



***Industries, Inc.***

P.O. Box 710 36 County Rd. 32  
Bellefontaine, Ohio 43311  
(937) 592-0025  
Fax: (937) 592-3001

***Employment Services***

334 E. Columbus Avenue  
Bellefontaine, Ohio 43311  
(937) 592-0534  
Fax: (937) 592-9034

## EMPLOYMENT APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

### TO ALL APPLICANTS - (Please read carefully)

Thank you for your interest in employment with RTC Industries, Inc. RTC provides a broad range of services to adults with mental retardation and developmental disabilities who live in Logan County.

When completing your application, provide as much detail as possible and answer all questions thoroughly. Type or print clearly. Be sure your signature and the date appear on the last page of the application and return the completed application to RTC Industries, Inc. or RTC Employment Services. All applications will be kept on active status for a period of 60 days. If you are not hired but continue to have an interest in employment after this period of time, you will need to complete a new application.

### HIRING PROCESS

When completed applications are received by RTC Industries, they are reviewed and made available to the supervisors. Interviews are scheduled by the supervisor in the facility/department based upon the applicant's qualifications and ability to perform the essential job functions of the position with or without reasonable accommodation. Following the initial interview, applicants may be recommended for additional interviews with other staff and supervisors.

### MEDICAL EXAMINATION/BACKGROUND CHECK

Upon request by RTC Industries, Inc., the applicant hereby agrees to submit to a medical examination if requested by RTC to determine mental and physical competency.

All persons either employed by or contracted by RTC Industries, Inc. are required to have a completed background investigation and drivers abstract.

### CERTIFICATION/LICENSURE/REGISTRATION

Some positions require certification, licensure and/or registration. If you are applying for any of these positions, complete the appropriate information on the application and enclose a copy of the certificate, license and/or registration. If you are hired, you will need to bring the original certificate/license and/or registration in for review and copying. Applicants who have completed college or coursework related to the position applied for are requested to submit copies of transcripts with the application.

### RTC INDUSTRIES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

This philosophy calls for equal opportunity for employment, training and advancement regardless of sex, race, creed, color, age, national origin, religion, physical or mental disability or any other factors unrelated to the essential duties of the position.

PERSONAL INFORMATION - (Please type or print clearly)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_  
 No. Street City State Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Position(s) Applied For: 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_  
 2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Date you can start \_\_\_\_\_ Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temp \_\_\_\_\_

Referred by \_\_\_\_\_ Have you worked for this agency before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you have friends or relatives working for this agency? Yes \_\_\_\_\_ No \_\_\_\_\_

EDUCATION

Type of School	Complete Name & Address	Yrs Completed (Circle)	Graduated (Circle)	Degree	Major
High School		1 2 3 4	Yes No		
College*					
Post Graduate*					
Business or Trade*					
Other					

\*Please submit transcripts (copies accepted for application-official transcripts required at hire).

CERTIFICATION/LICENSURE/REGISTRATION

For many positions, state certification, licensure or registration requirements MUST be met. Be sure to enclose copies of the applicable document(s) and complete the information below as it relates to the position(s) for which you have applied.

**Certification from the Ohio Department of Education**

Type \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Certification or Registration from the Ohio Department of MR/DD**

Type \_\_\_\_\_ Validation \_\_\_\_\_ Level \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please list additional certificates, registration or licenses: \_\_\_\_\_

**EMPLOYMENT HISTORY**- List most recent first. Use additional sheet if needed. If your job title or duties changed during employment with any one employer, please list as separate employer. A resume may not be used as a substitute for completing this application.

**Name of Employer** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates of Employment \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates of Employment \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates of Employment \_\_\_\_\_

List any employers we may NOT contact for a reference \_\_\_\_\_

Have you ever been discharged or requested to resign from a position? Yes \_\_\_ No \_\_\_ If yes explain

Have you ever had a certificate, license or registration revoked or suspended? Yes \_\_\_ No \_\_\_ If no, please list which essential function(s) you would have difficulty performing and identify reasonable accommodations.

Have you ever been convicted of any felony? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_  
For what \_\_\_\_\_

## REFERENCES

Please list the name and addresses of three individuals, other than relatives, whom we may contact for a Professional Recommendation.

NAME	ADDRESS	CITY	STATE	ZIP	PHONE
------	---------	------	-------	-----	-------

## IMMIGRATION REFORM AND CONTROL ACT OF 1986

I understand that if hired, I will be required to offer examination documents proving I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my providing the necessary documentation within the prescribed time frames.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPLICANT'S AGREEMENT (Read carefully before signing.)

I hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal, I understand that, as a condition of initial or continued employment, I agree to submit to such lawful examination, medical or substance abuse, or others as may be required by RTC Industries.

I authorize RTC Industries and/or its agents to verify any of this information. I authorize all employers (unless restricted on page 3 of this application), persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information.

I confirm that I meet all requirements of the job for which I am applying. I am able to perform all essential duties, as I understand them. I understand and agree that, as a condition of employment, I shall meet and maintain all required standards of my position, which involve certification, registrations, licensure and training. I further understand that I may be required to enroll in college or courses and/or other training at my expense to maintain required certification/registration.

I grant permission to have this application and enclosures duplicated and to be distributed to RTC's employees responsible for initial screening, interviewing, recommending applicants for employment and to employees responsible for personnel records and reports.

Signature \_\_\_\_\_ Date \_\_\_\_\_