

**CARE EDISON LLC**  
**6444 S. WESTERN AVENUE, SUITE 101**  
**OKLAHOMA CITY, OK 73139**  
**PH: (405) 701-6998 FAX: (405) 701-3174**

**APPLICATION FOR EMPLOYMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

How did you find out about our company? \_\_\_\_\_

Have you ever been employed here before? NO ( ) YES ( ) When? \_\_\_\_\_

Are you interested in Full-Time or Part-Time work? \_\_\_\_\_

What hours/days are you available to work? \_\_\_\_\_

Salary or Hourly rate expected? \_\_\_\_\_

Are you legally eligible to work in the United States? NO ( ) YES ( ) *(if yes, proof is required)*

Do you have a valid Drivers License? NO ( ) YES ( ) *If yes, what state:* \_\_\_\_\_

Have you ever been convicted of an offence greater than a minor traffic violation? (Conviction will not necessarily disqualify an applicant from employment.)

NO ( ) YES ( ) If yes, please explain: \_\_\_\_\_

Are there any current criminal charges against you? NO ( ) YES ( )

If yes, please explain: \_\_\_\_\_

Are you related to anyone employed by this agency? NO ( ) YES ( )

If yes, whom? \_\_\_\_\_ Relationship: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

| School          | Name & Location | Course of Study | Graduate? | Degree or Diploma |
|-----------------|-----------------|-----------------|-----------|-------------------|
| High School     |                 |                 |           |                   |
| College         |                 |                 |           |                   |
| Graduate School |                 |                 |           |                   |
| Other           |                 |                 |           |                   |

## EMPLOYMENT EXPERIENCE

List your most recent employer first. Please go back to the beginning of your work history or at least 10 years. Attach additional page if necessary.

| <b>Company Name &amp; Address</b> | <b>Phone Number</b> | <b>Supervisor's Name</b> | <b>Job Duties</b> | <b>From Mo/Yr</b> | <b>To Mo/Yr</b> | <b>Reason for Leaving</b> |
|-----------------------------------|---------------------|--------------------------|-------------------|-------------------|-----------------|---------------------------|
|                                   |                     |                          |                   |                   |                 |                           |
|                                   |                     |                          |                   |                   |                 |                           |
|                                   |                     |                          |                   |                   |                 |                           |
|                                   |                     |                          |                   |                   |                 |                           |
|                                   |                     |                          |                   |                   |                 |                           |
|                                   |                     |                          |                   |                   |                 |                           |
|                                   |                     |                          |                   |                   |                 |                           |
|                                   |                     |                          |                   |                   |                 |                           |
|                                   |                     |                          |                   |                   |                 |                           |
|                                   |                     |                          |                   |                   |                 |                           |
|                                   |                     |                          |                   |                   |                 |                           |

Have you worked before with people who have developmental disabilities?

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Please circle any of the below training in which you are currently certified (you must have certificate):

|               |              |                     |                |              |                |
|---------------|--------------|---------------------|----------------|--------------|----------------|
| Foundations   | CPR          | First Aid           | MAT            | ETL 1        | ETL 2          |
| PA 1          | PA 2         | Mealtime Challenges | Health Day 1   | Health Day 2 | Skill Building |
| Ethical/Legal | Nuts & Bolts | Connections         | Communications |              | IP Training    |

Other Certifications:

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CARE EDISON LLC primary purpose is to assist persons with developmental Disabilities to reach their highest potential in everyday settings. Part of the training and job requirements to work with this population does require each individual to be able to bend at the waist, kneel, stoop, and lift 50 pounds.

Can you perform these essential job requirements either with or without reasonable accommodation?

NO ( ) YES ( )

If assistance is necessary, what assistance is required?

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**APPLICANT'S STATEMENT and CONDITIONS OF EMPLOYMENT**

**(Please read carefully before signing.)**

*I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit rating and indebtedness may be obtained prior to any final offer of employment. Upon a timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me.*

*I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination and drug screening.*

*I agree, as a condition of my employment (should I be employed by the Company), to submit to a medical examination if requested and based on the position that I accept, I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me.*

*In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right.*

*I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, and with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that Care Edison LLC retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.*

*During my employment with Care Edison LLC and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Care Edison LLC in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Care Edison LLC or unless a representative or attorney of Care Edison LLC is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Employment Application Supplement**

|                                    |      |
|------------------------------------|------|
| Applicant name (print)             | Date |
| Provider agency<br>CARE EDISON LLC |      |

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 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; and
  - whose name appears on the Registry;
- my employment may be terminated if my name appears on the Registry, even though my name may not have been on 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 adults who are vulnerable; and
- giving false information regarding my current and previous employers may result in termination of my employment.

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Applicant signature Date

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

# **EMPLOYMENT POLICIES AND RELEASE FORM**

**There are a number of Care Edison policies that an applicant needs to know about and agree to before being employed. There also are a number of activities that Care Edison may want to instigate as part of the review and investigation of the appropriate background information on an applicant. The purpose of this document is to present these policies and investigative activities to the applicant to ensure that they are understood and agreed to at the time the application is submitted.**

**We, therefore, ask that you please read, complete, and sign this form before you complete the Application for Employment.**

## **Policies**

**Among the policies that have been adopted at Care Edison are the following that we believe are important for an applicant to know in advance of employment. These are listed below. Your signature on this Release Form indicates that you have read, understand, and would agree to operate under these policies if employed at Care Edison.**

This firm is an equal employment opportunity employer and does not discriminate because of age, sex, race, color, national origin, disability, or religious preference.

Care Edison is a drug and alcohol free-workplace.

To ensure worker safety and integrity of the workplace, Care Edison prohibits the illegal manufacture, possession, distribution or use of controlled substances or alcohol in the workplace by its employees or those who engage or seek to engage in business with Care Edison. Offers of employment, therefore, may be conditioned on a physical examination, including a drug and alcohol screening.

Smoking is not permitted inside the building at Care Edison. For the safety and health of its employees, Care Edison is committed to a smoke-free building.

Your signature on this Release Form indicates that you understand and agree that if employed, that employment is for no definite period, and may, regardless of the date of payment of your wages and salary, be terminated at any time without previous notice.

An offer of employment must originate from the Human Resource Director of Care Edison.

**Background Review Activities**

**Care Edison may conduct the following investigative activities as part of the background review of prospective employees. Your signature on this Release Form indicates you understand these activities and you authorize them to be performed with the conditions specified as listed below.**

1. Persons convicted of specific crimes may not hold certain positions at this company. If you are applying for such a position and have been convicted of a felony, please note this below. If more space is needed, please provide the additional information on a separate sheet of paper. In addition, you authorize Care Edison to undertake a criminal records check with state police officials.
2. You authorize Care Edison to obtain a Motor Vehicle Record report. Our insurance company may also obtain a report through its sources. If the position you are applying for involves driving a motor vehicle, it is imperative that a good driving record exists.
3. You also authorize and request any and all of your former employers to furnish any and all information regarding your job performance. You agree to hold your former employers and their agents harmless from all liability that could relate in any way to the disclosure of private information or an assessment or opinion of your suitability for employment.
4. You understand that an offer of employment must originate from the Human Resource Director of Care Edison.

**In closing, we ask that you read [and complete where needed] the remaining three [3] statements and that your signature on this Release Form indicates you understand each.**

5. I have read and understand the job description for the position of \_\_\_\_\_ as approved on the date of this application.
6. I understand that misrepresentation or omission of facts herein is cause for termination, if employed.
7. I have read and understand the attached application and have answered all portions of the application truthfully and correctly with no omissions.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**CARE EDISON LLC**

**AUTHORIZATION TO REQUEST AND OBTAIN INFORMATION**

I, \_\_\_\_\_ authorize Care Edison to obtain a Consumer report containing information regarding my prior work related injuries, claim and lawsuits, driving history, criminal history, education and/or credit in connection with evaluating me for employment, promotion, reassignment or retention as an employee. I understand that such information will be treated as confidential and is acquired in compliance with all State and Federal law. I further understand that a one-time fifteen (15) dollar fee will be withheld from my last paycheck if I am employed less than 180 days in order to conduct an OSBI background check.

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date



# CARE EDSION LLC

I \_\_\_\_\_ understand that in the event that I need CPR and First Aid and/or MAT, the amount of the class will be deducted from my last paycheck if I am employed for less than 180 days.

I \_\_\_\_\_ understand that as part of the application process, an OSBI and MVR (Motor Vehicle Report) must be obtained. The fees of \$40 will be deducted from my last paycheck if I am employed for less than 180 days.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date

**CARE EDISON LLC**

**REQUEST FOR CRIMINAL HISTORY, MOTOR VEHICLE RECORDS, AND COMMUNITY SERVICES REGISTRY CHECK**

**Date:** \_\_\_\_\_

**1. Name (include middle name):** \_\_\_\_\_

**2. Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Other Names used: (include maiden name):** \_\_\_\_\_

**Have you ever been convicted of a crime?** ( ) Yes ( ) No

**If Yes provide details**

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

**State Contracts require Care Edison LLC to obtain a criminal history investigation through OSBI and also a community services registry check through DDS. Care Edison LLC requires a check of my Motor Vehicle Record. I understand that any false or misleading statements could be grounds for immediate termination. I hereby grant full permission, without recourse, for the use and release of information as necessary for the purposes explained. Copies and Faxes of this release may be used as original signed forms.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of Human Resources**

\_\_\_\_\_  
**Date**

**Request for criminal history check on:** \_\_\_\_\_

**OSBI CLEARED**

**OSBI NOT CLEARED**

**CARE EDISON LLC**

**Consent to Release Record (s)**

DRIVERS NAME \_\_\_\_\_ DL# \_\_\_\_\_ DOB \_\_\_\_\_

By signing below, I voluntarily give consent to the Oklahoma Department of Public Safety or any Motor License Agent to release the following records, including personal information within my driver license file. I request the records indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following, person, company, corporation or legal entity:

Release Record/Information to: **CARE EDISON LLC.**

MVR SUMMARY

\_\_\_\_\_  
(DRIVERS SIGNATURE OF CONSENT)

OTHER RECORD (SPECIFY)

\_\_\_\_\_  
(DRIVERS SIGNATURE OF CONSENT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Recipient of Record

**6444 S WESTERN AVENUE OKLAHOMA CITY OK 73139 SUITE 101**

(ADDRESS OF RECIPIENT OF RECORD)

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NOTICE: As required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C Section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your rights to privacy under the DPPA: or unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws: or unless DPPA authorizes the Department to release it, such governmental entities, courts, insurance companies and to others specified.

**THIS FORM & PHOTO ID REQUIRED TO OBTAIN RECORD-**

RECORDS REQUEST & CONSENT TO RELEASE

Department of Public Safety

I hereby request the following driver record(s):

Per Record Fee Regular Certified

- Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years] .....\$25.00 or .....\$28.00
Collision Report. Provide Date: \_\_\_\_\_ City/County ..... \$7.00 or ..... \$10.00
Other Driving Record(s) (please specify record by type and date): ..... Per Page Fee Per Certified Record Fee
\$ 0.25 or ..... \$ 3.00
Total fee due is cost per line

[For vehicle records, contact Oklahoma Tax Commission. For birth certificates, contact Department of Health] for:

Driver's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy

Check the following applicable statement:

- I am the person named in the record(s) sought. I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below.:

- Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals †
Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, anti-fraud, rating or underwriting activities †
Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety

Statutory citation: \_\_\_\_\_

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request

Signature of Person Named in Request

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of his duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and his obligations to use such information only of the purposes set out therein and his civil and criminal liabilities if he violates these duties, and his obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and hold harmless both the Oklahoma Department of Public Safety and OK.gov from any and all liability and penalties associated with my or my successor's or assignees' wrongful use and/or release of such information.

Printed Name of Person Making Request

Signature of Person Making Request

† Print Agency/Company Name(if item 1, 3, 4, 5 or 6 was checked above)

Date mm/dd/yyyy

Address City State Zip



Mail completed form along with appropriate fees to: Department of Public Safety, Records Management Division, P. O. Box 11415, Oklahoma City, OK 73136-0415

Fees are listed above. Please send total amount due in form of: Cashier's Check, Money Order, Personal or Business Check. Cash is accepted only when paying in person. Record fees are in accordance with Oklahoma Statutes.

**CARE DISON LLC**  
**APPLICANT REFERENCE FORM**

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Please return completed reference form to:

CARE EDISON LLC  
6444 S WESTERN AVENUE  
Oklahoma City, OK 73139  
Ph: (405)701-6998  
Fax: (405) 701-3174

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Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_

Eligible for Re-hire? ( ) NO ( ) YES ( ) Cannot provide this information

Would you recommend this person? ( ) NO ( ) YES ( ) Cannot provide this information

Reason they left your employment? ( ) Discharge ( ) Resignation ( ) Lay Off

**For all service providers:**

Pursuant to DDSD Policy OAC 340:100-3-39 Please provide any information on allegations or findings of abuse, neglect, or exploitation: \_\_\_\_\_

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

\_\_\_\_\_  
**Signature and Title of person (employer) completing this form** **Date**

~~~~~  
I authorize CARE EDISON LLC to check my references of past employment and personal history. I agree that no persons, companies, or organizations shall be liable for any information communicated to CARE EDISON LLC in connection with the employment screening process. Further, I release, indemnify, and hold CARE EDISON LLC harmless from and against any liability in connection with the employment screening process or information and references requested by and provided to subsequent employers.

\_\_\_\_\_  
**Signature of Applicant** **Date**

# OKLAHOMA STATE BUREAU OF INVESTIGATION

## Criminal History Record Information Request

6600 North Harvey Place  
Oklahoma City, OK 73116  
(405) 848-6724  
(405) 879-2503 FAX  
<https://osbi.ok.gov/>

### Type Of Search Requested:

- Name Based - \$15.00
- Sex Offender - \$2.00
- Mary Rippy Violent Offender - \$2.00
- State Fingerprint-based - \$19.00  
\* Must provide fingerprint card.  
\* Includes name based search.

DATE \_\_\_\_\_

Request Submitted via:

- Fax  Mail  In Person

**REQUESTS WILL BE RETURNED  
IN THE MANNER RECEIVED.**

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:

**ACCEPTABLE FORMS OF PAYMENT:**  CASH  CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.*  CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER \_\_\_\_\_

*Please print the name of the individual card holder as it appears on the credit card.*

CARD HOLDER SIGNATURE (REQUIRED) \_\_\_\_\_

**REQUESTOR INFORMATION:** (Type or print clearly in blue or black ink) *Results will only be returned to the original requestor*

REQUESTOR'S NAME **CARE EDISON LLC** \_\_\_\_\_ SIGNATURE OF REQUESTING PARTY \_\_\_\_\_

STREET ADDRESS **6444 S WESTERN AVENUE** \_\_\_\_\_

**OKLAHOMA CITY OKLAHOMA 73139** \_\_\_\_\_

CITY

STATE

ZIP

PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

*Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.*

PURPOSE OF REQUEST **EMPLOYMENT VERIFICATION** \_\_\_\_\_

**SUBJECT INFORMATION:** (Type or print clearly in blue or black ink)

*Forms with corrections made with white out or by striking through the fields in this section will not be processed.*

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) \_\_\_\_\_

MAXIMUM OF THREE ALIAS NAMES PER REQUEST

DATE OF BIRTH \_\_\_\_\_ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

**SEARCH RESULTS (Please do not write in the spaces below):**

Oklahoma State Bureau of Investigation  
Computerized Criminal History

Oklahoma Department of Corrections  
Sex Offender

Oklahoma Department of Corrections  
Violent Offender

*Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.*

*For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.*