

CHRISTIAN CHILDREN'S HOME OF OHIO

I, _____, certify that I have not pleaded guilty to or been convicted of any of the following offenses:

HOMICIDE

Murder
Aggravated Murder
Voluntary manslaughter
Involuntary manslaughter

PATIENT ABUSE AND NEGLECT

Patient abuse, neglect

SEX OFFENSES

Rape
Sexual battery
Corruption of a minor
Gross sexual imposition
Sexual imposition
Importuning
Voyeurism
Public indecency
Felonious sexual penetration
Compelling prostitution
Promoting prostitution
Procuring
Prostitution
Disseminating matter harmful to juveniles
Pandering obscenity
Pandering obscenity involving a minor
Pandering sexually oriented matter involving a minor
Illegal use of a minor in nudity-oriented

DRUG OFFENSES

Corrupting another with drugs
Trafficking in drugs
Illegal manufacture of drugs or cultivation of marijuana
Funding of drug or marijuana trafficking
Illegal administration or distribution of anabolic steroids
Possession of drugs or marijuana, excluding a minor drug possession offense

ARSON

Aggravated Arson
Arson

ASSAULT

Felonious assault
Aggravated assault
Assault
Failing to provide for a functionally impaired person

KIDNAPPING AND RELATED ISSUES

Kidnapping
Abduction
Child Stealing
Criminal child enticement

ROBBERY AND BURGLARY

Aggravated robbery
Robbery
Burglary
Aggravated burglary

OFFENSES AGAINST THE FAMILY

Interfering with custody
Unlawful abortion
Endangering children
Contributing to unruliness/delinquency of a child
Domestic violence

WEAPONS CONTROL

Carrying a concealed weapon
Having weapons while under disability material or performance
Improperly discharging a firearm at or into a habitation or school

MENACING

Aggravated menacing
Menacing

OTHER

Placing harmful objects in food or confection

I also acknowledge that I have not resigned from a position due to any of the above offenses. Furthermore, I understand that the Christian Children's Home of Ohio, Inc. (CCHO) will fingerprint me and a background check will be run. If CCHO is informed that I have committed one of the disqualifying crimes, I will be dismissed immediately.

Signature

Date

Rev: 03/08

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_____, as part of your employment duties you may be asked to drive vehicles owned by **Christian Children's Home of Ohio**.

Before you can be designated as a driver, your Motor Vehicle Report must be approved. Therefore, we are asking your permission to allow us to obtain a copy of your Motor Vehicle Driving Record. Please sign the authorization below:

**Christian Children's Home of Ohio
Authorization for Release of Motor Vehicle Driving Record**

By signing this form, I hereby grant permission for **Christian Children's Home of Ohio and Whitaker-Myers/or its assignees** to review my Motor Vehicle Driving Record.

Employee Signature

Birthdate

Employee Social Security Number

Driver License Number

Christian Children's Home of Ohio

Authorization for Release of Information

I, the undersigned, _____, in conjunction with application for employment with the Christian Children's Home of Ohio, authorize all corporations, credit agencies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information they may have about me to the Christian Children's Home of Ohio or its agents, and to release them from any liability or responsibility for doing so. This notice will apply to any future update reports that may be requested.

Criminal Record/License Disclosure

Have you ever been convicted of a crime, or are there any criminal charges pending against you at the present time? **Write Yes or No**

Include felonies, misdemeanors, traffic and military convictions. Do not include parking violations or juvenile convictions. **Failure to admit is cause for disqualification.** You will be fingerprinted, and your complete conviction record reviewed. **Falsification of information is sufficient grounds for disqualification.**

List all arrests pending final disposition and all past convictions. Attach a sheet if necessary.

OFFENSE	_____	LOCATION	_____	DATE	_____	DISPOSITION	_____
OFFENSE	_____	LOCATION	_____	DATE	_____	DISPOSITION	_____
OFFENSE	_____	LOCATION	_____	DATE	_____	DISPOSITION	_____
OFFENSE	_____	LOCATION	_____	DATE	_____	DISPOSITION	_____

Driver's License State and #

Has your driver's license ever been revoked or suspended? **Write Yes or No**

Your Signature _____

Today's Date _____