



Drug Free Workplace Act Employer

Application for Employment

Today's Date: ____/____/____

It is our policy to comply with all applicable local, state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification. If you desire assistance with completing this application, please indicate your desire to a Lark Residential Support, Inc. dba Purple Transportation employee. PLEASE PRINT CLEARLY.

Please PRINT responses to all of the questions contained in the entire application.

POSITION DESIRED: Driver

Last Name: _____ First: _____ Middle Initial: _____
 Date of Birth _____ Age _____ Social Security Number _____ - _____ - _____
 Street Address _____ City _____ State _____ Zip _____
 Home Phone: _____ Cell Phone: _____ Email: _____

If an offer of employment is to be made, it will be contingent upon your completion of an INS Form I-9, demonstrating your ability to work in the United States. Also, pursuant to the rules for licensure of the Ohio Department of Developmental Disabilities, Section 5123:2-8-07, employment will be contingent upon a clearance of a criminal background check which will include, but not be limited to, any prior criminal convictions and/or pleas of guilty.

I have lived in Ohio continuously for the past 5 years. _____

I have lived outside Ohio sometime in the past 5 years. _____

* Have you ever been convicted or plead guilty to a misdemeanor or felony? Yes ___ No ___ (Please see attestation statement)

If yes, please provide the type of conviction: _____

* Have you ever applied for employment with us before? Yes ___ No ___ if yes, give month/ year. _____

* Have you ever worked for PURPLE TRANSPORTATION before? Yes ___ No ___

If yes when were you employed? _____

* How did you learn of our organization? _____

* If referred by an employee of PURPLE TRANSPORTATION, please specify employee name: _____

We operate from 6:00 am till 5:00pm Mon-Fri. Shifts may vary by client need. List your availability in the chart below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Are you available to work overtime? Yes ___ No ___ *Mandatory overtime may be needed and utilized to meet our client needs.*

What date will you be available to begin work? _____

Do you have a valid driver's license with no more than (5) points? Yes ___ No ___ Driver's License#: _____

All applicants MUST have a valid OH driver's license.

A: Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___

B: Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

Last Name: _____

First: _____

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge and abilities of the applicant to perform the job duties of the position. Please Note: Entry-level wages are determined based upon a combination of education and pertinent work experience. Please clearly identify your academic standing (i.e. sophomore, junior, etc.) based on college credits earned.

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS	DID YOU GRADUATE	DEGREE OR DIPLOMA RECEIVED
High School					
College					
Post Graduate					
Other Training					

First and Last Name as it appears on educational transcripts: _____

List technical skills you have acquired that relate to positions for which you are applying. Include any experience you have had with citizens with mental retardation/developmental disabilities

MILITARY SERVICE

Have you served in the Military? Yes _____ No _____ If yes, what branch? _____

Job Title: _____ Type of discharge. _____

Briefly describe duties, responsibilities, equipment operated, promotions, honors, etc.:

2 BUSINESS REFERENCES *Cannot be related, unless employed by *			
NAME	ADDRESS	CITY/STATE/ZIP	PHONE NUMBER
2 PERSONAL REFERENCES *Cannot be related*			
NAME	ADDRESS	CITY/STATE/ZIP	PHONE NUMBER

I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I understand that any misleading, misrepresentation, and/or omission of information may cause this application to be rejected or cause for termination of employment. I further understand that confirmed employment is based on completion of all pre-employment, post-offer requirements and procedures including interview(s), reference checks, verifications, examination by a health care provider, and other appropriate procedures deemed necessary.

I authorize organizations and persons to give information about me and I hereby release them from all liability.

If employed, I agree to observe all rules, regulations, policies, and procedures as they relate to LARK RESIDENTIAL SUPPORT, INC dba Purple Transportation employees at all times. I understand that my employment is at-will, is not for any specific period, will not constitute an employment contract, and that either I or the Agency will be free to terminate the relationship at any time for any reason.

Applications must include both personal and professional references.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Interviewer(s)/Date(s):	Hire (Yes/No):	Date of Hire:	Position:	Rate of Pay:
	References Checked:	Job Location:	Part-time:	Full-Time:

Lark Residential Support, Inc. dba Purple Transportation
CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

Having submitted an application for employment with LARK RESIDENTIAL SUPPORT, INC. DBA PURPLE TRANSPORTATION hereinafter referred to as The Company, I hereby authorize The Company and its authorized and designated agency, to conduct an investigation of my background which may or can encompass a public records search, i.e. criminal history records verification, social security number verification, motor vehicle operator license verification, at any time as deemed necessary by The Company. I further authorize The Company to conduct and verify, as needed, my current or past employment/work history, scholastic/academic/credentials records, and references provided or developed.

I specifically authorize The Company and/or its authorized agent to contact any of the aforementioned entities and give my permission to have any records/documents and/or information released either verbally, in writing (print) or electronically to The Company and/or its authorized agent. I understand that the acceptance of my application for employment by The Company does not constitute an offer of employment. I authorize that a copy of this Consent and Authorization to Release Information is to be accepted with the same authority as the original.

Information obtained or reported by any agency and/or entity will be treated in a sensitive and confidential manner and will be disclosed to authorized/designated representatives of The Company on a need-to-know basis.

I agree to hold all of the above-named corporations/companies/governmental agencies/ individuals/entities, it's officers), agent(s), and employee(s) free and harmless from any claims I might otherwise have against them for any damages and/or liability to me, resulting from any disclosure and of its results and any conclusions drawn there from.

I do hereby generally release, waive and forever discharge all of the above-named corporations/companies/governmental agencies/ /individuals/entities, it's officer(s), agent(s), and employee(s) from any and all actions or cause of action(s), claim(s), demand(s), or liability(s) which I have now, or may ever have as a result f conducting an investigation of my background.

First Name: _____ Last Name: _____ Middle Initial: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Attestation and Agreement to Notify Employer

I hereby attest that I have not been convicted of or pleaded guilty to any of the disqualifying offenses listed below and agree that I will notify _____
(Employer's Name)
 within 14 calendar days, if while employed I am formally charged with, am convicted of, or plead guilty to one of the disqualifying offenses. I understand that failure to make this notification may result in termination of employment.

(Applicant's Signature)

(Date Signed)

(Applicant's Name Printed)

Tier 1 Disqualifying Offenses (Permanent Exclusion):

2903.01 (aggravated murder)
2903.02 (murder)
2903.03 (voluntary manslaughter)
2903.11 (felonious assault)
2903.15 (permitting child abuse)
2903.16 (failing to provide for a functionally impaired person)
2903.34 (patient abuse and neglect)
2903.341 (patient endangerment)
2905.01 (kidnapping)
2905.02 (abduction)
2905.32 (human trafficking)
2905.33 (unlawful conduct with respect to documents)
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)
2907.12 (felonious sexual penetration)
2907.31 (disseminating matter harmful to juveniles)
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)

Last Name: _____

First: _____

Traffic Convictions and Forfeitures for the past 3 years (Other than Parking Violations)

Dates	Location	Charge	Penalty

STOP, DO NOT CONTINUE if any convictions are DUI, DWI, OMVI or OVI.

Accident Record for the past 3 years

Dates	Nature of Accident (Head-on, Rear-end, Side Swipe, etc.)	Fatalities	Injuries
Last:			
Previous:			
Previous:			
Previous:			

Driving Experience

Vehicle Type	Equipment Used	Dates		Approx No of Miles
		From	To	

Current Certifications

CPR Yes ____ No ____ Expiration date _____

First Aid Yes ____ No ____ Expiration date _____

Defensive Driving Yes ____ No ____ Expiration date _____

DOT Physical Yes ____ No ____ Expiration date _____

2909.22 (soliciting/providing support for act of terrorism)
2909.23 (making terrorist threat)
2909.24 (terrorism)
2913.40 (Medicaid fraud)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
A conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state-funded program, excluding the disqualifying offenses set forth in section 2913.46 of the Revised Code (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits).
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 2 Disqualifying Offenses (Ten-Year Exclusion):

2903.04 (involuntary manslaughter)
2903.041 (reckless homicide)
2905.04 (child stealing) as it existed prior to July 1, 1996
2905.05 (criminal child enticement)
2905.11 (extortion)
2907.21 (compelling prostitution)
2907.22 (promoting prostitution)
2907.23 (enticement or solicitation to patronize a prostitute, procurement of a prostitute for another)
2909.02 (aggravated arson)
2909.03 (arson)
2911.01 (aggravated robbery)
2911.11 (aggravated burglary)
2913.46 (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits)
2913.48 (workers' compensation fraud)
2913.49 (identity fraud)
2917.02 (aggravated riot)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2923.12 (carrying concealed weapon)
2923.122 (illegal conveyance or possession of deadly weapon or dangerous ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone)
2923.123 (illegal conveyance, possession, or control of deadly weapon or dangerous ordnance into courthouse)
2923.13 (having weapons while under disability)
2923.161 (improperly discharging a firearm at or into a habitation or school)
2923.162 (discharge of firearm on or near prohibited premises)
2923.21 (improperly furnishing firearms to minor)
2923.32 (engaging in pattern of corrupt activity)
2923.42 (participating in criminal gang)
2925.02 (corrupting another with drugs)
2925.03 (trafficking in drugs)
2925.04 (illegal manufacture of drugs or cultivation of marihuana)
2925.041 (illegal assembly or possession of chemicals for the manufacture of drugs)
3716.11 (placing harmful objects in food or confection)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 3 Disqualifying Offenses (Seven-Year Exclusion):

959.13 (cruelty to animals)
959.131 (prohibitions concerning companion animals)
2903.12 (aggravated assault)
2903.21 (aggravated menacing)
2903.211 (menacing by stalking)
2905.12 (coercion)
2909.04 (disrupting public services)
2911.02 (robbery)
2911.12 (burglary)
2913.47 (insurance fraud)
2917.01 (inciting to violence)
2917.03 (riot)
2917.31 (inducing panic)
2919.22 (endangering children)
2919.25 (domestic violence)
2921.03 (intimidation)
2921.11 (perjury)
2921.13 (falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license)
2921.34 (escape)
2921.35 (aiding escape or resistance to lawful authority)
2921.36 (illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.05 (funding of drug or marijuana trafficking)
2925.06 (illegal administration or distribution of anabolic steroids)
2925.24 (tampering with drugs)
2927.12 (ethnic intimidation)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 4 Disqualifying Offenses (Five-Year Exclusion):

2903.13 (assault)
2903.22 (menacing)
2907.09 (public indecency)
2907.24 (soliciting after positive human immunodeficiency virus test)
2907.25 (prostitution)
2907.33 (deception to obtain matter harmful to juveniles)
2911.13 (breaking and entering)
2913.02 (theft)
2913.03 (unauthorized use of a vehicle)
2913.04 (unauthorized use of property, computer, cable, or telecommunication property)
2913.05 (telecommunications fraud)

2913.11 (passing bad checks)
2913.21 (misuse of credit cards)
2913.31 (forgery, forging identification cards)
2913.32 (criminal simulation)
2913.41 (defrauding a rental agency or hostelry)
2913.42 (tampering with records)
2913.43 (securing writings by deception)
2913.44 (personating an officer)
2913.441 (unlawful display of law enforcement emblem)
2913.45 (defrauding creditors)
2913.51 (receiving stolen property)
2919.12 (unlawful abortion)
2919.121 (unlawful abortion upon minor)
2919.123 (unlawful distribution of an abortion-inducing drug)
2919.23 (interference with custody)
2919.24 (contributing to unruliness or delinquency of child)
2921.12 (tampering with evidence)
2921.21 (compounding a crime)
2921.24 (disclosure of confidential information)
2921.32 (obstructing justice)
2921.321 (assaulting/harassing police dog or horse/service animal)
2921.51 (impersonation of peace officer)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.09 (illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug)
2925.11 (drug possession other than a minor drug possession offense)
2925.13 (permitting drug abuse)
2925.22 (deception to obtain dangerous drugs)
2925.23 (illegal processing of drug documents)
2925.36 (illegal dispensing of drug samples)
2925.55 (unlawful purchase of pseudoephedrine product)
2925.56 (unlawful sale of pseudoephedrine product)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Lark Residential Support, Inc. dba Purple Transportation

ASSURANCES

Directions: 1) Read the following statements and Place your initials by each paragraph assuring that you have read, understood, and agreed to the statements within 3) Sign and date on the bottom line. If you have any questions, please ask before signing.

I assure that all information I have provided in this application is correct and complete to the best of my knowledge. I understand that if I am hired, having provided false or misleading information may result in termination of employment.

I give my permission to Lark Residential Support, Inc. dba Purple Transportation to contact all of my former employers, education or training facilities, and persons listed as references to determine my qualifications and suitability for the position(s) for which I am applying. I hereby release said individuals, companies, agencies, and/or institutions from any liability for and damage whatsoever resulting from giving such information.

I give my permission to Lark Residential Support, Inc. dba Purple Transportation to obtain a copy of my driving record to determine if I have a history of safe vehicle operation. I understand that if I am hired, a safe driving record is a requirement for continued employment.

I give my permission to Lark Residential Support, Inc. dba Purple Transportation to obtain criminal records check from the Ohio Bureau of Criminal Identification and Investigation, if I have resided in the State of Ohio for the past five years, and from the Federal Bureau of Investigation if I have resided out of state. I give my permission to Lark Residential Support, Inc. to obtain a check of my residences for the past five years and a Franklin County arrest record check from the Federal Adjustment Bureau. I understand that if I am hired, a clean criminal record in compliance with Ohio Administrative Code 5123:2-12-02 is a requirement for continued employment.

I understand that given the nature of the services Lark Residential Support, Inc to Lark Residential Support, Inc. dba Purple Transportation provides, I may at times be required to work over-time hours or hours outside a normally defined work day or work week.

I understand that if I am hired, my employment status will be on an at-will basis. This means that I may voluntarily leave employment for any reason and that to Lark Residential Support, Inc. dba Purple Transportation may terminate employment of any employee at any time for any reason. Furthermore, I understand that my continued employment is based on the wishes of the consumers to Lark Residential Support, Inc. dba Purple Transportation serves, continued funding of said services, and my ability to continue to meet the needs of the consumer and the company.

I hereby swear or affirm that the answers I have given and the statements I have made in this application are complete and true to the best of my knowledge and belief.

Signature of Applicant : _____

Date: _____