

# DOY Services Inc.

## An Equal Opportunity Employer

To our applicant:

It is the philosophy of DOY Services Inc. to provide all children with opportunity to learn how to shape their tomorrow with education, socialization and the opportunity to develop a positive image of self.

This cover letter is to inform the potential applicant of the requirements of employment and to note some of our expectations. All staff will be trained in the rules and regulations as well as the service quality expectations of DOY Services Inc. DOY Services is an employee at will agency.

The following information is required for employment:

Items 1, 2 and 7 must be submitted at the time of application.\*

1. Valid Ohio Drivers License\*
2. Social Security Card\*
3. Proof of 5 years of Ohio residency or
4. Successful completion of an FBI/BCII background check
5. Proof of citizenship or proof employment eligibility if not a citizen
6. Must meet Educational Requirements Of ODJFS/ODMRDD
7. Proof of current auto insurance\*
8. Current licenses or certifications i.e. CPR, First Aid, Medication Administration Class
9. Physical completed on a OJFS form 1390
10. Three references 2 must be work related 1 year prior experience in the field
11. Criminal Notes Statement signed in compliance with ODJFS
12. Completion of New Staff Training Orientation curriculum is required

Various shifts and positions are available. All employees, at times will work Holidays and weekends. Employees can be called into work for coverage for emergency's or required to stay longer than their shift in emergency's including coverage issues. DOY is an employment at will agency. You may be removed from a site to accommodate the needs of the child or consumer. You may be removed from a site at the request of FCCS or FCBDD. You understand this and accept this as a condition for employment.

All the above information must be complete before continued employment can be offered. If information affecting the required standards is discovered later this can impact employment. All staff will be trained in the rules and regulations as well as the service quality expectations of DOY Services Inc.

Agreeing to these terms and those of the application are not to be construed, as an offer of employment nor does this guarantee a personal interview.

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Signature

Print Name

Date

Office use only

**DOY SERVICES INC.**

*An Equal Opportunity Employer*

**APPLICATION FOR EMPLOYMENT**

OFFICE  
USE  
ONLY

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement     Friend     Walk-in  
 Employment Agency     Relative     Other

Last Name	First Name	Middle Name
Address    number    street	city	state    zip
Telephone Number(s)	Social Security Number	
Date of Birth		

Have you ever filed an application with us before?     Yes     No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?     Yes     No

If Yes, give date \_\_\_\_\_

Are you currently employed?     Yes     No

May we contact your present employer?     Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?     Yes     No

On what date would you be available for work? _____	
What hours would you be available to work	SUN    from _____ to _____
MON    from _____ to _____	TUES    from _____ to _____
WED    from _____ to _____	THURS    from _____ to _____
FRI    from _____ to _____	SAT    from _____ to _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION?     Yes     No

IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?     Yes     No

IF YES, PLEASE EXPLAIN \_\_\_\_\_

**For DOY this would include sealed records as well. Please note if applicable.**

Are you physically or otherwise unable to perform the duties of the job for which you are applying?     Yes     No

# EDUCATION

OFFICE  
USE  
ONLY

School Name and location	High School	Undergraduate College/University	Graduate/Professional
Years Completed	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree	Yes No	Yes No	Yes No
Describe Course of Study			
Describe any specialized training apprenticeship, skills and extra-curricular activities			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application			

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Indicate any foreign languages you can speak, read, and / or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			
SIGN LANGUAGE			

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List professional, trade, business, or civic activities and offices held.  
*(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.)*

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**REFERENCES**

**MUST BE COMPLETED**

OFFICE  
USE  
ONLY

**Personal References**

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Professional References**

**MUST BE COMPLETED**

Give name, address and telephone number of three professional references, who are not related to you, and are familiar with your work ethic.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**SPECIALIZED SKILLS AND QUALIFICATIONS**

Have you had any of the following trainings/certifications?

CPR	_____	Yes	_____	No	Expiration Date _____
First Aide	_____	Yes	_____	No	Expiration Date _____
Delegated Nursing	_____	Yes	_____	No	Expiration Date _____
Other (list any other certifications you may have):					
_____	_____	Yes	_____	No	Expiration Date _____
_____	_____	Yes	_____	No	Expiration Date _____
_____	_____	Yes	_____	No	Expiration Date _____

Please summarize special job-related skills and qualifications acquired from employment or other experience. **This is a required area.**

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Please summarize any hobbies and or special interests you may have.

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**EMPLOYMENT EXPERIENCE**

*Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.*

OFFICE  
USE  
ONLY

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

*If you need additional space, please continue on a separate sheet of paper.*

**DRIVER'S LICENSE INFORMATION**

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Auto Insurance**

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**ADDITIONAL INFORMATION**

*Please list any additional information that you believe would assist us in assessing your qualifications for possible employment:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that all references will be contacted prior to my being considered for employment.

**I understand that the following registries must be contacted prior to employment:**

- Abuse Registry**                      **Department of Motor Vehicles (DMV)**
- Nurses Aide Registry**              **Bureau of Criminal Investigations (BCII)**

**By signing this application, I give DOY Services Inc., and its affiliates, permission to check these registries for the purpose of employment.**

This application for employment shall be considered active for a period of 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that I must have reliable and insured transportation.

I understand that I must acknowledge any convictions or charges in my past.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date