide supported living services to annually provide written notice to each of its DD employees explaining the conduct for which a DD employee may be placed on the Abuser Registry. More information about the Abuser Registry is on the Department’s website under the Health and Safety Tab or may be obtained by calling (614) 995-3810.***

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

**Name (Print) (Signature) (Date)**