

Corporate Office
2036 E TWP Rd. 122
Tiffin, Ohio 44883
Phone: 419-443-0767
Fax: 419-443-1018



www.eciinc.net

Regional Office
671 Weaver St.
Fairfield, Ohio 45014
Phone: 513-844-6681
Fax: 513-844-2598

Today's date _____ Referred by _____
First name _____ Last name _____ SS# (last 4 digits) _____
Address _____ Home phone (Land line) (____) _____
City _____ State _____ Zip _____ Cell phone (____) _____
Email Address _____ Position Applying For _____

Are you available to work evenings & weekends? Yes No (Work location may vary depending on the needs of our company)
Have you been employed with E.C.I., Inc. in the past? Yes No If yes, from _____ to _____ Where _____
Are you related to anyone employed by us? Yes No Name _____ Relationship _____
Are you legally eligible for employment in this country? Yes No (Proof of U.S. citizenship or immigration status will be required, if employed.)

DRIVING

Do you have a valid Ohio Driver's License? Yes No Driver's License Number _____
How many points do you have? _____ For what citations? _____
Do you understand you must immediately notify E.C.I., Inc. of any driving citations during or outside of work hours, if employed? Yes No
Do you give permission to the employer and their insurance broker and insurance company to acquire and review your motor vehicle report at any time and understand that driving record convictions may be considered for disciplinary action up to and including dismissal, whether or not the infractions occurred during or outside work hours? Yes No

EDUCATION:

I understand I am required to provide proof (a copy) of my High School Diploma or GED, if employed. Yes No

High School Name _____ Diploma? Yes No

College Name _____ Degree? Yes No

GED Yes No Not Applicable

CERTIFICATION

Medication Administration Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	_____
CPR/First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	_____
STNA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Orientation to Supported <i>Employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PATHS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____

BACKGROUND INVESTIGATIONS FOR EMPLOYMENT

Rule 5123:2-2-02 of the Administrative Code, prohibits our company from employing those who have been convicted of or pled guilty of any of the disqualifying offenses listed in this rule. See Appendix A, Attestation and Agreement to Notify Employer, for a complete list of these offenses and reporting requirements. Have you read and signed Appendix A? Yes No

In the event you are hired, you will be required to complete a background investigation. This includes being fingerprinted and checking the following databases: The Office of Inspector General, The sex offender and child-victim offender database, The US General Services Administration System for Award Management, the Database of incarcerated and supervised offenders, Ohio Department of DD Abuser Registry, Nurse Aide Registry and the Ohio Bureau of Motor Vehicles. Do you give permission to complete these background investigations? Yes No

MEDICAL SCREENING FOR EMPLOYMENT

In the event you are hired, you may be required to complete a physical examination or TB test and/or chest x-ray. Do you understand that the results of the physical exam, TB test and/or chest x-ray must be submitted to our office and that we will keep a copy of said examination and tests in your personnel file? Yes No

EMPLOYMENT HISTORY

Current Job Employer name _____ Position _____
Address _____ Supervisor _____
Phone Number (_____) _____ Employed from _____ to _____
Why did you leave? _____ May we contact this employer? Yes No

Former Job Employer name _____ Position _____
Address _____ Supervisor _____
Phone Number (_____) _____ Employed from _____ to _____
Why did you leave? _____ May we contact this employer? Yes No

Former Job Employer name _____ Position _____
Address _____ Supervisor _____
Phone Number (_____) _____ Employed from _____ to _____
Why did you leave? _____ May we contact this employer? Yes No

PROFESSIONAL OR PERSONAL REFERENCES (persons not related to you)

Do you give us the right to investigate all references and secure additional information about you, if job related, and do hereby release us liability for seeking such information and all other persons, corporations or organization for furnishing such information? Yes No

Name _____ Phone (_____) _____
 Professional Personal Relationship, if personal _____

Name _____ Phone (_____) _____
 Professional Personal Relationship, if personal _____

Name _____ Phone (_____) _____
 Professional Personal Relationship, if personal _____

- E.C.I., Inc. is an equal opportunity employer. We do not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- Employment relationships with E.C.I., Inc. are voluntary. There is no specified length of employment. Accordingly, either the employee or E.C.I., Inc. can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.
- Any misrepresentation by you in this application will be sufficient cause for cancellation of this application and/or separation from our employ if you have been employed?

Your signature _____ Date _____

Your signature confirms all questions have been answered accurately and all obligations are fully understood.

Applications will be kept on file for 90 days. Applicants must reapply for employment thereafter.

======(Applicant, please do not write below this line)=====

Interviewed by _____ Date _____

References checked by _____ Date _____

Recommended for employment: Yes No Job Title _____ Home Dept. _____

Pay Rate when Hired _____ Hours/Week _____ Start date _____

Administrator Authorization _____ Date _____