



Thank you for your interest in L'Arche Cleveland!

This packet is for people interested in applying for the role of a L'Arche Cleveland Assistant.

This application packet includes:

- Application for employment
- Release for pre-employment background checks
- Abuser Registry Notice & Statement
- L'Arche Cleveland Criminal Affidavit
- Criminal Notification Statement
- Authorization for driver's license review

This packet will need to be printed off and filled out, including signatures and dates. Please mail back to the L'Arche Cleveland office at:

L'Arche Cleveland
P.O. Box 20450
Cleveland, OH 44120

Your application is considered complete once we receive this completed packet and two letters of reference. One letter needs to be from a past or current employer and the other letter can be from anyone other than a family member. A copy of your high school diploma or G.E.D. needs to be submitted with your completed application packet. Once we have received your paperwork you will be contacted for an interview.

If you have any questions about this packet, about L'Arche in general or the role of the Assistant please give us a call at (216) 721-2614 or send us an email at recruitment@larchecleveland.org.

L'Arche Cleveland

APPLICATION FOR EMPLOYMENT



Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.) An application is considered complete when this form and two letters of recommendation are received by L'Arche Cleveland, P.O.Box 20450, Cleveland Ohio 44120.

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST	MIDDLE	LAST	
PRESENT ADDRESS	STREET		HOW LONG AT THIS ADDRESS	HOME TELEPHONE NUMBER
	CITY	STATE	ZIP	
PREVIOUS ADDRESS	STREET		HOW LONG AT THIS ADDRESS	MESSAGE TELEPHONE NUMBER
	CITY	STATE	ZIP	EMAIL ADDRESS
Which is the best way to reach you? Home telephone Message Telephone Email				
Are any of your relatives presently employed with L'Arche Cleveland				
If yes, Name of relative:				
Have you ever worked for L'Arche Cleveland?				
Have you ever applied with us for a job before?				
If yes, approximately when did you apply?				
How did you find out about this position? Referred by:				

GENERAL INFORMATION

If you are under 18, please state your age:	If under 18, can you supply working papers?
Upon employment, can you provide written evidence that you are authorized to work in the United States? YES NO	
Have you ever been convicted of a crime other than a minor traffic infraction? (A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. FACTORS SUCH AS JOB RELATEDNESS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) If yes, please explain:	
Have you ever been discharged from employment or had to resign? If yes, please explain:	
Do you have a valid Ohio driver's license or International Driver's license with four points or less?	
Do you have any restrictions that would interfere with lifting 25 pounds? If yes, please explain:	

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available and desire to work FULL-TIME (30-40 hours) and do not have restrictions on my hours and days
(Complete Section **B**)

I am available and desire to work PART-TIME (If less than 30 hours a week, please complete Sections **A** and **B**)

A.	I am only available for PART-TIME because:	Student	Other job	Other (explain)
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B.	Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	From:	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
	To:	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.

NOTE: Work schedules are based upon the needs of the organization and may be subject to change on a weekly basis.

WAGE EXPECTED	DATE AVAILABLE FOR WORK?
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EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	NAME OF COMPANY	FROM		STARTING SALARY \$	JOB TITLE	REASON FOR LEAVING (explain)
		MO.	YR.			
ADDRESS		TO		ENDING SALARY \$	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.			
CITY, STATE, ZIP						
PHONE #			TYPE OF BUSINESS		NAME AND TITLE OF IMMEDIATE SUPERVISOR	

EXPLAIN ANY PERIOD BETWEEN JOBS	MAY WE CONTACT EMPLOYER? YES NO
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2	NAME OF COMPANY	FROM		STARTING SALARY \$	JOB TITLE	REASON FOR LEAVING (explain)
		MO.	YR.			
ADDRESS		TO		ENDING SALARY \$	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.			
CITY, STATE, ZIP						
PHONE #			TYPE OF BUSINESS		NAME AND TITLE OF IMMEDIATE SUPERVISOR	

EXPLAIN ANY PERIOD BETWEEN JOBS	MAY WE CONTACT EMPLOYER? YES NO
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3	NAME OF COMPANY	FROM		STARTING SALARY \$	JOB TITLE	REASON FOR LEAVING (explain)
		MO.	YR.			
ADDRESS		TO		ENDING SALARY \$	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.			
CITY, STATE, ZIP						
PHONE #			TYPE OF BUSINESS		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER?	

EDUCATION

	NAME AND LOCATION OF THE SCHOOL OR COLLEGE	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE OR GRADUATED
HIGH SCHOOL					
COLLEGE					
COLLEGE					
GRADUATE SCHOOL					
BUSINESS/TRADE/ OTHER					

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

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ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this organization. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? If yes, please explain:

Please have the following individuals send letters of recommendation (or our reference form) to the L'Arche Cleveland Office.

LETTERS OF REFERENCE

One reference must be from a previous employer and the other from anyone else, except a family member.

1	NAME	OCCUPATION	BUSINESS PHONE
	HOME ADDRESS	HOME PHONE#	TITLE/RELATIONSHIP
	CITY AND STATE	ZIP	HOW LONG KNOWN
2	NAME	OCCUPATION	BUSINESS PHONE
	HOME ADDRESS	HOME PHONE#	TITLE/RELATIONSHIP
	CITY AND STATE	ZIP	HOW LONG KNOWN

L'Arche Cleveland P.O.Box 20450 Cleveland, OH. 44120
 Office phone# 216-721-2614, Fax # 216-229-2311

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of L'Arche Cleveland to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews.

I understand that the employer follows an "employment at will" policy in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state or federal laws; this "employment at will" policy cannot be changed verbally or in writing unless the change is specifically authorized in writing by the Executive Director of this organization. I understand that this application is not a contract for employment.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

If hired, I agree to abide by all of L'Arche Cleveland's rules and regulations. I understand that the Organization and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE

Date

Interviewed by _____

Date _____



Background Investigations for Employment Notification

In accordance with Ohio Administrative Code 5123:2-2-02, L'Arche Cleveland is required to check each of the following databases for each applicant:

- 1) A list of excluded persons and entities maintained by the office of inspector general in the United States department of health and human services
- 2) The abuser registry
- 3) The nurse aide registry
- 4) The sex offender and child-victim offender database
- 5) The United States general services administration system for award management database
- 6) The database of incarcerated and supervised offenders

L'Arche Cleveland shall not employ anyone included in one or more of the above databases. L'Arche Cleveland will, at a frequency of no less than once every five years, check the above databases and conduct a criminal records check for each employee. The abuser registry and the Diocese of Cleveland Master Insurance Plan (DISC) motor vehicle report will continue to be checked annually.

I have received a copy of all disqualifying offenses for the criminal background check, as well as the abuser registry notification. I have read and understand the above notification of background investigations for employment. Once completed, please return this form to the L'Arche Cleveland Office to the attention of Office Manager: 11811 Shaker Blvd., Suite 116 Cleveland, OH 44120.

ACKNOWLEDGED:

Printed Name

Social Security #

Signature

Date

Affidavit for L'Arche Cleveland Applicants

The affiant (referred to in this affidavit as the "applicant") is applying for the position of _____ at L'Arche Cleveland.

The affiant understands that L'Arche Cleveland is required to conduct a criminal records check of all new employees, including gathering a set of impressions of the applicant's fingerprints. The applicant further understands that if the applicant is applying for a position which includes transporting individuals with intellectual and developmental disabilities, a copy of the applicant's abstract regarding the record of convictions for violations of motor vehicle laws will be requested from the registrar of motor vehicles. The applicant agrees to sign all forms necessary for L'Arche Cleveland to receive this information and understands that failure to do so means L'Arche Cleveland will not employ the applicant.

(Applicants: Check either 1 or 2 but NOT both)

___1. The applicant states that he/she has been a resident of Ohio for the five-year period preceding this application. This applicant agrees to provide proof to L'Arche Cleveland that he/she has been a resident of Ohio for the five-year period preceding this application

___2. The applicant states that he/she has not been a resident of Ohio for the five-year period preceding this application.

(Applicants: Check either 3 or 4 but NOT both)

___3. The applicant states that he/she has not been convicted of or pleads guilty to any of the offenses listed in Exhibit 1. Exhibit 1 is attached to and hereby made a part of the affidavit. The applicant states that he/she has read Exhibit 1 as acknowledged by applicant's initials on every page of Exhibit 1

___4. The applicant states that he/she has been convicted or pleads guilty to any of the offenses listed in Exhibit 1. Exhibit 1 is attached to and hereby made a part of this affidavit. The applicant states that he/she has read Exhibit 1 as acknowledged by applicant's initials on every page of Exhibit 1. For each offense for which the applicant has been convicted or plead guilty the applicant states:

a. The original charge was _____

b. The conviction was for _____

c. The date of the conviction was _____

d. The sentence was _____

e. The date of the completion of all terms of the sentence was _____

f. The circumstances of the crime were as follows:

5. The applicant agrees to inform L'Arche Cleveland in writing if, while the applicant is employed by L'Arche Cleveland, the applicant is ever formally charged with convicted of or pleads guilty to any of the offenses listed in Exhibit 1. Such notification must be within 14 calendar days of the charge, conviction, or guilty pleas. The applicant understands that failure to notify the Executive Director may result in the applicant being dismissed from L'Arche Cleveland employment.
6. The applicant states that the above information is complete, true and accurate under penalty of perjury.
7. The applicant understands that the accuracy of this information is a condition of employment and that L'Arche Cleveland is relying on the accuracy of this information in making any offer of employment to the applicant.
8. The applicant understands that he/she may be discharged if any of the above information is false, incomplete or misleading.

Applicant's Signature

Date

Office Manager's Signature

Date

Executive Director's Signature

Date

Criminal Notification Statement (Exhibit 1)

The Applicant, _____, states that he/she has not been convicted of or plead
(print name)

guilty to any of the offenses listed below. For each offense for which the applicant has been convicted or plead guilty and has since had the conviction sealed, applicant must provide the Executive Director with full details of the conviction.

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)

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 marihuana 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.

The applicant agrees to inform the Executive Director in writing if, while employed by L'Arche Cleveland, the applicant is ever formally charged with, convicted of or pleads guilty to any of the offenses listed above. Such notification must be within 14 calendar days of the charge, conviction, or guilty pleas. The applicant understands that failure to notify the Executive Director may result in the applicant being dismissed from L'Arche Cleveland employment.

The applicant states that the information included in this notification is complete, true and accurate under penalty of perjury. The applicant understands that this information is a condition of employment and that L'Arche Cleveland is relying on the accuracy of the information in making any offer of employment to the applicant. The applicant understands that he/she may be discharged if any of the information included within is false, incomplete or misleading.

Signature of Applicant

Date

ABUSER REGISTRY- NOTICE TO EMPLOYEE & APPLICANTS

The Ohio Department of Developmental Disabilities (“Department”) maintains an Abuser Registry which is a list of DD employees who the Department has determined have abused, neglected, had sexual contact with, stolen property from, or did not report the abuse or neglect of an individual with DD. If your name is placed on the Abuser Registry you are barred from employment as a DD employee in this state from a minimum of 5 years.

- **Employees whose names may be placed on the Abuser Registry.** The name of any “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 DD. A specialized service is a program or service designed to primarily serve individuals with DD 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 DD.
 - **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.
 - **Sexual Contact.** Sexual contact means the touching of an erogenous zone for sexual gratification, whether or not consensual, 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 and 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, and theft of prescribed medication of an individual with DD. 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 DD, 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.
 - **Being convicted of or pleading guilty** to any of the following if the victim is an individual with DD: an offense of violence, a violation of section R.C. 2907 (sexual offenses) and R.C. 2913 (theft offenses), failing to provide for a functionally impaired person, patient abuse or neglect, patient endangerment, or endangering children.

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 at <http://dodd.ohio.gov/healthandsafety/Pages/Abuser-Registry.aspx> or may be obtained by calling (614) 995-3810.



I have received and read a copy of the Abuser Registry Offenses that may result in me being listed on the registry. I understand that all people with developmental disabilities have a right to a system that sees to ensure their health and safety. Part of the system's efforts to do so includes the abuser registry process. If an individual's name is placed on the abuser registry they cannot be hired as an employee of any agency working with people with intellectual or developmental disabilities in the state of Ohio. It is not a criminal process and does not require a criminal conviction to be listed on the Abuser Registry.

I understand that L'Arche Cleveland will conduct a search of the Abuser Registry prior to employment and annually thereafter while employed by L'Arche Cleveland.

The abuser registry law is found in the Ohio Revised Code Sections 5123.50 and 5123.51

Assistant Name (print)

Assistant Signature

Date



L'ARCHE® Cleveland

Relationship – Transformation – Sign

Authorization For Assistant Driver License Review

You are applying for an Assistant role with driving responsibilities. Prospective employees of L'Arche Cleveland must be cleared to drive our vehicles prior to being hired. Our insurance company (D.I.S.C.) maintains standards for driver insurability and has final say as to whether an applicant can drive a L'Arche Cleveland vehicle.

I hereby authorize L'Arche Cleveland to request from D.I.S.C. (Diocesan Insurance Service Committee) a review of my driving record. I know that my employment with L'Arche Cleveland depends on meeting D.I.S.C. standards for insurability.

D.I.S.C., subsequent to reviewing your driving record will give L'Arche Cleveland a “yes” or “no” as to your insurability. L'Arche does not receive any specifics about your personal abstract. If you have been categorized as not insurable (not eligible for employment) you can call our D.I.S.C. agent and request the specifics regarding your denial of insurability.

Once completed, please return this form to the L'Arche Cleveland office to the attention of Office Manager: L'Arche Cleveland P.O. Box 20450 Cleveland, OH 44120.

Acknowledged:

Signature of Applicant

Date

Printed Name

Driver's License Number

Date of Birth

Last 4 digits of social security number