

# MERIDIAN SERVICES, INC. APPLICATION FOR EMPLOYMENT

**IF ACCOMMODATION IS NEEDED TO COMPLETE THIS APPLICATION,  
PLEASE NOTIFY HUMAN RESOURCES.**

*We consider applicants for all positions without regard to race, ethnicity, age, color, religion, sex, national origin, sexual orientation, disability, veteran status, or in any manner prohibited by the laws of the State of Ohio and the United States.*

(Please Print)

Position Applied For	Date of Application
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Name (Last, First, Middle)	Telephone Number
Address (Street, City, State, Zip Code)	Social Security Number

### How Did You Learn about Us?

_____ Newspaper Ad	_____ Friend (Meridian Services Employee) Please specify: _____	_____ Walk-In
_____ Employment Agency	_____ Relative (Meridian Services Employee) Please specify: _____	_____ Other _____

Are you a current client of our agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Applicants generally are considered for employment on the basis of their qualifications. However, when the applicant is a "client" receiving any of the following clinical treatment services from Meridian Services (Drug and/or Alcohol, Mental Health, AIDS Case Management, and/or Methadone), the hiring of such applicant would result in a conflict of interest and Meridian Services shall not hire such applicant. Consistent with this policy, it is also the intent of Meridian Services that if an employee becomes a "client" at any time during his/her employment, this would also create a conflict of interest and such employment shall be terminated immediately by Meridian Services.*

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, ethnicity, age, color, religion, sex, national origin, sexual orientation, disability, veteran status, or in any manner prohibited by the laws of the State of Ohio and the United States.

Employer Name	Supervisor
Address	Phone Number
Job Title	Dates Employed: From _____ To _____ Month/Year Month/Year
Reason For Leaving	Salary: Beginning _____ Ending _____
Duties/Responsibilities	
Can the above named employer be contacted? Yes _____ No _____	

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Address	Phone Number
Job Title	Dates Employed: From _____ To _____ Month/Year Month/Year
Reason For Leaving	Salary: Beginning _____ Ending _____
Duties/Responsibilities	
Can the above named employer be contacted? Yes _____ No _____	

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Address	Phone Number
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Reason For Leaving	Salary: Beginning _____ Ending _____
Duties/Responsibilities	
Can the above named employer be contacted? Yes _____ No _____	

Employer Name	Supervisor
Address	Phone Number
Job Title	Dates Employed: From _____ To _____ Month/Year Month/Year

(Continued on following page)

Reason For Leaving	Salary: Beginning _____ Ending _____
Duties/Responsibilities	
Can the above named employer be contacted? Yes _____ No _____	

### SPECIAL SKILLS, QUALIFICATIONS, LICENSES AND CERTIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. Please also list any licenses or certifications that you have.

1.
2.
3.
4.

### EDUCATION

	NAME & ADDRESS OF SCHOOL	YEAR COMPLETED	DEGREE	DESCRIBE COURSE OF STUDY
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Major subject area for graduate degree:	Major subject area for graduate study, without degree:
Major subject area for undergraduate degree:	Major subject area for undergraduate study, without degree:
Describe any specialized training, apprenticeship, skills and extra-curricular activities:	
Describe any honors you have received:	
State any additional information you feel may be helpful/pertinent to your responsibilities here:	
Have you ever had any job-related training in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	

Indicate any foreign languages you can speak, read, and/or write.

	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

List any professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal race, ethnicity, age, color, religion, sex, national origin, sexual orientation, disability, veteran status, or in any manner prohibited by the laws of the State of Ohio and the United States).

1.
2.
3.

What are your salary requirements? \_\_\_\_\_

Have you ever been employed by us before?

Yes  No

Are you currently employed?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:

Full-Time  Part-Time  
 Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?

Yes  No

Can you travel if a job requires it?

Yes  No

Have you ever been convicted of a felony?

Yes  No

*(Conviction will not necessarily disqualify an applicant from employment)*

**\*\*If yes, explain**

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## REFERENCES

Please provide name, address and telephone number of three individuals, other than relatives, whom we may contact for a **Professional** recommendation.

NAME	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

## APPLICANT'S STATEMENT

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer of Meridian Services, Inc.

I understand that false or misleading information given in my application or interview(s) may result in discharge. I certify that I am emotionally stable and competent to carry out the functions of the job for which I have applied. I understand that Meridian Services, Inc. is drug-free workplace and that a drug test will be required as a condition of employment. I also understand that if hired I am required to abide by all rules and regulations of the Employer.

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

\_\_\_\_\_  
Date

## MERIDIAN SERVICES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

Meridian Services, Inc. follows all rules and regulations governing fair employment practices.  
All applicants' rights to privacy will be respected. The results of all inquires shall be  
treated in confidence by Meridian Services, Inc.

## **EMPLOYMENT TESTING/TRAINING FEE SCHEDULE**

### **ATTENTION ALL APPLICANTS:**

Depending on the position for which you are applying for, you may be required to have certain test(s) performed or training obtained. Meridian Services recognizes that the cost for such testing/training may be a burden for some applicants. Therefore, Meridian Services shall pay for any employment testing/training required. However, if an employee's employment terminates before he/she works five hundred and twenty (520) hours, that individual will be responsible for reimbursing Meridian Services, upon termination, for the cost of employment testing/training provided. The cost of some of the tests/trainings that may be required for the position that you are applying for is listed below. Individuals should contact the Human Resource Department to determine the cost for any test/training required, but not specified below.

Urine Drug Screen	\$25.00
Alcohol Breath Test	\$20.00
TB Test	\$8.00
Physical	\$35.00
Hepatitis B Vaccination	\$60.00 per dose
Criminal Background Check	\$24.00
CPR/First Aid Training	\$38.00
First Aid Training Only	\$25.00

**I understand that if I am hired by Meridian Services, Inc. that I will be responsible for reimbursing Meridian Services, Inc. for any required employment testing/training provided to me should my employment terminate before I work five hundred and twenty (520) hours. I agree that the cost for this testing/training shall be deducted from my final pay(s), or in the event that there would not be enough to cover the costs owed, I will reimburse Meridian Services within fifteen (15) days of my termination of employment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DATA RECORD

Employees are treated during employment without regard to race, ethnicity, age, color, religion, sex, national origin, sexual orientation, disability, veteran status, or in any manner prohibited by the laws of the State of Ohio and the United States.

As an Employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements and to provide a mechanism for data collection for the Agency's Affirmative Action Plan. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not part of your Application for Employment or personnel file. PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. REFUSAL TO PROVIDE THE INFORMATION WILL NOT RESULT IN ANY ADVERSE TREATMENT.

### VOLUNTARY SURVEY

(Please Print)

Date \_\_\_\_\_

Name (Last, First, Middle)	Social Security Number
Address (Street, City, State, Zip Code)	Birth Date
Current Job	

**Please check all that apply:**

- |                                 |   |   |
|---------------------------------|---|---|
| <input type="checkbox"/> Male   | <input type="checkbox"/> White                          | <input type="checkbox"/> Disabled                                   |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black                          |   |
|                                 | <input type="checkbox"/> Hispanic                       | <input type="checkbox"/> Veteran                                    |
|                                 | <input type="checkbox"/> Asian or Pacific Islander      | (if checked, please complete Veteran Data Record Form: MCCDP-P-082) |
|                                 | <input type="checkbox"/> American Indian/Alaskan Native |   |
|                                 | <input type="checkbox"/> Other                          |   |

**MCCDP-P-015  
04/05 R**



**Meridian Services, Inc.**  
 HEALTH AND SOCIAL WELLNESS PROGRAMS  
*Meeting Needs. Changing Lives.*

**EMPLOYEE/CONTRACT/INTERN/VOLUNTEER**  
**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, as a(n) \_\_\_\_\_ from \_\_\_\_\_  
printed name employee/contract/intern/volunteer  
 \_\_\_\_\_  
school, agency, and/or organization

understand that I must abide by the Policies and Procedures of Confidentiality of Meridian Services, Inc., Federal Regulations regarding Confidentiality (42 CFR Part 2 and 40 CFR Part 4, #127), and the Ohio State Law (O.R.C. 3701.243). I understand that these rules and regulations prohibit me from conveying to a person outside of Meridian Services that a client attends or receives any service from Meridian Services. I understand that I may not disclose any information identifying anyone as a client unless the client consents in writing for the release of information, the disclosure is allowed by a court order, or the disclosure is made to qualified personnel for a medical emergency, research, audit, or program evaluation purposes.

I understand that the federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I also understand that I am permitted to disclose limited client information to law enforcement officers when a client commits a crime on Meridian Services' property or against any agency staff, or when a client makes a threat to commit such crime. I understand that the client information that I may release under such circumstances is limited to the following: (1) client's name, (2) client's address, (3) client's last known whereabouts, and (4) description of the incident or threat.

I understand that I am obligated to respect the privilege of confidential information during, or any time after, my employment, project, and/or internship is terminated. I also understand that if I violate the Federal Regulations for confidentiality, I would be in violation of Federal Regulations and may be penalized under the laws previously mentioned. I agree to hold Meridian Services blameless of any responsibility arising from any violation of confidentiality laws and policies/procedures.

I fully understand that violation of the Federal Regulations and/or Meridian Services' confidentiality policies/procedures will result in my dismissal/termination of employment, project, and/or internship with Meridian Services. I further understand that I should contact the Health Information Department Supervisor or Director of Human Resources and Support Services if I have any questions regarding confidentiality.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Date

**MCCDP-P-020**  
**04/05 R**

MERIDIAN SERVICES, INC.  
527 N. MERIDIAN ROAD  
YOUNGSTOWN, OH 44509  
(330) 797-0070  
(330) 797-9148 FAX

**AUTHORIZATION FOR RELEASE OF INFORMATION (APPLICANT)**

I, \_\_\_\_\_, \_\_\_\_\_,  
Applicant Name – Please Print Social Security Number

hereby grant permission to: \_\_\_\_\_  
Full Name, Address and Phone Number of Former Employer

effective this date to release to: Meridian Services, Inc., 527 N. Meridian Road, Youngstown, Ohio 44509,  
(330) 797-0070, Fax: (330) 797-9148

the following information: (Must be stated specifically) Job Titles; Dates of Employment; Reason for  
Termination; Job Duties; Quality of Work; If individual was dependable or not; If there were any  
problems during individual's employment; If former employer would hire individual again; Beginning  
and ending salaries

State the purpose or need for disclosure: To determine appropriateness of employment.

Specific date upon which it will expire: \_\_\_\_\_  
(Within 60 Days)

*I hereby state that I have read and fully understand the statements as they apply to me and do herein expressly consent to disclosure for the purpose or need and the extent or nature as stated above.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Position

**REVOKE STATEMENT:** *I further understand that I may revoke this consent at anytime, except where disclosure has already been made or upon the occurrence of the event the purpose for which this disclosure is hereby authorized.*

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Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Position

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**CRIMINAL BACKGROUND CHECK  
AGREEMENT**

I, the undersigned, understand that the position for which I am applying for is one that is required by current law to have a criminal background check through the Bureau of Criminal Investigation and Identification and/or the Federal Bureau of Investigations. I understand that if offered employment, I am conditionally hired upon the results of my criminal background check. I understand that, if I have been convicted of any of the criminal offenses prohibited by law or by Meridian Services, Inc.'s policies, my employment/volunteerism with Meridian Services will be terminated immediately.

The cost of the criminal background check will be paid by Meridian Services, however, if hired, I understand that if I or Meridian Services terminates employment before I work five hundred and twenty (520) hours, I am responsible for reimbursing Meridian Services the cost of the criminal background check(s) upon termination.

**I certify that (please check one of the following):**

\_\_\_\_\_ I have been a resident of the State of Ohio for the past five (5) years.

\_\_\_\_\_ I have been a resident of the State of Ohio for less than five years. I understand that a Federal Bureau of Investigations criminal background check will be performed in addition to the bureau of Criminal Investigation and Identification criminal background check.

\_\_\_\_\_  
Applicant/Volunteer Signature

\_\_\_\_\_  
Date

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**TO BE COMPLETED BY HUMAN RESOURCES**

Name of Center: \_\_\_\_\_ Meridian Services, Inc. \_\_\_\_\_

Date of Fingerprinting: \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_