



WOOD LANE

APPLICATION PACKET FOR WCBDD

- **APPLICATION**
- **AFFIDAVIT**
(MUST BE NOTARIZED-PLEASE BRING IDENTIFICATION)
- **DISCLAIMER OF NEPOTISM**
- **DISCLOSURE AND RELEASE FORM**
- **DIVISION OF HOMELAND SECURITY FORM/LIST**
- **REFERENCE RELEASE FORM**
- **COPY OF HIGH SCHOOL DIPLOMA, GED, OR COLLEGE TRANSCRIPTS**
(JOB POSTING IDENTIFIES REQUIREMENTS)
- **TRANSPORTATION FORMS**
(COMPLETE IF APPLYING FOR A POSITION WITHIN TRANSPORTATION DEPT.)
- **LETTER OF INTENT**
- **RESUME**
(IF REQUIRED, JOB POSTING WILL IDENTIFY)

WHEN APPLYING FOR A POSITION, THE APPLICATION PACKET MUST BE COMPLETED IN FULL AND RETURNED BY **12:00 P.M.** OF THE DEADLINE DATE LISTED ON POSTING.

FAXES WILL NOT BE ACCEPTED

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

ANY QUESTIONS, PLEASE CONTACT RHONDA OR KATHLEEN AT **419-352-5115**.

THANK YOU!

WORK EXPERIENCE

In the area below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **If more space is needed to identify past employers, please attach additional sheet.**

Employer _____ Phone(_____) _____ From ____/____/____ *May we contact*
Address _____ To ____/____/____ *present/previous*
City _____ State _____ Zip _____ Salary _____ *employer?*
Reason for leaving _____ Job Duties _____ Supervisor's Name and Title **YES or NO**

Employer _____ Phone(_____) _____ From ____/____/____ *May we contact*
Address _____ To ____/____/____ *present/previous*
City _____ State _____ Zip _____ Salary _____ *employer?*
Reason for leaving _____ Job Duties _____ Supervisor's Name and Title **YES or NO**

Employer _____ Phone(_____) _____ From ____/____/____ *May we contact*
Address _____ To ____/____/____ *present/previous*
City _____ State _____ Zip _____ Salary _____ *employer?*
Reason for leaving _____ Job Duties _____ Supervisor's Name and Title **YES or NO**

Employer _____ Phone(_____) _____ From ____/____/____ *May we contact*
Address _____ To ____/____/____ *present/previous*
City _____ State _____ Zip _____ Salary _____ *employer?*
Reason for leaving _____ Job Duties _____ Supervisor's Name and Title **YES or NO**

CERTIFICATION

I certify that the answers I have provided 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, it will not be processed. I understand that I am responsible for the accuracy of this application. I also understand that a background check will be required prior to employment, and, in accordance with the Drug-Free Workplace Program, applicable drug testing requirements. I waive all provisions of law forbidding colleges or universities which I attended or past employers from disclosing information to the Human Resources Department of the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon completion of all pre-employment requirements.

APPLICANT SIGNATURE _____

DATE _____

STATE OF OHIO :SS

AFFIDAVIT

COUNTY OF WOOD:

_____ **BEING DULY SWORN, DEPOSES AND SAYS:**

1. The affiant (referred to in this affidavit as the "applicant") is applying for the position of _____ with the Wood County Board of Developmental Disabilities (referred to in this affidavit as the "Board").

2. The affiant understands that the Board is required to conduct a criminal records check of all new employees, including gathering a set of impressions of the applicant's fingerprints. The applicant further understands that, if the applicant is applying for a position which includes transporting individuals with developmental disabilities, a copy of the applicant's abstract regarding the record of convictions for violations of motor vehicle laws will be requested from the registrar of motor vehicles. The applicant agrees to sign all forms necessary for the Board (or the Board's designee) to receive this information and understands that failure to do so means the Board will not employ the applicant. The applicant further states that the applicant has been informed of the amount of the fee charged in obtaining these reports and agrees to pay these fees or reimburse the Board if the Board will be paying these fees.

(Applicants: Check either 3 or 4 but not both)

___ 3. The applicant states that he/she has been a resident of Ohio for the five year period preceding this application. The applicant agrees to provide proof to the Board that he/she has been a resident of Ohio for the five year period preceding this application.

___ 4. The applicant states that he/she has not been a resident of Ohio for the five year period preceding this application.

(Applicants: Check either 5 or 6 but not both)

___ 5. The applicant states that he/she has not been convicted of or plead guilty to any of the offenses listed in Exhibit 1. Exhibit 1 is attached to and hereby made a part of this affidavit.

___ 6. The applicant states that he/she has been convicted or plead guilty to any of the offenses listed in Exhibit 1. Exhibit 1 is attached to and hereby made a part of this affidavit. For each offense for which the applicant has been convicted or plead guilty the applicant states:

- a. The original charge was_____.
- b. The conviction was for_____.
- c. The date of the conviction was_____.
- d. The sentence was_____.
- e. The date of the completion of all terms of the sentence was_____.
- f. The circumstances of the crime were as follows:_____

_____.

7. The applicant agrees to inform the Board Superintendent within fourteen calendar days if, while the applicant is employed by the Board, the applicant is ever formally charged with, convicted of, or pleads guilty to any of the offenses listed in Exhibit 1. The applicant understands that failure to report formal charges to the Superintendent may result in the applicant being dismissed from Board employment.

8. The applicant states that the above information is complete, true and accurate under penalty of perjury.

9. The applicant understands that the accuracy of this information is a condition of employment and that the Board is relying on the accuracy of this information in making any offer of employment to the applicant.

10. The applicant understands that he/she may be discharged if any of the above information is false, incomplete or misleading.

FURTHER AFFIANT SAYETH NAUGHT

_____ _____
Date **Signature of Affiant**

SWORN TO AND SUBSCRIBED BEFORE ME AT _____, OHIO,
THIS _____ DAY OF _____,

NOTARY PUBLIC

EXHIBIT 1 (5126.28)

APPLICANT FOR EMPLOYMENT WITH THE WOOD COUNTY BOARD OF DEVELOPMENTAL DISABILITIES.

An applicant, unless the applicant is legally rehabilitated, may not be hired by a County Board of Developmental Disabilities if the applicant has been convicted of or plead guilty to any of the following:

HOMICIDE

1. R.C. 2903.01 -- Aggravated murder
2. R.C. 2903.02 -- Murder
3. R.C. 2903.03 -- Voluntary manslaughter
4. R.C. 2903.04 -- Involuntary manslaughter

ASSAULT

5. R.C. 2903.11 -- Felonious assault
6. R.C. 2903.12 -- Aggravated assault
7. R.C. 2903.13 -- Assault
8. R.C. 2903.16 -- Failing to provide for a functionally impaired person

MENACING

9. R.C. 2903.21 -- Aggravated menacing

PATIENT ABUSE AND NEGLECT

10. R.C. 2903.34 -- Patient abuse; neglect
11. R.C. 2903.34.1 -- Patient endangerment

KIDNAPPING AND RELATED OFFENSES

12. R.C. 2905.01 -- Kidnapping
13. R.C. 2905.02 -- Abduction
14. R.C. 2905.04 -- Child stealing (as the offense existed prior to 7/1/96)
15. R.C. 2905.05 -- Criminal child enticement

SEX OFFENSES

16. R.C. 2907.02 -- Rape
17. R.C. 2907.03 -- Sexual battery
18. R.C. 2907.04 -- Corruption of a minor
19. R.C. 2907.05 -- Gross sexual imposition
20. R.C. 2907.06 -- Sexual imposition
21. R.C. 2907.07 -- Importuning
22. R.C. 2907.08 -- Voyeurism
23. R.C. 2907.09 -- Public Indecency
24. R.C. 2907.12 -- Felonious sexual penetration (as the offense formerly existed)
25. R.C. 2907.21 -- Compelling prostitution
26. R.C. 2907.22 -- Promoting prostitution

SEX OFFENSES (Continued)

27. R.C. 2907.23 -- Procuring
28. R.C. 2907.25 -- Prostitution
29. R.C. 2907.31 -- Disseminating matter harmful to juveniles
30. R.C. 2907.32 -- Pandering obscenity
31. R.C. 2907.321 -- Pandering obscenity involving a minor
32. R.C. 2907.322 -- Pandering sexually oriented matter involving a minor
33. R.C. 2907.323 -- Illegal use of minor in nudity-oriented material or performance

ROBBERY & BURGLARY

34. R.C. 2911.01 -- Aggravated robbery
35. R.C. 2911.02 -- Robbery
36. R.C. 2911.11 -- Aggravated burglary
37. R.C. 2911.12 -- Burglary

OFFENSES AGAINST FAMILY

38. R.C. 2919.12 -- Unlawful abortion
39. R.C. 2919.22 -- Endangering children
40. R.C. 2919.24 -- Contributing to unruliness or delinquency of child
41. R.C. 2919.25 -- Domestic violence

WEAPONS CONTROL

42. R.C. 2923.12 -- Carrying concealed weapon
43. R.C. 2923.13 -- Having weapons while under disability
44. R.C. 2923.161 -- Improperly discharging a firearm at or into a habitation or school

DRUG OFFENSES

45. R.C. 2925.02 -- Corrupting another with drugs
46. R.C. 2925.03 -- Trafficking in drugs
47. R.C. 2925.04 -- Illegal Manufacture of Drugs or Cultivation of Marihuana
48. R.C. 2925.05 -- Funding of Drugs of Marihuana Trafficking
49. R.C. 2925.06 -- Illegal Administration or Distribution of Anabolic Steroids
50. R.C. 2925.11 -- Drug Abuse (So long as it is not a minor drug possession offense)

OTHERS

51. R.C. 3716.11 -- Placing harmful objects in food or confection
52. A violation of R.C. 2919.23 that would formerly have violated R.C. 2905.04.

ADDITION DISQUALIFYING OFFENSES

1. Any offense, in this state, any other state, or the United States which is substantially equivalent to any of the above offenses.
2. Any felony contained in the Ohio Revised Code which bears a direct and substantial relationship to the duties and responsibilities of the position the applicant is being considered for.
3. Any offense contained in the Revised Code constituting a misdemeanor of the first degree on the first offense and a felony on a subsequent offense, if the offense bears a direct and substantial relationship to the position being filled and the nature of the services being provided by the county board.
4. A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States, if the offense is substantially equivalent to any of the offenses listed or described in division (E)(1), (2), or (3) of this section.

Wood County Board of DD

DISCLAIMER OF NEPOTISM/CONFLICT OF INTEREST

The Wood County Board of Developmental Disabilities supports the belief that employment or conditions of employment must be fair and consistently applies to all persons. It is our belief that no employee or applicant for employment should receive or be perceived preferential treatment by any person holding a supervisory or management position. To ensure our employment practices are administered equitably and in accordance to law. Policy #01-ALL-ALL-0055 shall be followed.

This form must be completed when any one of the following incidents occur. Please check any which apply:

- () Applying for employment with the WCBDD
- () Applying for promotion or transfer within the program to facility/worksites: _____
- () Change in scheduled work hours and/or work shift
- () Affected by the parameters established within Policy #01-ALL-ALL-0055

DEFINITIONS:

Family Member: Spouse; children (whether dependent or not); siblings; parents; grandparents; and grandchildren.

IN ACCORDANCE TO THE ABOVE DEFINITIONS PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1. () YES () NO A Wood County Commissioner is an immediate family member.
- 2. () YES () NO A Board Member currently serving on the Wood County Board of DD is an immediate or extended family member.
- 3. () YES () NO A Management Employee (see applicable positions below) in the program is a family member.
- 4. () YES () NO A Supervisory Employee in the program is an immediate or extended family member.
- 5. () YES () NO An employee in the program is an immediate or extended family member.
- 6. () YES () NO A person receiving services from the Wood County Board of DD is my immediate or extended family member.
- 7. () YES () NO I currently cohabitate with an employee of the WCBDD

If yes was check for any of the above questions, please provide the family member's name, position, current facility/location, how they are related to you, and any other comments.

Signature: _____ Date: _____

MANAGEMENT EMPLOYEES:

- | | | |
|-----------------------------|----------------------------|---|
| Board Members | Director of Adult Services | Director of Children's Services |
| Director of Fiscal Services | Director of Operations | Director of Services & Support Administration |
| Human Resources Coordinator | Superintendent | |

Wood County Board of Developmental Disabilities
Disclosure and Release

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from the Bureau of Criminal Identification and Investigation (BCII), Federal Bureau of Investigation (FBI), local or out of state sheriffs' offices and HireRight Services. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from HireRight concerning previous driving requests made by others from such state agencies, and state provided driving records.

A criminal records check is required to be conducted and satisfactorily completed in accordance with section 109.572 of the Ohio Revised Code if the applicant comes under final consideration for appointment or employment as a precondition of employment in a position. If the applicant comes under final consideration for appointment or employment the costs of the BCII is \$22.00, FBI report is \$24.00, and driving abstract is \$8.00.

I authorize, without reservation, Wood County Board of DD to contact the abovementioned agencies and any party or agency contacted by those agencies to furnish the abovementioned information.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Printed Name

Social Security Number

Driver's License Number

Driver's License State

Applicant Signature

Date

Witness Signature

Date

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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OHIO DEPARTMENT OF PUBLIC SAFETY
Division of Homeland Security

Terrorist Exclusion List

As of March 16, 2009

U.S. Department of State List of Designated Foreign Terrorist Organizations

1. Abu Nidal Organization (ANO) (International, Palestinian)
2. Abu Sayyaf Group (ASG) (Philippines)
3. Al-Aqsa Martyrs Brigade (Palestinian)
4. A Shabaab (Somal
5. Ansar al-Islam (Iraqi Kurdistan)
6. Armed Islamic Group (GIA) (Algeria)
7. Asbat al-Ansar (Lebanon)
8. Aum Shinrikyo (Japan)
9. Basque Fatherland and Liberty (ETA) (Spain, France)
10. Communist Party of the Philippines/New People's Army (CPP/NPA) (Philippines)
11. Continuity Irish Republican Army (Northern Ireland)
12. Gama'a al-Islamiyya (Egypt)
13. HAMAS (Islamic Resistance Movement) (Palestinian)
14. Harakat ul-Jihad-i-Islami/Bangladesh (HUJI-B) (Bangladesh)
15. Harakat ul-Mujahidin (HUM) (Kashmir, India)
16. Hizballah (Party of God) (Lebanon)
17. Islamic Jihad Group (Syria)
18. Islamic Movement of Uzbekistan (IMU) (Uzbekistan)
19. Jaish-e-Mohammed (Army of Mohammed) (JEM) (Kashmir, India)
20. Jemaah Islamiya organization (JI) (Southeast Asia)
21. al-Jihad (Egyptian Islamic Jihad) (Egypt)
22. Kahane Chai (Kach) (Israel)
23. Kongra-Gel (KGG, formerly Kurdistan Workers' Party, PKK, KADEK, Kongra-Gel) (Turkey, Iran, Iraq, Syria)
24. Lashkar-e Tayyiba (Army of the Righteous) (LT) (Kashmir)
25. Lashkar i Jhangvi
26. Liberation Tigers of Tamil Eelam (LTTE) (Sri Lanka)
27. Libyan Islamic Fighting Group (LIFG) (Libya)
28. Moroccan Islamic Combatant Group (GICM) (Morocco)
29. Mujahedin-e Khalq Organization (MEK) (Iran)
30. National Liberation Army (ELN) (Colombia)
31. Palestine Liberation Front (PLF) (Palestinian)
32. Palestinian Islamic Jihad (PIJ) (Palestinian)
33. Popular Front for the Liberation of Palestine (PFLP) (Palestinian)
34. PFLP-General Command (PFLP-GC) (Palestinian)
35. Tanzim Qa'idat al-Jihad fi Bilad al-Rafidayn (QJBR) (al-Qaida in Iraq) (formerly Jama'at al-Tawhid wa'al-Jihad, JTJ, al-Zarqawi Network) (Iraq)
36. al-Qa'ida (Global)
37. al-Qa'ida in the Islamic Maghreb (formerly GSPC) (The Maghreb)
38. Real IRA (Northern Ireland)
39. Revolutionary Armed Forces of Colombia (FARC) (Colombia)
40. Revolutionary Nuclei (formerly ELA) (Greece)
41. Revolutionary Organization 17 November (Greece)
42. Revolutionary People's Liberation Party/Front (DHKP/C) (Turkey)
43. Shining Path (Sendero Luminoso, SL) (Peru)
44. United Self-Defense Forces of Colombia (AUC) (Colombia)

OHIO DEPARTMENT OF PUBLIC SAFETY
Division of Homeland Security

U.S. Department of State Terrorist Exclusion List

1. Afghan Support Committee (a.k.a. Ahya ul Turas; a.k.a. Jamiat Ayat-ur-Rhas al Islamia; a.k.a. Jamiat Ihya ul Turath al Islamia; a.k.a. Lajnat el Masa Eidatul Afghanistan)
2. Al Taqwa Trade, Property and Industry Company Ltd. (f.k.a. Al Taqwa Trade, Property and Industry; f.k.a. Al Taqwa Trade, Property and Industry Establishment; f.k.a. Himmat Establishment; a.k.a. Waldenberg, AG)
3. Al-Hamati Sweets Bakeries
4. Al-Ittihad al-Islami (AIAI)
5. Al-Manar
6. Al-Ma'unah
7. Al-Nur Honey Center
8. Al-Rashid Trust
9. Al-Shifa Honey Press for Industry and Commerce
10. Al-Wafa al-Igatha al-Islamia (a.k.a. Wafa Humanitarian Organization; a.k.a. Al Wafa; a.k.a. Al Wafa Organization)
11. Alex Boncayao Brigade (ABB)
12. Anarchist Faction for Overthrow
13. Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
14. Asbat al-Ansar
15. Babbar Khalsa International
16. Bank Al Taqwa Ltd. (a.k.a. Al Taqwa Bank; a.k.a. Bank Al Taqwa)
17. Black Star
18. Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People's Council, a.k.a. the People's Liberation Army of Nepal)
19. Continuity Irish Republican Army (CIRA) (a.k.a. Continuity Army Council)
20. Darkazanli Company
21. Dhamat Houmet Daawa Salafia (a.k.a. Group Protectors of Salafist Preaching; a.k.a. Houmat Ed Daawa Es Salifiya; a.k.a. Katibat El Ahoual; a.k.a. Protectors of the Salafist Predication; a.k.a. El-Ahoual Battalion; a.k.a. Katibat El Ahouel; a.k.a. Houmate Ed-Daawa Es-Salafia; a.k.a. the Horror Squadron; a.k.a. Djamaat Houmat Eddawa Essalafia; a.k.a. Djamaatt Houmat Ed Daawa Es Salafiya; a.k.a. Salafist Call Protectors; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Houmate el Da'awaa es-Salafiyya; a.k.a. Protectors of the Salafist Call; a.k.a. Houmat ed-Daaoua es-Salafia; a.k.a. Group of Supporters of the Salafiste Trend; a.k.a. Group of Supporters of the Salafist Trend)
22. Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
23. First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Premero De Octubre)
24. Harakat ul Jihad i Islami (HUJI)
25. International Sikh Youth Federation
26. Islamic Army of Aden
27. Islamic Renewal and Reform Organization
28. Jamiat al-Ta'awun al-Islamiyya
29. Jamiat ul-Mujahideen (JUM)
30. Japanese Red Army (JRA)
31. Jaysh-e-Mohammed
32. Jayshullah
33. Jerusalem Warriors
34. Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)
35. Libyan Islamic Fighting Group
36. Loyalist Volunteer Force (LVF)
37. Makhtab al-Khidmat
38. Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combattant Marocain)

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39. Nada Management Organization (f.k.a. Al Taqwa Management Organization SA)
40. New People's Army (NPA)
41. Orange Volunteers (OV)
42. People Against Gangsterism and Drugs (PAGAD)
43. Red Brigades-Combatant Communist Party (BR-PCC)
44. Red Hand Defenders (RHD)
45. Revival of Islamic Heritage Society (Pakistan and Afghanistan offices -- Kuwait office not designated) (a.k.a. Jamia Ihya ul Turath; a.k.a. Jamiat Ihia Al- Turath Al-Islamiya; a.k.a. Revival of Islamic Society Heritage on the African Continent)
46. Revolutionary Proletarian Nucleus
47. Revolutionary United Front (RUF)
48. Salafist Group for Call and Combat (GSPC)
49. The Allied Democratic Forces (ADF)
50. The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
51. The Lord's Resistance Army (LRA)
52. The Pentagon Gang
53. The Riyadh-Salikhin Reconnaissance and Sabotage Battalion of Chechen Martyrs (a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion, a.k.a. Riyadh-as-Saliheen, a.k.a. the Sabotage and Military Surveillance Group of the Riyadh al-Salihin Martyrs, a.k.a. Riyadus Salikhin Reconnaissance and Sabotage Battalion of Shahids (Martyrs))
54. The Special Purpose Islamic Regiment (a.k.a. the Islamic Special Purpose Regiment, a.k.a. the al-Jihad-Fisi-Sabilillah Special Islamic Regiment, a.k.a. Islamic Regiment of Special Meaning)
55. Tunisian Combat Group (a.k.a. GCT, a.k.a. Groupe Combattant Tunisien, a.k.a. Jama'a Combattante Tunisien, a.k.a. JCT; a.k.a. Tunisian Combatant Group)
56. Turkish Hizballah
57. Ulster Defense Association (a.k.a. Ulster Freedom Fighters)
58. Ummah Tameer E-Nau (UTN) (a.k.a. Foundation for Construction; a.k.a. Nation Building; a.k.a. Reconstruction Foundation; a.k.a. Reconstruction of the Islamic Community; a.k.a. Reconstruction of the Muslim Ummah; a.k.a. Ummah Tameer I-Nau; a.k.a. Ummah Tameer E-Nau; a.k.a. Ummah Tameer-I-Pau)
59. Youssef M. Nada & Co. Gesellschaft M.B.H.

U.S. Treasury Department's Designated Charities and Potential Fundraising Front Organizations for FTOs

1. Makhtab al-Khidamat / Al Kifah (formerly U.S.-based, Pakistan)
2. Al Rashid Trust (Pakistan)
3. Wafa Humanitarian Organization (Pakistan, Saudi Arabia, Kuwait, United Arab Emirates)
4. Rabita Trust (Pakistan)
5. Ummah Tameer E-Nau (Pakistan)
6. Revival of Islamic Heritage Society - Pakistan and Afghanistan Branches (Kuwait, Afghanistan, Pakistan)
7. Afghan Support Committee (Afghanistan, Pakistan)
8. Al Haramain Foundation (Indonesia, Kenya, Pakistan, Tanzania, Bosnia, Somalia, Bangladesh, Afghanistan, Albania, Ethiopia, Netherlands, Comoros Islands, and United States branches)
9. Aid Organization of the Ulema (Pakistan)
10. Global Relief Foundation (United States)

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11. Benevolence International Foundation (United States):
12. Benevolence International Fund (Canada)
13. Bosanska Idealna Futura (Bosnia)
14. Stichting Benevolence International Nederland (Netherlands)
15. Lajnat al Daawa al Islamiyya (Kuwait, Pakistan, Afghanistan)
16. Al Akhtar Trust (Pakistan)
17. Taibah International (Bosnia)
18. Al Haramain & Al Masjed Al Aqsa Charity Foundation (Bosnia)
19. Al Furqan (Bosnia)
20. Islamic African Relief Agency (IARA) / Islamic Relief Agency (ISRA) (Sudan, United States and 40 other branches throughout the world)
21. The Holy Land Foundation for Relief and Development (United States)
22. Al Aqsa Foundation (United States, Europe, Pakistan, Yemen, South Africa)
23. Comité de Bienfaisance et de Secours aux Palestiniens (France)
24. Association de Secours Palestinien (Switzerland)
25. Interpal (Palestinian Relief & Development Fund) (United Kingdom)
26. Palestinian Association in Austria (Austria)
27. Sanibil Association for Relief and Development (Lebanon)
28. Elehssan Society (Palestinian territories)
29. Aleph (Aum Shinrikyo/Aum Supreme Truth)
30. Rabbi Meir David Kahane Memorial Fund (Kahane Chai and Kach)
American Friends of the United Yeshiva (Kahane Chai and Kach)
American Friends of Yeshivat Rav Meir (Kahane Chai and Kach)
Friends of the Jewish Idea Yeshiva (Kahane Chai and Kach)
31. Irish Republican Prisoners Welfare Association (Real IRA)
32. Socorro Popular Del Peru/People's Aid of Peru (Sendero Luminoso/Shining Path)

REFERENCE RELEASE FORM
WOOD COUNTY BOARD OF DD

Applicant's Name _____ Position Applied For _____
Address _____ Phone Number _____

I have applied for a position with the Wood County Board of DD. Before I may be considered a "qualified applicant" I must be able to provide a reference release form. Please feel free to provide the information requested to the Wood County Board of DD. I have voluntarily consented to full disclosure. I have read and understand that the questions asked below are relevant to their hiring decision. Your cooperation will be fundamental in my prospective employment with this agency. Thank you for your consideration and assistance.

I hereby authorize the release of the below information to Wood County Board of DD without any legal liability for the party that furnished the information.

Applicant's Signature : _____ Date: _____

****ADMINISTRATIVE USE ONLY****

1. Hire Date: (m/d/y) _____ Status (check one) Full Time Part Time Sub Resigned (m/d/y) _____
2. What was the individual's job title? _____
3. Did you supervise this individual? Yes No
4. What were the job duties performed? _____
5. Did the individual receive any promotions while employed by your organization? If yes, what were they? _____

6. What exceptional work related strengths did this individual possess? _____

7. Did this individual often do more than was reasonably expected? _____
8. Was this individual dependable? _____ 9. Why did this individual leave your organization? _____
10. If given an opportunity to do so, would you rehire this individual? Yes No
If not, why? _____

Signature of individual completing form _____ Date _____
Name (please print) _____
Title _____ Phone Number _____
Organization Name _____

<p>School Bus Driver FMCSA Drug and Alcohol Background Check Form <u>Applicant History Sheet</u></p>
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Employer _____ Date _____

Federal Motor Carrier Safety Administration regulations (49 CFR Part 40) require employers to inquire about the following information on an employee from the employee's previous employers during the two years immediately preceding the employee's date of application. This requirement applies only to employees seeking to begin performing safety-sensitive duties for the first time. The employer must obtain the employee's written consent to request this information. As an applicant/employee, you may refuse to provide this written consent, however the employer is not permitted to use the employee to perform safety-sensitive functions.

The information which must be requested is as follows:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).

The information obtained must be held confidential, and must be retained for three years from the date of the employee's first performance of safety-sensitive functions.

The employer must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol test rules during the past two years.

(The entire text of this section of 49 CFR Part 40.25 is reprinted as an attachment/on the reverse side of this form)

TO BE COMPLETED BY THE APPLICANT:

The person below has applied for employment in a DOT safety-sensitive position, and grants permission for the above named employer to request the information required under 49 CFR Part 40.

Applicant name: _____ Social Security # _____

I hereby attest that the information I have provided herein is accurate and complete, and furthermore consent to the release of all drug and alcohol testing information that is being requested from the past two years of this application date.

Applicant Signature _____ Date _____

Listed below are all employers for whom I have worked in the last two years in a safety sensitive position:

Employer	Supervisor Name	Area Code and Phone Number

Have you applied, but not been hired by any employers in the past two years who required a DOT drug and alcohol test?

Yes No

If the answer above is YES, complete the following:

On any of these tests, did you test positive or refuse to test?

Yes No

PART 40 - PROCEDURES FOR TRANSPORTATION WORKPLACE DRUG AND ALCOHOL TESTING PROGRAMS

Source: 65 Federal Register (FR) 79462, Dec. 19, 2000;
65 FR 41944, Aug. 9, 2001

Subpart B - Employer Responsibilities

§40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and

(5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

(i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.

(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

