

It is the policy of Connections, Inc. that all candidates for employment shall demonstrate evidence of having met agency expectations and the following legal requirements before an offer of employment shall be issued to them. Furthermore, all employees of Connections are duly advised the following employment requirements continue post-hire due to agency, local, State, and Federal regulations. Employees are further advised they are required to report to the Chief Executive Officer immediately any changes in their personal legal or licensure status which may render them ineligible for continued employment.

1. National Criminal Database, Federal Criminal Courts, and State Criminal Repository Search

Connections, Inc. will obtain the information from Safe Hiring Solutions LLC.
Individuals convicted of the following will be ineligible for employment:

- a. A sex crime
- b. Exploitation of an endangered adult
- c. Failure to report battery, neglect, or exploitation of an endangered adult
- d. Failure to report abuse or neglect of a child
- e. Theft
- f. Murder
- g. Voluntary manslaughter
- h. Involuntary manslaughter
- i. Felony battery
- j. A felony offense relating to a controlled substance.

2. City of Indianapolis/ Marion County, Indiana Limited Criminal History Search and all others in which the candidate resided within past three years.

Connections, Inc. will obtain the information via the web from Safe Hiring Solutions LLC.
Individuals convicted of the following will be ineligible for employment:

- a. A sex crime
- b. Exploitation of an endangered adult
- c. Failure to report battery, neglect, or exploitation of an endangered adult
- d. Failure to report abuse or neglect of a child
- e. Theft
- f. Murder
- g. Voluntary manslaughter
- h. Involuntary manslaughter
- i. Felony battery
- j. A felony offense relating to a controlled substance

3. Bureau of Motor Vehicle Search & Evidence of a Valid Indiana Drivers License and Auto Insurance

Connections, Inc. will obtain the information via the web from: <http://www.in.gov/ai/appfiles/bmv-license-search/>
Individuals must demonstrate evidence of a valid Indiana Drivers license and auto insurance. A copy of a current license and insurance must be on file with Connections, Inc. at all times.

4. Child Abuse Registry Search

Connections, Inc. will obtain information from Safe Hiring Solutions, LLC.
Individuals found to be a perpetrator of a substantiated abuse cases will be ineligible for employment.

5. **State of Indiana Sex Offender Registry Search**

Connections, Inc. will obtain the information from: Safe Hiring Solutions, LLC.
Individuals convicted of a sex crime will be ineligible for employment.

6. **State of Indiana Department of Health Certified Nurses Aid Registry Search**

Connections, Inc. will obtain the information via the web from: <http://extranet.in.gov/WebLookup/Search.aspx>
Individuals who have had violations or findings of fact entered in the registry will be ineligible for employment.

7. **State of Indiana Department of Health Home Health Aid Registry Search**

Connections, Inc. will obtain the information via the web from: : <http://extranet.in.gov/WebLookup/Search.aspx>
Individuals who have had violations or findings of fact entered in the registry will be ineligible for employment.

8. **Copy of social security card**

All potential candidates for employment must provide a copy of a valid social security card prior to receiving an employment offer and be able to legally work in the United States of America.

9. **Substance abuse screen approval**

All potential candidates for employment must consent to a 10 panel substance abuse screen at any Community Hospitals Occupational Health Center within 24 hours of request from Connections, Inc. Candidates will be provided a letter authorizing payment to be billed to Connections, Inc. Individuals found to test positive for illegal drugs will be ineligible for employment.

10. **Connections, Inc. Application**

All potential candidates must have completed an agency employment application prior to receiving an offer of employment.

11. **Connections, Inc. Reference Verification**

Connections, Inc. will complete three (but no more than five) reference verifications, inclusive of at least one previous employer. Reference responses must demonstrate positive regard for the candidate before an offer of employment will be extended. Individuals responsible for cash handling or fiscal management may be subject to personal credit reference requirements as well.

12. **Connections, Inc. Personal Interview**

All potential candidates must complete a personal interview to assess their communication skills and be introduced to Connections, Inc. prior to receiving an offer of employment

Applicant Acknowledgement: I have received a full copy of Connections, Inc. employment requirements and pre-employment hiring criteria. I am aware of my obligation to maintain them at all times and notify the Chief Executive Officer immediately should I no longer be able to fulfill these requirements:

Applicant Signature: _____

Date: _____

Consent for Marion County Criminal History Registry Search

I give Connections, Inc. permission to conduct a search of the Marion County criminal registry for my personal information in order to protect those served by their agency.

I understand a positive registry may disqualify me from employment with Connections, Inc. Thus, I hereby hold Connections, Inc. and its affiliates harmless from all liabilities that might arise from this search.

Applicant Signature

Date

Consent for State of Indiana Limited Criminal History Registry Search

I give Connections, Inc. permission to conduct a search of the State of Indiana limited criminal registry for my personal information in order to protect those served by their agency.

I understand a positive registry may disqualify me from employment with Connections, Inc. Thus, I hereby hold Connections, Inc. and its affiliates harmless from all liabilities that might arise from this search.

Applicant Signature

Date

Consent for Indiana Department of Motors Vehicles (DMV) Search

I give Connections, Inc. permission to conduct a search of my personal information in the Indiana Department of Motors Vehicles Registry for evidence of a Valid Indiana Drivers License. I understand all employees of Connections, Inc. must maintain a valid Indiana Motor Vehicle Drivers license and personal auto insurance coverage.

I understand my failure to have a valid driver's license and auto insurance will disqualify me from employment with Connections, Inc. Thus, I hereby hold Connections, Inc. and its affiliates harmless from all liabilities that might arise from this search.

Applicant Signature

Date

Consent for State of Indiana Central Registry Search

I give Connections, Inc. permission to search the State of Indiana Central Registry for my personal information in order to protect those served by their agency.

I understand a positive registry finding of substantiated abuse or neglect will disqualify me from employment with Connections, Inc. Thus, I hereby hold Connections, Inc. and its affiliates harmless from all liabilities that might arise from this search.

Applicant Signature

Date

Consent for State of Indiana Sexual Offender Registry Search

I give Connections, Inc. permission to search the State of Indiana Sexual Offender Registry for my personal information in order to protect those served by their agency.

I understand a positive registry finding will disqualify me from employment with Connections, Inc. Thus, I hereby hold Connections, Inc. and its affiliates harmless from all liabilities that might arise from this search.

Applicant Signature

Date

Consent for Indiana Department of Health Certified Nurse Aide Registry Search

I give Connections, Inc. permission to search the Indiana Department of Health Certified Nurse Aide Registry Search for my personal information in order to protect those served by their agency.

I understand a positive registry finding will disqualify me from employment with Connections, Inc. Thus, I hereby hold Connections, Inc. and its affiliates harmless from all liabilities that might arise from this search.

Applicant Signature

Date

Consent for Indiana Department of Health Home Health Aide Registry Search

I give Connections, Inc. permission to search the Indiana Department of Health Home Health Aide Registry Search for my personal information in order to protect those served by their agency.

I understand a positive registry finding will disqualify me from employment with Connections, Inc. Thus, I hereby hold Connections, Inc. and its affiliates harmless from all liabilities that might arise from this search.

Applicant Signature

Date

Consent for Pre-Employment Illegal Substance Screen

I understand that I must submit to a pre employment drug screen. I hereby consent to provide a urine and/or blood test at a location and within a time frame as specified by Connections, Inc. I understand that my failure to consent to drug testing at the time and location specified by the company requires my removal from further consideration for employment. I further understand if I am found to have a positive test for an illegal drug I am ineligible for employment with Connections, Inc.

I agree to release and hold harmless the company, its representatives, its agents, its associates and the specified testing facility from any and all liability and damages arising from this test.

Applicant Signature

Date

NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with Connections, Inc. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the Connections, Inc.** You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Connections, Inc to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at Connections, Inc.. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above. This report may be delivered in either written or electronic form.

Print Name (last, first, middle) Social Security Number

Date of Birth (MM/DD/YYYY) Drivers License Number Drivers License State
(For ID Purposes Only)

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 7 Years):

Signature

Date

EMPLOYMENT APPLICATION

Empowering Individuals...Enhancing Communities	Equal Opportunity Employer
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PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.		
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
HOME PHONE			CELLULAR PHONE		

LAST	FIRST
MIDDLE	

DESIRED EMPLOYMENT

POSITION DESIRED	DATE YOU CAN START	SALARY RANGE
ARE YOU EMPLOYED NOW? YES NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? YES NO	WHEN?	
WHO REFERRED YOU TO THIS COMPANY?		
ARE YOU AVAILABLE TO WORK FULL TIME PART-TIME TEMPORARY SUBSTITUTE		
ARE YOU AVAILABLE TO WORK ANY OF THE FOLLOWING SHIFTS ON A REGULAR BASIS (CIRCLE ALL THAT APPLY): 7AM-3PM M-F 3PM-11PM M-F 11PM-7AM M-F 7AM-7PM EVERY SAT/SUN 7PM-7AM EVERY SAT/ SUN		
PLEASE INDICATE YOUR SCHEDULE PREFERENCES FROM THE CHOICES ABOVE:		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
GRADUATE PROGRAM				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS

LIST BELOW LAST TWO EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOU'RE SUPERVISOR? YES NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOU'RE SUPERVISOR? YES NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

GENERAL INQUIRY

Do you have a valid drivers license in the State of Indiana?	YES	NO
Do you have a valid auto insurance policy?	YES	NO
Are you currently CPR & First Aid certified?	YES	NO
Are you willing to take a pre-employment drug screen?	YES	NO

What professional skills or attributes have you acquired that would make you a valuable employee of Connections, Inc.?

Why did you apply for a position at Connections, Inc.? _____

Have you ever been discharged from any position? YES NO If yes, please explain _____

Have you ever been convicted of any misdemeanor or felony? YES NO If yes, please state details:

Have you ever been convicted of substantiated abuse of a vulnerable adult or minor child? YES NO
If yes, please state details (ie: date, charge, etc.):

Do you have any relatives or friends employed by Connections, Inc.? YES NO If yes, please list: _____

Provide any additional information you believe would be helpful in considering your application.

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I AGREE TO SUBMIT TO DRUG TESTING AS REQUESTED AND UNDERSTAND THAT ANY OFFERS OF EMPLOYMENT OR CONTINUED EMPLOYMENT MAY BE CONTINGENT UPON THE RESULTS OF THAT TEST.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY ANY AUTHORIZED COMPANY REPRESENTATIVE."

APPLICANT SIGNATURE

DATE

Dear Reference Contact,

The individual listed below has suggested we contact you for further information as we are currently considering them for employment with our agency. At your earliest convenience, can you please answer the following questions regarding the applicant's professional skills and ability from your perspective? Your response will be very helpful to us in our selection process. We appreciate your time, effort and candor in providing us with this valuable information. Responses can be faxed to 317.423.4325 or mailed to above address.

Respectfully, Jenifer Asher, CEO

To be completed by applicant: Please provide the following reference information.

Applicant Name _____

Position Applied For _____

Is this a professional employment or personal reference: _____

Name _____

Business: _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

I hereby authorize Connections, Inc. to contact the above named reference and release Connections, Inc. and the above mentioned reference from any liability resulting from the information gathered.

Applicant Signature _____ Date: _____

To be completed by above mentioned employer or individual:

Position title/ Relationship: _____ Hire date _____ Termination Date _____

Responsibilities: _____

Reason for termination: _____ Eligible for Rehire: _____ Yes _____ No

Please rate the following by circling your response:

Attendance	Excellent	Above Average	Average	Below Average
Job Performance	Excellent	Above Average	Average	Below Average
Response to pressure	Excellent	Above Average	Average	Below Average
Interpersonal skills	Excellent	Above Average	Average	Below Average
Overall rating	Excellent	Above Average	Average	Below Average

Comments: _____

The information I have given is accurate to the best of my knowledge:

Informants printed name: _____ Date _____

Informants signature: _____ Title: _____

Company _____

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Business: _____

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Comments: _____

The information I have given is accurate to the best of my knowledge:

Informants printed name: _____ Date _____

Informants signature: _____ Title: _____

Company _____

PERSONAL INTERVIEW: TO BE COMPLETED BY EMPLOYER ONLY

The following protocol will be followed for all personal interviews:

- A. Introduction of agency and future initiatives
- B. Define positions available and main qualifications
- C. Conduct evaluation of candidate with following inquiry questions:
 - 1. As much as you are comfortable, please share a little about yourself and your professional interests beyond what is included in your resume or application.
 - 2. In your opinion, what is the most important dynamic in developing therapeutic relationships with others?
 - 3. In your opinion, what role should cultural issues play in therapeutic interventions and best practices?
 - 4. Please share your professional strengths and weaknesses.
 - 5. If you were to create an ideal professional role for yourself, what would it look like?
 - 6. What do you feel makes you interesting?
 - 7. Please describe your ideal work environment and structure.
 - 8. What are your strengths and weaknesses that you believe impact your therapeutic relationships with clients?
 - 9. In conclusion, other than attributes already mentioned, why do you feel we should extend an employment offer to you? In other words, how do you think we would most benefit from making you a member of our team?
- D. Closure and assure follow up contact within five business days
- E. Interviewing staff shall recommend to CEO one of two options:
 - a. Candidates receive letter indicating intent not to hire
 - b. Candidates receive call to schedule secondary meeting, if necessary, with CEO to discuss agency, benefits, and compensation in further detail.

APPLICANT INTERVIEW OUTCOMES

APPLICANT NAME:	INTERVIEWED BY	DATE
COMMENTS		
:		
LEVEL:	RECOMMENDED FOR HIRE: (CIRCLE ONE)	YES YES WITH RESERVATION NO

APPLICANT NAME:	INTERVIEWED BY	DATE
COMMENTS		
:		
LEVEL:	RECOMMENDED FOR HIRE: (CIRCLE ONE)	YES YES WITH RESERVATION NO

OTHER NOTES RELATED TO HIRING PROCESS:

OFFER DATE:	RECOMMENDED POSITION:
SALARY/ WAGES:	POSITION ACCEPTED OR DECLINED:

