for Chandler Unlimited LLC



PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A

		Pers	onal Ir	nformation		
Name (First, Middle, Last):				Тос	day's Date:	
Present Address:						
City: Zip Cod		le:		State:		
Phone Number:			Email Address:			
Date of Birth:			Social Security Number:			
		Ed	lucation	n History		
Name of School, University or College	School, University of College Address			Major or Are Study	ea of	Graduation Year (or Expected Graduation Year)
Example: Cleveland Heights High School	Example: 13263 Cedar Cleveland Heights, C 44118			Example: High S Diploma	School	Example: Graduated in 2005

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Do you have any relevant certifications or training related to DODD Support, Mental Health, Addiction services?

If so list them here:			
Employi	ment Histo	ory	
What's your Citizenship Status: US Citizen	US Wo	ork Permit Green Card Holder	
Are you at least 18 years old? Yes No Employment Type Desired: Part Time Full Time_			
Employer's Name:		Job Title:	
Employer's Address:			
Description of your responsibilities:			
Are you still employed here? Employed		ers Phone Number:	
Employer's Name:		Job Title:	
Employer's Address:			
Description of your responsibilities			
	1		
Are you still employed here?	Employe	ers Phone Number:	
Fundamenta Nama		Lab Title:	
Employer's Name:		Job Title:	

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Employ	yer's Address:	
Descri	otion of your responsibilities:	
A		Farmlesson Bhasa Namban
Are yo	u still employed here?	Employers Phone Number:
When o	can you start?	
	Skills and Q	ualifications:
Please a	with the question at hand, plea	r ability. If you do not have any experience associated ase put N/A (or) not applicable. u for possible employment.
1. Can you elaborate on your background and expertise in Mental Health Counseling, Addiction Recovery, or DODD Support Services, highlighting specific experiences that demonstrate your proficiency in these areas?		
2.	Do you have any familiarity with behavio explain:	oral management techniques, if so please
3.	How would you describe your ability to oplans?	develop and implement individualized care
4.	How would you assess your understand techniques?	ing of crisis intervention and de-escalation

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5. Would you like to share any additional experience you have?			
6. Are you certified or licensed in mental health or addiction? Yes No State License Number Expiration Date:			
	Professional References		
ethic? Ideally, these references w	essional references who can speak to your skills, qualifications, and work vould be individuals familiar with your recent work experiences and can insights into your professional capabilities.		
Reference Name:			
Relationship:	Phone Number:		
Reference Name:			
Relationship:	Phone Number:		
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Background Checks Screening

In our employment screening process, Chandler Unlimited LLC conducts checks through various databases, registries, and criminal records. Kindly respond to the questions below to be further considered for employment.

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Have you ever been convicted of a felony or misdemeanor? If yes, please provide details, including the nature of the offense(s), date(s) of conviction, and the state in which the conviction(s) occurred:	Yes
Have you ever been involved in or reported to Adult or Child Protective Services for abuse or neglect? If yes, explain:	Yes
Have you ever been listed on the DODD Abuser Registry? If yes explain:	Yes
Have you ever been convicted of a sex-related offense? If yes explain:	Yes
Are you listed in the Ohio Nurse Aide Registry? If yes explain:	Yes
Have you been incarcerated or listed in the Ohio Department of Rehabilitation and Correction (ODRC) Inmates Database? If yes explain:	Yes
Are you currently on the Ohio Department of Medicaid Exclusion and Suspension List? If yes explain:	Yes

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Have you ever been suspended or excluded from federal procurement programs or federal contracts as listed in the SAM Database?	Yes
If so explain:	No
All background checks with Chandler Unlimited are conducted through Fa if selected for employment, I will complete my background ch <u>Home - Fast Fingerprints</u>	
Signature (First and Last Name):	
Today's Date:	
By signing below, you authorize Chandler Unlimited to conduct & receive mentioned databases, registries, and criminal record checks as screening process. This authorization is voluntary and in complian	part of the employment
Signature (First and Last Name):	
Today's Date:	
I certify that the information provided in this application is true and knowledge. I understand that any false statements or omissions may be from employment or termination if employed	ay result in disqualification
Signature (First and Last Name):	
Today's Date:	

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At Chandler Unlimited LLC, we are dedicated to cultivating a work environment that values diversity, equity, and inclusion. We believe in fair employment practices and provide equal opportunities for all qualified individuals, irrespective of race, color, religion, gender, national origin, age, disability, or any other characteristic protected by law.

Our commitment to fair employment extends to recruitment, hiring, training, promotion, and all aspects of the employment relationship. We strive to create a workplace where every employee feels respected, valued, and has the opportunity to succeed based on merit and performance.

Chandler Unlimited LLC welcomes candidates from diverse backgrounds and experiences to join our team. If you have any questions about our commitment to fair employment or if you require accommodations during the application process, please reach out to our Human Resources department.

Thank you for considering Chandler Unlimited LLC as your employer of choice. We look forward to building a diverse and inclusive workforce together.

Chandler Unlimited