

Previous Street Address	City, State, Zip code	Dates of residence (from Month/Year to Month/Year)
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As with the attached application, I certify that the information provided in this document is true and complete to the best of my knowledge. I understand that misrepresentation or false or omitted facts will be sufficient cause for my dismissal, regardless of the time of discovery by the Agency.

Certification:

“I certify that the information in this application is true and complete. I understand that misrepresentations or false or omitted facts will be sufficient cause for my dismissal, regardless of the time of discovery by the Agency. I also understand that, if hired, my employment is ‘at-will’ and for no definite time period. Either party may terminate the employment relationship at any time with or without notice.

I hereby authorize investigation of the statements contained herein and I hereby authorize the references provided in this application and all of my prior employers contacted by Options in connection with this application to fully respond to all inquiries concerning me and my prior employment, and I specifically waive prior written notice of disclosure of personnel record information, including, but not limited to, disciplinary reports, letters of reprimand, or other disciplinary action. I authorize my prior employers to provide Options with all information concerning my previous employment and any pertinent information such references may have, personal or otherwise. In consideration of the acceptance of my application for review by Options, I release the Agency and all other parties, including, but not limited to, my prior employers, from any claimed liability arising out of this application and/or any response, statement, or disclosure made by them.”

Indiana state law requires Options to assure that no employee/contractor has been convicted of offenses listed in 460 IAC 6-10-5, 460 IAC 6-16-2(b)(2). Applicants are therefore required to read and sign the following declaration:

“I declare that I have never committed an act of abuse or fraud in relationship to a dependent person. I declare that I have never knowingly violated applicable rules or laws in any previous employment in residential health care or related employment. I declare that I have not been convicted of a sex crime, exploitation of an endangered adult or abuse or neglect of a child, theft (if the conviction occurred less than ten (10) years before my employment application date), murder, voluntary manslaughter, involuntary manslaughter, felony battery, or a felony offense related to a controlled substance. I declare that I have never committed an act of abuse or fraud with Medicaid or Medicare. I understand that evidence to the contrary will be grounds for immediate dismissal.”

I understand that due to the above state law and Options automobile regulation, Options will conduct a pre-employment criminal history and driving record check. I understand that employment may be terminated if my driver’s license is revoked or if I accumulate 6 or more points on my license at any time during my employment.

• _____
Applicant Signature

Date