



Star, Inc.

Employment Application

Star, Inc. is an Equal Opportunity Employer

and provider of ADA Services

(Updated 1/2023)

NOTICE:

- Please submit one application per position. If responding to a specific posting, please be sure your application is received by Human Resources (Star Office) before the deadline specified by the posting.
- Please complete the entire form. Applications lacking sufficient information will not be processed.
- All positions at Star, Inc. require at a minimum a High School Diploma or its equivalent, driver's license (with fewer than six points), and proof of insurance (declaration page).
- All applicants who are offered a position will be subject to a number of background checks, including but not limited to: fingerprinting, drug screening, breath alcohol, driving record review, contact with professional references, and electronic database checks. Actual employment is dependent upon the successful completion of this screening process.

Please Print Clearly in Ink

POSITION OF INTEREST:

YOUR NAME:

ADDRESS: (Street, City, State, ZIP Code)

PREFERRED PHONE NUMBER:

ALTERNATIVE PHONE NUMBER:

EMAIL ADDRESS:

SOCIAL SECURITY #:

JOB PREFERENCES

PREFERRED SALARY:	TYPE OF JOB: (Circle all that apply)	LEGAL RIGHT TO WORK IN U. S.:
	AM 1 st Shift Regular Temporary PM 2 nd Shift Full Time Part Time 3 rd Shift Week Days Weekends On-Call	Do you have the legal right to work in the USA? YES NO

EDUCATION

HIGH SCHOOL NAME: _____	DID YOU GRADUATE OR OBTAIN A GED:
LOCATION: _____	YES NO
POST-HIGH SCHOOL EDUCATION	
NAME & LOCATION OF INSTITUTION ATTENDED:	DID YOU GRADUATE? YES NO
	DEGREE/CERTIFICATION RECEIVED:
	MAJOR:
NAME & LOCATION OF INSTITUTION ATTENDED:	DID YOU GRADUATE? YES NO
	DEGREE/CERTIFICATION RECEIVED:
	MAJOR:
NAME & LOCATION OF INSTITUTION ATTENDED:	DID YOU GRADUATE? YES NO
	DEGREE/CERTIFICATION RECEIVED:
	MAJOR:

EMPLOYMENT HISTORY

APPLICANT: Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment (minimum previous five years).

NOTE: To be considered for a position with Star, Inc., you must fill in the information below accurately and completely. You may submit a résumé in addition to completing this section. If you need more space, extra pages may be attached to this application.

DATES: From: _____ To: _____		EMPLOYER: _____	POSITION/TITLE: _____
ADDRESS: (Street, City, State, Zip Code) _____			
EMPLOYER'S WEBSITE: _____	PHONE NUMBER: _____	YOUR SUPERVISOR: _____	
HOURS WORKED PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER? YES NO	
REASON FOR LEAVING: _____			

DATES: From: _____ To: _____		EMPLOYER: _____	POSITION/TITLE: _____
ADDRESS: (Street, City, State, Zip Code) _____			
EMPLOYER'S WEBSITE: _____	PHONE NUMBER: _____	YOUR SUPERVISOR: _____	
HOURS WORKED PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER? YES NO	
REASON FOR LEAVING: _____			

DATES: From: _____ To: _____		EMPLOYER: _____	POSITION/TITLE: _____
ADDRESS: (Street, City, State, Zip Code) _____			
EMPLOYER'S WEBSITE: _____	PHONE NUMBER: _____	YOUR SUPERVISOR: _____	
HOURS WORKED PER WEEK: _____	SALARY: _____	MAY WE CONTACT THIS EMPLOYER? YES NO	
REASON FOR LEAVING: _____			

EMPLOYMENT HISTORY (CONTINUED)

DATES: From: _____ To: _____		EMPLOYER:	POSITION/TITLE:
ADDRESS: <i>(Street, City, State, Zip Code)</i>			
EMPLOYER'S WEBSITE:	PHONE NUMBER:	YOUR SUPERVISOR:	
HOURS WORKED PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER? YES NO	
REASON FOR LEAVING:			

DATES: From: _____ To: _____		EMPLOYER:	POSITION/TITLE:
ADDRESS: <i>(Street, City, State, Zip Code)</i>			
EMPLOYER'S WEBSITE:	PHONE NUMBER:	YOUR SUPERVISOR:	
HOURS WORKED PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER? YES NO	
REASON FOR LEAVING:			

DATES: From: _____ To: _____		EMPLOYER:	POSITION/TITLE:
ADDRESS: <i>(Street, City, State, Zip Code)</i>			
EMPLOYER'S WEBSITE:	PHONE NUMBER:	YOUR SUPERVISOR:	
HOURS WORKED PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER? YES NO	
REASON FOR LEAVING:			

CERTIFICATES AND LICENSES

TYPE:	
LICENSE NUMBER:	ISSUING BOARD/AGENCY:
TYPE:	
LICENSE NUMBER:	ISSUING BOARD/AGENCY:

STAR, INC. EMPLOYMENT APPLICATION (p 4 of 4)**SKILLS**

Briefly describe any additional experience, education, training, skills or other factors that qualify you for the position for which you are applying. Attach other sheets of paper, as needed.

Technological/Computer Skills:

Office Skills:

Languages:

Other:

EMPLOYEE DISCLAIMER

1. YES NO I have relatives currently employed by Star, Inc. and have listed them below.

Name:	Relationship to you:	Position/Department:

2. YES NO I have relatives currently serving on Star, Inc.'s Board of Trustees, and have listed them below.

Name:	Relationship to you:	Position/Department:

3. YES NO I am employed by, have an ownership interest in, or serve on the board of an entity which contracts with Star, Inc. If yes, please name the entity below.

YES NO I am employed by, have an ownership interest in and/or provide administrative services to or serve on the governing board of an entity, named below, which provides direct services to people with DD.

Business Name:	Relationship to you:	Summary of Services:

4. YES NO I have family members and/or business associates who own, are employed by or have a business interest in an entity which contracts with Star, Inc.

YES NO I have family members and/or business associates who own, are employed by or have a business interest in an entity which provides direct services to people with Developmental Disabilities.

If you answered 'YES' to either of these questions, please, name the entity and provide the information requested below.

Business Name:	Name of Relative/Associate & Relationship:	Summary of Services:

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, I will be disqualified automatically. I understand that a number of background checks will be required prior to employment. I waive all provisions of law forbidding any past employers, and educational entities which I attended, from disclosing any information which they acquired relevant to my employment or enrollment. I consent that they may disclose such information to appropriate officials of Star, Inc., which holds the vacancy for which I am applying and for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration and Reform and Control Act and the results of certain background checks.

Signature of Applicant: _____ Date: _____

Attestation and Agreement to Notify Employer

STAR, Inc

- ✓ ☐ I hereby attest that I **HAVE** _____ OR I **HAVE NOT** _____ 1) been convicted of, 2) pleaded guilty to, or 3) been found eligible for intervention in lieu of conviction, for any of the disqualifying offenses listed below
- AND**
- ✓ ☐ I agree that I will notify **STAR, Inc.** within 14 calendar days, if while employed I am formally charged with, am convicted of, plead guilty to or found eligible for intervention in Lieu of conviction of one of the disqualifying offenses. I understand that failure to make this notification may result in termination of employment. (If you have been convicted of, plead guilty to, or found eligible for intervention in lieu of conviction to any of the disqualifying offenses, please circle the box(es) below in this agreement by the corresponding offense.)
- ✓ ☐ I understand that my employer is entitled to information regarding all convictions, guilty pleas, or interventions in lieu of conviction and that I must disclose such expunged, sealed convictions, or records to my employer.
- ✓ ☐ I agree to notify **STAR, Inc.** immediately if, while employed, I accumulate six or more points on my driving record OR if my driver's license is suspended or revoked.
- ✓ ☐ I attest and affirm that I **HAVE** _____ OR I **HAVE NOT** _____ been a resident of Ohio for the past five (5) years.
- ✓ ☐ I grant permission to **STAR, Inc.** to conduct all required and necessary background checks on me for the purpose of determining suitability and eligibility for employment. The fees for the required background checks have been explained, and I understand that the cost is my responsibility.
- ✓ ☐ I, the applicant, understand that the accuracy of this information is a condition of employment and that my employer is relying on the accuracy of this information in making any offer of employment to me.
- ✓ ☐ I understand that I may be discharged if any of the above information is false, incomplete, or misleading.
- ✓ ☐ By initialing and signing this form I am stating that the above information is complete, true, and accurate under penalty of perjury.

Applicant's Printed Name

Applicant's Signature

Date Signed

Tier 1 Disqualifying Offenses (Permanent Exclusion):

2903.01 (aggravated murder)
2903.02 (murder)
2903.03 (voluntary manslaughter)
2903.11 (felonious assault)
2903.15 (permitting child abuse)
2903.16 (failing to provide for a functionally impaired person)
2903.34 (patient abuse or neglect)
2903.341 (patient endangerment)
2905.01 (kidnapping)
2905.02 (abduction)
2905.32 (trafficking in persons)
2905.33 (unlawful conduct with respect to documents)
2907.02 (rape)
2907.03 (sexual battery)
2907.04 (unlawful sexual conduct with minor)
2907.05 (gross sexual imposition)
2907.06 (sexual imposition)
2907.07 (importuning)
2907.08 (voyeurism)
2907.12 (felonious sexual penetration)
2907.31 (disseminating matter harmful to juveniles)
2907.32 (pandering obscenity)
2907.321 (pandering obscenity involving a minor or impaired person)
2907.322 (pandering sexually oriented matter involving a minor or impaired person)
2907.323 (illegal use of minor or impaired person in nudity-oriented material or performance)
2909.22 (soliciting or providing support for act of terrorism)

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2909.23 (making terroristic threat)
2909.24 (terrorism)
2913.40 (Medicaid fraud)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt to commit an offense) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
A conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state-funded program, excluding the disqualifying offenses set forth in section 2913.46 of the Revised Code (illegal use of supplemental nutrition assistance or WIC program benefits).
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 2 Disqualifying Offenses (Ten-Year Exclusion):

2903.04 (involuntary manslaughter)
2903.041 (reckless homicide)
2905.04 (child stealing) as it existed prior to July 1, 1996
2905.05 (criminal child enticement)
2905.11 (extortion)
2907.21 (compelling prostitution)
2907.22 (promoting prostitution)
2907.23 (enticement or solicitation to patronize a prostitute; procurement of a prostitute for another)
2909.02 (aggravated arson)
2909.03 (arson)
2911.01 (aggravated robbery)
2911.11 (aggravated burglary)
2913.46 (illegal use of supplemental nutrition assistance or WIC program benefits)
2913.48 (workers' compensation fraud)
2913.49 (identity fraud)
2917.02 (aggravated riot)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt to commit an offense) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2923.12 (carrying concealed weapons)
2923.122 (illegal conveyance or possession of deadly weapon or dangerous ordnance or of object indistinguishable from firearm in school safety zone)
2923.123 (illegal conveyance of deadly weapon or dangerous ordnance into courthouse - Illegal possession or control in courthouse)
2923.13 (having weapons while under disability)
2923.161 (improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function)
2923.162 (discharge of firearm on or near prohibited premises)
2923.21 (improperly furnishing firearms to minor)
2923.32 (engaging in pattern of corrupt activity)
2923.42 (participating in criminal gang)
2925.02 (corrupting another with drugs)
2925.03 (trafficking, aggravated trafficking in drugs)
2925.04 (illegal manufacture of drugs - illegal cultivation of marihuana - methamphetamine offenses)
2925.041 (illegal assembly or possession of chemicals for manufacture of drugs)
3716.11 (placing harmful or hazardous objects in food or confection)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 3 Disqualifying Offenses (Seven-Year Exclusion):

959.13 (cruelty to animals)
959.131 (prohibitions concerning companion animals)
2903.12 (aggravated assault)
2903.21 (aggravated menacing)
2903.211 (menacing by stalking)
2905.12 (coercion)
2909.04 (disrupting public services)
2911.02 (robbery)

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2911.12 (burglary)
2913.47 (insurance fraud)
2917.01 (inciting to violence)
2917.03 (riot)
2917.31 (inducing panic)
2919.22 (endangering children)
2919.25 (domestic violence)
2921.03 (intimidation)
2921.11 (perjury)
2921.13 (falsification - in theft offense - to purchase firearm)
2921.34 (escape)
2921.35 (aiding escape or resistance to lawful authority)
2921.36 (illegal conveyance of weapons, drugs or other prohibited items onto grounds of detention facility or institution)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt to commit an offense) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.05 (funding, aggravated funding of drug or marihuana trafficking)
2925.06 (illegal administration or distribution of anabolic steroids)
2925.24 (tampering with drugs)
2927.12 (ethnic intimidation)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 4 Disqualifying Offenses (Five-Year Exclusion):

2903.13 (assault)
2903.22 (menacing)
2907.09 (public indecency)
2907.24 (soliciting; solicitation after a positive HIV test)
2907.25 (prostitution - after a positive HIV test)
2907.33 (deception to obtain matter harmful to juveniles)
2911.13 (breaking and entering)
2913.02 (theft)
2913.03 (unauthorized use of a vehicle)
2913.04 (unauthorized use of property - computer, cable, or telecommunication property)
2913.05 (telecommunications fraud)
2913.11 (passing bad checks)
2913.21 (misuse of credit cards)
2913.31 (forgery - forging identification cards or selling or distributing forged identification cards)
2913.32 (criminal simulation)
2913.41 (defrauding a rental agency or hostelry)
2913.42 (tampering with records)
2913.43 (securing writings by deception)
2913.44 (personating an officer)
2913.441 (unlawful display of law enforcement emblem)
2913.45 (defrauding creditors)
2913.51 (receiving stolen property)
2919.12 (unlawful abortion)
2919.121 (unlawful abortion upon minor)
2919.123 (unlawful distribution of an abortion-inducing drug)
2919.124 (unlawful performance of a drug-induced abortion)
2919.23 (interference with custody)
2919.24 (contributing to unruliness or delinquency of a child)
2921.12 (tampering with evidence)
2921.21 (compounding a crime)
2921.24 (disclosure of confidential information)

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2921.32 (obstructing justice)
2921.321 (assaulting or harassing police dog or horse or service dog)
2921.51 (impersonation of peace officer or private police officer)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt to commit an offense) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.09 (unapproved drugs - dangerous drug offenses involving livestock)
2925.11 (possession of controlled substances other than a minor drug possession offense)
2925.13 (permitting drug abuse)
2925.22 (deception to obtain a dangerous drug)
2925.23 (illegal processing of drug documents)
2925.36 (illegal dispensing of drug samples)
2925.55 (unlawful purchase of pseudoephedrine or ephedrine product)
2925.56 (unlawful sale of pseudoephedrine or ephedrine product)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Witness Signature: _____ **Date:** _____

References for _____

(Print Name)

Please list three people with whom you have worked. These should be Supervisors, Managers or Co-workers.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

This information should be returned with your completed application or resume to the Human Resources Offices at Star, Inc.



Reference Check Consent and Authorization Form

Disclosure

Please read the information on this form carefully and completely.

I have applied for employment with STAR, Inc. and have provided information about my previous employment. I authorize STAR, Inc. to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary, and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to STAR, Inc., whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references and STAR, Inc. from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with STAR, Inc.

This form may be photocopied or reproduced as a facsimile and these copies will be as effective as a release or consent as the original which I sign.

Name: _____ Signature: _____

Date: _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Position Applied For: _____ Date: _____

Responses to the questions on this page are **OPTIONAL** and strictly **VOLUNTARY**. These questions are included to assist the Star Inc.'s equal opportunity employment opportunity efforts. Your responses, or not responding at all, will in no way affect the processing of your application or our consideration of you for employment. Human Resources staff will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

1. **OPTIONAL: Gender**
Male Female

2. **OPTIONAL: Please select your age group**
Under 18
18-25
26-39
40-54
55-69
70+

3. **OPTIONAL: Race/Ethnicity**

WHITE or CAUCASIAN: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East

BLACK OR AFRICAN AMERICAN: All persons having origins in any of the Black racial groups of Africa

HISPANIC OR LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race

ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example: China, India, Japan, and Korea)

NATIVE HAWAIIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example: Hawaii, Philippine Islands and Samoa)

AMERICAN INDIAN OR ALASKA NATIVE: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition

OTHER: Please self-define: _____

4. **OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?** YES NO

5. **OPTIONAL: Are you a veteran?** YES NO

6. **OPTIONAL: If you answered 'YES' to the previous questions, please indicate if one or more of the following apply.**

MILITARY STATUS: The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty

DISABLED VETERAN: A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty

DESERT STORM/SHIELD VETERAN: A person whose active duty was performed after August 2 1990, in the Persian Gulf Conflict

VIETNAM ERA VETERAN: A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975

7. **How did you learn about employment at Star, Inc.?**

Ohimeansjobs.com Newspaper
Political or public official: _____
Indeed Website

Star employee: _____
Star's Facebook
Other: _____