



BACKGROUND CHECK ACKNOWLEDGEMENT

CAI contracts with the State of Oklahoma to provide services to people with disabilities. As such, CAI must adhere to Oklahoma Department of Human Services policies, as well as Oklahoma Laws.

OKDHS policies outline situations in which we may not hire a prospective employee. Excerpts of that policy are listed below. The Community Service Provider (CAI) does not hire, contract with, or use as a volunteer, a person whose name listed in the Community Registry or who has a criminal background as described in this Section.

If the Oklahoma State Bureau of Investigation (OSBI) search reveals that the applicant has been convicted, or pled guilty or nolo contendere **to any felony or to misdemeanor assault and battery** the provider (CAI) **does not hire or contract with the person and immediately cancels any temporary employment arrangement.**

For certain offenses CAI can choose to apply for a waiver from the Department of Human Services, this waiver would allow someone to work for CAI even though they have an entry on their criminal background check. However, below lists instances in which a waiver will not be granted. In these instances CAI will not even apply for the waiver, and that prospective employee will not be hired.

Directly from DHS policy.

(2) A waiver is not granted , in any case, for employment of an applicant who has been convicted of, or pled guilt or nolo contendere to:

(A) A felony count of:

- (i) Assault and battery
- (ii) Homicide
- (iii) Murder
- (iv) Attempted murder
- (v) Rape
- (vi) Incest
- (vii) Sodomy
- (viii) Domestic Violence

(B) Abuse, neglect or financial exploitation of any person entrusted to the applicant's care.

(3) No waiver is granted for offenses resulting in a felony conviction or plea of guilty or nolo contendere to a felony that occurred less that five calender years from the date of the request.

Printed Name of Employee

Employee Signature

Date



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Employment Application Supplement

Applicant (print)	Date
Provider agency	

As I apply for a job as a community services worker, I understand:

- prior to employing me, the community services provider is required by Oklahoma law to conduct a search of:
 - criminal history records with Oklahoma State Bureau of Investigation (OSBI); and
 - Oklahoma Department of Human Services (OKDHS) Community Services Worker Registry (Registry);
- the community services provider is prohibited by Oklahoma law from hiring, contracting with, or using as a volunteer, any person;
 - who has been convicted, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony, except under circumstances described in OAC 340:100-3-39; or
 - whose name appears in the Registry;
- my employment may be terminated if my name appears in the Registry, even though my name may not have been in the Registry at the time of my application or hiring;
- I must report to the community services provider all of my current and previous employers who provide services to children and adults who are vulnerable; and
- giving false information regarding my current and previous employers may result in termination of my employment.

Applicant signature Date

Routing: Original – community services worker personnel record
 Copy – community services worker

EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Current Information

Name (as on Social Security Card) _____
(Last) (First) (Middle)

Social Security Number _____ - _____ - _____

Mailing Address _____
Street or P.O. Box City State Zip

Telephone (Home) _____ Work or Cell _____

This application is in response to (circle one):

Newspaper Friend Family Member Other: _____

Have you ever been previously employed by our organization? _____ Yes _____ No

Your Job Requirements Position Applied For: _____

This application is for (Circle one): Full Time Part Time

Will you accept employment requiring (circle answer):	Night Hours:	YES	NO
	Weekend Hours:	YES	NO
	Evening Hours:	YES	NO
	Split Shifts:	YES	NO
	Day Hours:	YES	NO

Date available for work: _____

Minimum Annual Salary: \$ _____

Education and Training

High School: _____ Highest Grade Completed (1 – 12 or GED): _____
Name and Location

College/University Name and Location: _____

Dates Attended: _____ Credit Hours: _____ Type of Degree: _____

Date Degree Received: _____ Major/Minor: _____

Are you currently enrolled now? _____

Have you ever had any State of Oklahoma, DDSD training? (I.e. Foundations, ETL, Communications, MAT, etc...) Circle one: Yes No If Yes which trainings and where: _____

General Information

Are you a U.S. Citizen? (Circle one) YES NO (If no, you must be legally authorized to work and must provide work authorization).

Have you ever been convicted of any unlawful offense (other than a minor traffic violation)? YES NO

If yes, list the date of the conviction and crime for which you were convicted, pled guilty or no contest to: _____

NOTE: If offered employment the State of Oklahoma REQUIRES us to complete a Criminal Background Check.

Driver's license number (if driving is an essential job duty): _____

Employment Information

If you are employed now may we contact your present employer? (Circle one) YES NO

Employer: _____ Position Held: _____

Employer Address: _____ Telephone: _____

Supervisor Name and Title: _____

Principal Job Duties: _____

Reason for Leaving: _____

Dates of Employment: From _____ To: _____

Starting Salary \$ _____ Ending Salary \$ _____

Employer: _____ Position Held: _____

Employer Address: _____ Telephone: _____

Supervisor Name and Title: _____

Principal Job Duties: _____

Reason for Leaving: _____

Dates of Employment: From _____ To: _____

Starting Salary \$ _____ Ending Salary \$ _____

Employer: _____ Position Held: _____

Employer Address: _____ Telephone: _____

Supervisor Name and Title: _____

Principal Job Duties: _____

Reason for Leaving: _____

Dates of Employment: From _____ To: _____

Starting Salary \$ _____ Ending Salary \$ _____

References

Name: _____ Address: _____

Phone Number: _____ Years Known: _____

Name: _____ Address: _____

Phone Number: _____ Years Known: _____

Name: _____ Address: _____

Phone Number: _____ Years Known: _____



Community Access Inc is an Equal Opportunity Employer. C.A.I. reaffirms its commitment to equality of employment and pledges that it will not practice or permit discrimination in employment on the basis of race, color, religion, sex, national origin, or disability. C.A.I. complies with all applicable legislation prohibiting age discrimination in employment.

I hereby certify that all information on this application is true and complete to the best of my knowledge and belief. I expressly authorize CAI to contact any and all of my prior employers listed on the DDS 39. I release those prior employers and CAI from any and all liability arising from the information provided by my prior employers. I understand that false or misleading information may result in rejection of my application, action up to and including termination if hired, and/or criminal prosecution. If hired, I further understand C.A.I. complies with state law and will terminate me if false or misleading information is given in order to meet the requirements for the position involved. I also understand that employment is contingent upon an acceptable Motor Vehicle Report, Community Registry Check and Oklahoma State Bureau of Investigation Report, and give C.A.I. permission to run background checks with the aforementioned agencies/prior employers listed on DDS 39.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer 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.

Applicant's Signature: _____ Date: _____



Community Access Inc.

Accessing the community through specialized services.

I, _____ expressly authorize CAI to contact any and all of my employers listed on the DDS - 39. I

Print Name

release those prior employers and CAI from any and all liability arising from the information provided by my prior employers. I understand that false or misleading information may result in rejection of my application, action up to and including termination if hired and/or criminal prosecution. If hired, I further understand CAI complies with Oklahoma State Law and will terminate me if false or misleading information is given in order to meet the requirements for the position involved. I also understand that employment is contingent up an acceptable Motor Vehicle Report, Community Registry Check, and Oklahoma State Bureau of Investigation Report, and give CAI permission to run back ground checks with the aforementioned agencies/prior employers listed on DDS - 39.

Applicant's Signature

Date

Applicant's Social Security Number

Prior Employer; Please provide the following information:

Dates of Employment: Start Date: _____ **End Date:** _____

Position Held: _____

Duties/Responsibilities: _____

Was this person ever accused, found responsible or terminated due to abuse, exploitation, neglect or maltreatment of a person they cared for? OKLAHOMA STATUTE: TITLE 43A SECTION 10 - 103 OUTLINES WHAT IS TO BE DISCLOSED.

YES NO If, yes please provide date of the offense: _____

Is this person eligible for rehire? YES NO

This person left under the following condition:

Terminated Resigned Lack of Work Temporary Position

Signature of person completing report

Printed name of person completing report

Date