

BLESS LLC
EMPLOYMENT APPLICATION

Today's Date: ____ / ____ / ____

BLESS (Basinger Life Enhancement Support Services), LLC is an EQUAL OPPORTUNITY EMPLOYER and does not discriminate on the bases of race, color, creed, national origin, religion, age, sex, marital status, sexual preference, or disability, except where a reasonable, Bonafede occupational disqualifications exist.

Name: _____
(Last) (First) (Middle) (Maiden Name, if any)

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ Social Security Number: _____

Date of birth: ____ / ____ / ____

Cell Phone #: _____ E-Mail Address: _____

Position for which you are applying: _____

How did you hear about BLESS, LLC? _____ Were you referred by staff? If so, who? _____

What days/hours are you available to work?

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From							
To							

Which employment options would you consider? _____ Full-Time _____ Part-Time _____ Contingent

PERSONAL BACKGROUND

To protect the safety of our customers, as well as comply with state regulations, BLESS, LLC conducts thorough background checks on each of our employees. Please answer the following questions to determine if you would meet BLESS, LLC employment requirements.

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain: _____

Have you been convicted of a misdemeanor within the last five (5) years? _____ Yes _____ No

If yes, please explain: _____

Have you ever been accused of physically or sexually abusing another person? _____ Yes _____ No

If yes, please explain: _____

Can you, after employment, provide proof of citizenship (driver's license, social security card, birth certificate, etc.)
Proof of your legal right to work in the U.S? _____ Yes _____ No

Do you have a valid Ohio driver's license with less than 6 points? _____ Yes _____ No

Have your driving privileges ever been suspended, revoked, or denied? _____ Yes _____ No

If yes, please explain _____

Do you have a High School Diploma or GED? _____ Yes _____ No

Have you been a resident of the State of Ohio for the past five (5) years? _____ Yes _____ No

Do you have and can you maintain a safe, reliable automobile to use for transporting consumers? _____ Yes _____ No

Do you currently have, or would you be willing to obtain liability insurance on your vehicle? _____ Yes _____ No

Please list any moving traffic citations you have received in the past 3 years (not city, but state & date)

EDUCATION AND TRAINING

High School _____ City _____ State _____ Graduated _____ or GED _____

College or University _____ City _____ State _____ Degree Received _____

Major or relevant coursework _____
Degree Received _____

Major or relevant coursework _____

List any other relevant training, certificates, licenses you have obtained _____

WORK EXPERIENCE

Starting with CURRENT/MOST RECENT EMPLOYER List ALL work experience for the past 5 years.

Employer _____ May we contact? _____ Yes _____ No

Address _____ Phone _____

Description of responsibilities _____

Supervisor _____ Dates of Employment (From – To) _____

Employer _____ May we contact? _____ Yes _____ No

Address _____ Phone _____

Description of responsibilities _____

Supervisor _____ Dates of Employment (From – To) _____

Employer _____ May we contact? _____ Yes _____ No

Address _____ Phone _____

Description of responsibilities _____

Supervisor _____ Dates of Employment (From – To) _____

Employer _____ May we contact? _____ Yes _____ No

Address _____ Phone _____

Description of responsibilities _____

Supervisor _____ Dates of Employment (From – To) _____

Employer _____ May we contact? _____ Yes _____ No

Address _____ Phone _____

Description of responsibilities _____

Supervisor _____ Dates of Employment (From – To) _____

PERSONAL REFERENCES

Please list 3 personal references (NON-FAMILY MEMBERS).

Name _____ Relationship _____

Address: _____

Phone: _____

Email: _____

Name _____ Relationship _____

Address: _____

Phone: _____

Email: _____

Name _____ Relationship _____

Address: _____

Phone: _____

Email: _____

BLESS, LLC
1554 Mckaig Ave.
Troy Ohio 45373
Ph. 937-552-7970: Fax. 937-552-9026

AUTHORIZATION TO CHECK REFERENCES AND VERIFY APPLICATION

I, _____, give my permission to BLESS, LLC to contact all my former employers, education/training facilities, persons listed as references, and other contacts noted in this application 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.

Signature

Date

ASSURANCES

Directions: 1. Read the following statements. 2. Please initial by each paragraph assuring that you have read, understood, and agree 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 BLESS, LLC 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 BLESS, LLC 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 BLESS, LLC to obtain a criminal record check from the Ohio Bureau of Criminal Identification and Investigation, if I have resided in the state of Ohio for the past five (5) years, and from the Federal Bureau of Investigation if I have resided out of state. I give my permission to BLESS, LLC to obtain a check of my residences for the past five (5) years and a Local 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 BLESS, LLC provides, I may at times be required to work overtime hours or hours outside a normally defined workday 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 BLESS, LLC may terminate the 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 BLESS, LLC serves, continued funding of said services, and my ability to continue to meet the needs of the consumer and the company.

_____ I understand that given the nature of the services BLESS, LLC I will be prohibited from using illegal drugs for the duration of my employment with BLESS, LLC. I understand that BLESS, LLC performs random drug testing, and I give permission to be subject to testing upon the request of management at any time during the duration of my employment. This means that I will be paid my hourly wage during the time required for testing, and the cost of testing will be covered by BLESS, LLC.

_____ I understand the commitment I make to each consumer and if I leave the company without providing a 2-week notice or provide notice and do not fulfill the 2 weeks that my last series of checks will be paid at minimum wage. BLESS, LLC invests a lot of money in training in hopes that this will be a long-standing working relationship. In the event I quit within the first 6 months from hire date, without notice or am terminated for just cause within my 1st year of employment, the cost of my certifications will be deducted from my last paycheck. After my 1st year of employment if I quit without notice or am terminated for just cause my recertification costs will be deducted from my last check. I also understand my final series of paychecks will be at minimum wage.

_____ BLESS, LLC requires all employees in a direct service position to report in writing to the agency if the employee is ever formally charged with, convicted of, or plead guilty to any of the offenses in division (E) of section 5126.28 of the Ohio Revised Code not later than fourteen calendar days after the date of such charge, conviction, or guilty plea.

_____ Med Administration, 1st Aid/CPR and CPI training are all requirements to work for BLESS, LLC. These classes are expensive and once certified are valid even if you are no longer employed with BLESS, LLC. I understand that BLESS, LLC will pay for my certification course, but I will not be paid to attend these courses.

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