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**Employment Eligibility Screening**

**Name: Date of Application:**

**Address:**

**Phone Number: Email:**

**Date Available to Start Work:**

The Licking County Board of Developmental Disabilities supports provider agencies in Licking County by offering to perform initial screenings of Direct Support Professional (DSP) applicants for employment eligibility, which should not be construed as an application for employment at the Licking County Board of Developmental Disabilities. Provider agencies will conduct interviews as they see fit to further evaluate applicant suitability for open positions. (Initial)

1. Can you perform, with or without accommodation, the essential job requirements of the Direct Support Professional (DSP) position? Yes No
2. How did you hear about being a DSP? Commercials \_\_\_Billboards DSP Ohio website

 LCBDD website LCBDD fb page Other:

1. How did you hear about the screening support provided by LCBDD? DSP Ohio website

 LCBDD website LCBDD fb page Other:

1. Education:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Complete Name and Address** | **Years Completed** | **Graduated? (Yes/No)** | **Area of Study, if applicable** |
| **High School/GED\*** |  |  |  |  |
| **Business or Trade** |  |  |  |  |
| **College** |  |  |  |  |
| **Other** |  |  |  |  |

\*High School Diploma/GED Verified? Yes No

* If do NOT currently possess high school diploma/GED, would you be willing to enroll in a GED program in the next 12 months? Yes No
1. Are you eligible to work in the United States? \_\_Yes \_\_No
2. Are you able to read and write in English? Yes No
3. Are you: \_\_21 years of age or older \_\_18 years of age or older
4. Are you able to work: \_\_Full-time \_\_Part-time \_\_Weekends \_\_Evenings
5. Are you certified in: \_\_First Aid \_\_CPR \_\_Neither
6. Are you certified in Medication Administration? \_\_Yes \_\_No
7. Are you able to: \_\_Lift 50lbs \_\_Bend \_\_Twist \_\_Kneel
8. Do you have any allergies? \_\_Yes \_\_No

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you afraid of animals or have related allergies? \_\_Yes \_\_No

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have allergies to/dislike cigarette smoke? \_\_Yes \_\_No
2. Do you currently possess a valid driver’s license? Yes No
3. Can you provide proof of insurance? Yes No
4. Do you drive on the highway? \_\_Yes \_\_No
5. How many points do you have on your driver’s license \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(To the best of your knowledge)

Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN:

**Registry Checks (to be completed by the DSP Eligibility Specialist):**

1. Is the applicant on the list of excluded persons or entities? \_\_Yes \_\_No

(<http://exclusions.oig.hhs.gov/>)

1. Is the applicant on the abuser registry? \_\_Yes \_\_No

(<https://its.prodapps.dodd.ohio.gov/abr_default.aspx>)

1. Is the applicant on the nurse aide registry? \_\_Yes \_\_No (<https://odhgateway.odh.ohio.gov/nar/nar_registry_search.aspx>)
2. Is the applicant on the sex offender and child-victim offender database? \_\_Yes \_\_No

(<http://www.icrimewatch.net/index.php?AgencyID=55149&disc>=)

1. Is the applicant on the United States general services administration system for award

management database? \_\_Yes \_\_No

(<https://www.sam.gov/>)

1. Is the applicant on the database of incarcerated and supervised offenders? \_\_Yes \_\_No

(<http://www.drc.ohio.gov/OffenderSearch/Search.aspx>)

**Criminal Records Check and Drug Screening:**

A pre-employment criminal record background check and a drug and alcohol screening will be conducted for all applicants eligible for the Direct Support Professional (DSP) position. This includes an Ohio Bureau of Criminal Identification and Investigation (BCII) and sometimes a Federal Bureau of Investigation (FBI) criminal records check, in addition to, a 5 Panel Drug Screening by a laboratory selected by LCBDD.

Pursuant to Ohio Administrative Code Section 5123:2-2-02, the Licking County Board of Developmental Disabilities is required to conduct background investigations for the purposes of employment. Please note that per 5123:2-2-02, there are five tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed with a provider agency. Therefore, all applicants eligible for the Direct Support Professional (DSP) position will be required to submit to a background check through the Bureau of Criminal Identification and Investigation and under some circumstances a Federal Bureau of Investigation criminal records check. For more information, please review OAC 5123:2-2-02.

Your signature below verifies only that you understand this requirement to conduct background checks. Your signature also verifies that you further understand that all prospective employees must pass a 5 panel drug screen test prior to being hired.

**Signature of Applicant: Date:**

**Last 4 digits of Social Security Number:**

**Date of Birth:**

**DSP Employment Connections Overview**

The Licking County Board of Developmental Disabilities (LCBDD) supports provider agencies in Licking County by offering to perform initial screenings of Direct Support Professional (DSP) applicants for employment eligibility, which should not be construed as an application for employment at the LCBDD. LCBDD’s role is limited to screening interested applicants for employment eligibility purposes on behalf of participating provider agencies. Provider agencies will conduct interviews as they see fit to further evaluate applicant suitability for open positions.

**Next Steps**

The Licking County Board of Developmental Disabilities will facilitate the completion of the Employment Eligibility Screening tool, Conviction Affidavit, Major Unusual Incident Database Check, Criminal Records Check, and Drug Screening. If you are eligible for employment as a DSP based on these screenings, you will be asked to select the provider agency/agencies which have the open position(s) you wish to apply for. LCBDD will provide you with agency information to include the agency’s website, brochures, etc. LCBDD will not be able to advise you on which provider agency is the best fit for you. It will be your responsibility to make this determination. Your information and provider agency application(s) will be forwarded to the participating provider agency/agencies selected by you. The provider agency/agencies will contact you if they wish to conduct an interview and will determine whether you are an appropriate fit for their organization. If you are not eligible for employment based on LCBDD’s screening process, LCBDD will notify you that you’ve been determined ineligible at this time.

**Questions**

If you have any questions or concerns about this program, please feel free to contact LCBDD’s Provider Relations Department at (740) 349-6588.