



JOB DESCRIPTION

Job Title: Habilitation Training Specialist (HTS)

Department: Group Home/ Daily Living Support
Reports to: House Manager
FLSA Status: Non-Exempt
Revision Date: April 05, 2013
Reviewed By: Executive Committee
Approved By: Executive Committee

SUMMARY

The Habilitation Training Specialist (HTS) is immediately responsible to the House manager (HM) in carrying out all job responsibilities associated with direct care to the Service Recipient(s) on a daily basis. The HM, with the consent of the Program Coordinator (PC), may delegate responsibilities to the HTS.

ESSENTIAL DUTIES, RESPONSIBILITIES and EXPECTATIONS

Encourage and practice the following critical competencies: organization and priority setting, flexibility, two-way communication, teamwork, relationship building, valuing diversity, developing self and others, critical thinking and judgment, and technical expertise.

Expectation: Commitment is consistent and positive

The performance of the following will ensure compliance with the essential duties, responsibilities and expectations necessary to fulfill the above:

Trains and documents habilitation goal as in the individual plan and in accordance with the implementation strategy.

Assist in preparation of meals for the service recipient and follow diet plans if required by individual program.

Administer the service recipient his/her medication in accordance with M.A.T standards and as directed by a physician.

Must follow Service Recipients Behavior Support Plan (BSP), Protective Intervention Plan (PIP), or PMPPI and complete the required documentation.

Keep the home of the service recipient clean and free of any hazards at all times.

Attend all meeting, in-services, and classes that are required by Fretzpark Homes and DDSD.

Be an advocate for the service recipient and report any violations to the HM and PC.

During travel make sure the service recipient and you wear seatbelts.

Any incident reports need to be completed and turned in to your supervisor or program coordinator the day of the incident.

Participate with all staff in formulating and implementing all matters pertaining to the operation of the home and the Service Recipient(s) progress.

Actively participate in staff meetings, workshops and special meetings on such details as may be required.

Discharge delegated responsibilities and report at staff meetings on such details as may be required.



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Be an advocate for all Service Recipients(s).

Document on proper forms all activity pertaining to the welfare of the home or Service Recipient(s) in the following areas:

- A. Service Recipient visitor movement to or from home
- B. Unusual incidents involving Service Recipient(s), staff or other persons affecting the home.
- C. Seizures, accidents, or other medical emergencies.
- D. Noticeable changes in the Service Recipient(s) conduct, either positive or negative, in the daily log.
- E. All necessary forms pertaining to the Service Recipients(s) programs.

Provide activities or programs for the Service Recipient(s) when they are home.

Organize, supervise and interact with the Service Recipient(s) in their daily active treatment program.

Transport the Service Recipient(s) to community activities

Know and follow emergency home procedures for fire, tornadoes, accidents, or other serious incidents affecting the Service Recipient(s).

Assist guardians/parents in understanding and working towards implementing the normalization principal when in contact with the Service Recipient(s).

Maintain the quality of the home by taking the initiative in cleaning of the home, property and grounds when needed or required.

Fill out and maintain time sheets according to agency Policies & Procedures and the budgeted hours at work site. Submit time sheets to the administrative office by 10:00 am on each due date.

Fill out and maintain Mileage Reports accurately, according to agency Policies and Procedures, and ensure these are prepared correctly in accordance with the work site budget, and are turned in to the administrative office on the first of the month.

Any other duties assigned by HM, PC, or other management personnel.

SUPERVISORY RESPONSIBILITIES

There are no staff supervisory responsibilities with this position. H.T.S does supervise the recipient that they are assigned.

QUALIFICATIONS

Candidates for this position must be at least 18 years of age and have a combination of education and experience necessary to meet the expectations required and the responsibilities as outlined.

LEADERSHIP, CHANGE MANAGEMENT and PERSONAL EFFECTIVENESS

Demonstrates ability to proactively identify, diagnose and creatively resolve problems.

Demonstrates the ability to use effective communication skills.

Demonstrates compliance to confidentiality/privacy standards as required by the agency and law.

Demonstrates a strong self-initiative and self-motivation.

Demonstrates effective time, organizational and prioritization skills.

Demonstrates team skills and respects differences.

Demonstrates a strong self-initiative and self-motivation.

EDUCATION and/or EXPERIENCE

High School Diploma or Equivalent.



JOB DESCRIPTION

LANGUAGE SKILLS

Ability to effectively present information and to respond to questions (supervisors, consumers, stakeholders, the board of directors and the general public).

MATHEMATICAL SKILLS

Ability to add, subtract, multiply and divide in all units of measure, using whole numbers, common fractions and decimals.

REASONING ABILITY

Ability to define problems, collect data, establish facts and draw valid and accurate conclusions.

OTHER QUALIFICATIONS

Compassionate and tolerant of a wide variety of people.

Satisfactory completion of background check (OSBI, MVR, Drug Testing & previous employment references)

CERTIFICATES, LICENSES and/or REGISTRATIONS

Possession of a valid Oklahoma Driver's License, current vehicle insurance verification and vehicle to drive to and from work.

TRAINING

Foundations, ETL (first 30days), FPH Employee orientation, First Aid and CPR (before working in home), M.A.T (before giving meds), ETL2, Communications, Connections, Ethical & Legal, Nuts & Bolts, Skill building, Health, and Individual specific training (Fretzpark will send you to training. Training is mandatory to keep position)

PHYSICAL DEMANDS

Includes Standing and Walking/Bending/Carrying/Lifting/Hand/Finger Dexterity/Kneeling/Vision/Hearing

Sedentary ___ Light ___ Medium ___ Heavy ___ Very Heavy __X__

Standing and walking: Must be able to walk/stand up to 90% of time.

Bending: May bend several times in order to meet the needs of the service recipient.

Carrying: May carry up to 50 pounds. May move equipment (average push force 20 pounds).

Lifting: May lift several times to meet the needs of the service recipient.

Pushing: Minimal.

Reaching: Several times in order to meet the needs of the service recipient.

Hand/finger Dexterity: Minimal May apply pressure with hands.

Kneeling: May kneel in order to meet the needs of the service recipient.

Vision: Must be able to see in order to read and write.

Hearing: Must have hearing sensitivity aided or unaided.

ENVIRONMENTAL CONDITIONS

Moderate exposure to hazardous risks, including potential for exposure to infections and communicable diseases, blood and body fluids, electrical equipment, chemicals, such as alcohol and Clorox. Must follow universal safety precautions. Contact with adults who may exhibit physical, behavioral outbursts related to a mental health condition.



JOB DESCRIPTION

SECURITY

Adheres to the agency’s policies and procedures including HIPAA, Privacy, Confidentiality, and Conflict of Interest.

SUPERVISION RECEIVED

The H.T.S is hired by the Program Coordinator and HR and supervised by the HM and PC.

My supervisor and I have discussed the details of my job description, and I fully understand my job responsibilities. I also understand the need to be flexible with change, that there may be additions or deletions to my present job description. If I have any additional questions or concerns, it is my responsibility to bring it to the attention of my supervisor,

_____	_____
Employee’s Signature	Date
_____	_____
PC	Date
_____	_____
Senior PC	Date
_____	_____
Human Resources	Date

Disclaimer

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.



Fretzpark Homes, Inc.

4232 N. Santa Fe, Oklahoma City, OK 73118
Ph: (405) 521-8232 Fax: (405) 521-8803



APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

Social Security #: _____ Phone: (____) _____

Address: _____ Cell: _____

City/State/Zip: _____

Position Applying for: _____

How did you find out about our company? _____

Have you ever been employed here before? NO () YES () When? _____

Are you interested in Full-Time or Part-Time work? _____

What hours/days are you available to work? _____

Salary or Hourly rate expected? _____

Are you legally eligible to work in the United States? NO () YES () *(if yes, proof is required)*

Do you have a valid Drivers License? NO () YES () *If yes, what state:* _____

Have you ever been convicted of an offence greater than a minor traffic violation? (Conviction will not necessarily disqualify an applicant from employment.)

NO () YES () If yes, please explain: _____

Are there any current criminal charges against you? NO () YES ()

If yes, please explain: _____

Are you related to anyone employed by this agency? NO () YES ()

If yes, whom? _____ Relationship: _____

EDUCATIONAL BACKGROUND

School	Name & Location	Course of Study	Graduate?	Degree or Diploma
High School				
College				
Graduate School				
Other				

EMPLOYMENT EXPERIENCE

List your most recent employer first. Please go back to the beginning of your work history or at least 10 years. Attach additional page if necessary.

Company Name & Address	Phone Number	Supervisor's Name	Job Duties	From Mo/Yr	To Mo/Yr	Reason for Leaving

Have you worked before with people who have developmental disabilities?

Please check (x) any of the below training in which you are currently certified (you must have certificate):

- Foundations() CPR() First Aid() MAT() ETL 1() ETL 2()
 PA 1() PA 2() Health Day 1() Health Day 2() Skill Building()
 Ethical/Legal() Nuts & Bolts() Connections() Communications()
 IP Training() Mealtime Challenges()

Other Certifications:

Fretzpark Homes primary purpose is to assist persons with developmental Disabilities to reach their highest potential in everyday settings. Part of the training and job requirements to work with this population does require each individual to be able to bend at the waist, kneel, stoop, and lift 50 pounds.

Can you perform these essential job requirements either with or without reasonable accommodation?

NO () YES ()

If assistance is necessary, what assistance is required?

APPLICANT'S STATEMENT and CONDITIONS OF EMPLOYMENT

(Please read carefully before signing.)

I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit rating and indebtedness may be obtained prior to any final offer of employment. Upon a timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me.

I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination and drug screening.

I agree, as a condition of my employment (should I be employed by the Company), to submit to a medical examination if requested and based on the position that I accept, I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me.

In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right.

I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, and with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that Fretzpark Homes, Inc. retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion.

During my employment with Fretzpark Homes, Inc. and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Fretzpark Homes, Inc. in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Fretzpark Homes, Inc. or unless a representative or attorney of Fretzpark Homes, Inc. is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions.

Applicant's Signature: _____

Date: _____



Employment Application Supplement



General Information

Applicant (print)

Date

Fretzpark Homes, Inc.

Provider agency

A community services worker (CSW) may be prosecuted criminally for having sexual contact with a person in their care. CSW's must sign this form per 43A O.S. § 10-113 and 10 O.S. § 1430.3 known as the Breanna Bell Act.

As I apply for a job as a CSW, I understand:

- prior to hiring me, the community services provider is required by Oklahoma law to conduct a search of:
 - criminal history records with Oklahoma State Bureau of Investigation (OSBI); and
 - Oklahoma Department of Human Services (DHS) Community Services Worker Registry (Registry);
- the community services provider is prohibited by Oklahoma law from hiring, contracting with, or using as a volunteer, any person:
 - convicted, plead guilty, or plead *nolo contendere* to misdemeanor assault and battery or a felony, except under circumstances described in Oklahoma Administrative Code (OAC) 340:100-3-39; or
 - whose name appears in the Registry;
- my employment may be terminated if my name appears in the Registry, even though my name may not have been in the Registry at the time of my application or my hiring;
- I must report to the community services provider all of my current and previous employers who provide services to children and adults who are vulnerable;
- giving false information regarding my current and previous employers may result in termination of my employment; and
- Section 405.3 of Title 10 of the Oklahoma Statutes requires DHS to establish and maintain a Restricted Registry, also named Joshua's list. Individuals recorded on the Restricted Registry are prohibited from licensure, ownership, employment, unsupervised access to children, and/or residence in a facility or program, licensed, certified, operated, or contracted by, or with, DHS. Foster parents who contract with DHS are also subject to the Restricted Registry.

Signatures

Applicant signature

Date

Routing

Original - community services worker personnel record

Copy - community services worker



AUTHORIZATION TO REQUEST AND OBTAIN INFORMATION

I, _____ authorize Fretzpark Homes to obtain a Consumer report containing information regarding my prior work related injuries, claim and lawsuits, driving history, criminal history, education and/or credit in connection with evaluating me for employment, promotion, reassignment or retention as an employee. I understand that such information will be treated as confidential and is acquired in compliance with all State and Federal law. I further understand that a one-time fifteen (15) dollar fee will be withheld from my first check to conduct OSBI background check and that after 180 days of employment it will be reimbursed.

Applicant's Name (printed)

Applicant's Signature

Address

Social Security Number

Date



Fretzpark Homes, Inc.



I _____ understand that in the event that I need CPR and First Aid and/or MAT, the amount of the class will be deducted from my last paycheck if I am employed for less than 180 days.

I _____ understand that as part of the application process, an OSBI and MVR (motor vehicle report) must be obtained. The fee of \$40 will be deducted from my last paycheck if I am employed for less than 180 days.

Applicant Signature

Date

Human Resources

Date



Employment Policies and Release Form

There are a number of Fretzpark policies that an applicant needs to know about and agree to before being employed. There also are a number of activities that Fretzpark may want to instigate as part of the review and investigation of the appropriate background information on an applicant. The purpose of this document is to present these policies and investigative activities to the applicant to ensure that they are understood and agreed to at the time the application is submitted.

We, therefore, ask that you please read, complete, and sign this form before you complete the Application for Employment.

Policies

Among the policies that have been adopted at Fretzpark are the following that we believe are important for an applicant to know in advance of employment. These are listed below. Your signature on this Release Form indicates that you have read, understand, and would agree to operate under these policies if employed at Fretzpark.

This firm is an equal employment opportunity employer and does not discriminate because of age, sex, race, color, national origin, disability, or religious preference.

Fretzpark is a drug and alcohol free-workplace.

To ensure worker safety and integrity of the workplace, Fretzpark prohibits the illegal manufacture, possession, distribution or use of controlled substances or alcohol in the workplace by its employees or those who engage or seek to engage in business with Fretzpark. Offers of employment, therefore, may be conditioned on a physical examination, including a drug and alcohol screening.

Smoking is not permitted inside the building at Fretzpark. For the safety and health of its employees, Fretzpark is committed to a smoke-free building.

Your signature on this Release Form indicates that you understand and agree that if employed, that employment is for no definite period, and may, regardless of the date of payment of your wages and salary, be terminated at any time without previous notice.

An offer of employment must originate from the Human Resource Director of Fretzpark.

Background Review Activities

Fretzpark may conduct the following investigative activities as part of the background review of prospective employees. Your signature on this Release Form indicates you understand these activities and you authorize them to be performed with the conditions specified as listed below.

- 1. Persons convicted of specific crimes may not hold certain positions at this company. If you are applying for such a position and have been convicted of a felony, please note this below. If more space is needed, please provide the additional information on a separate sheet of paper. In addition, you authorize Fretzpark to undertake a criminal records check with state police officials.**
- 2. You authorize Fretzpark to obtain a Motor Vehicle Record report. Our insurance company may also obtain a report through its sources. If the position you are applying for involves driving a motor vehicle, it is imperative that a good driving record exists.**
- 3. You also authorize and request any and all of your former employers to furnish any and all information regarding your job performance. You agree to hold your former employers and their agents harmless from all liability that could relate in any way to the disclosure of private information or an assessment or opinion of your suitability for employment.**
- 4. You understand that an offer of employment must originate from the Human Resource Director of Fretzpark.**

In closing, we ask that you read [and complete where needed] the remaining three [3] statements and that your signature on this Release Form indicates you understand each.

5. I have read and understand the job description for the position of HTS as approved on the date of this application.
6. I understand that misrepresentation or omission of facts herein is cause for termination, if employed.
7. I have read and understand the attached application and have answered all portions of the application truthfully and correctly with no omissions.

Signature



**REQUEST FOR CRIMINAL HISTORY, MOTOR VEHICLE
RECORDS, AND COMMUNITY SERVICES REGISTRY CHECK**

Date: _____

1. **Name (include middle name):** _____

2. **Race:** _____ **Sex:** _____ **SS#** _____

Date of Birth: _____ **Place of Birth:** _____

Driver's License # _____ **State** _____ **Expiration:** _____

Other Names used: (include maiden name): _____

3. **Have you ever been convicted of a crime?** () Yes () No

If Yes provide details

State Contracts require Fretzpark Homes, Inc. to obtain a criminal history investigation through OSBI and also a community services registry check through DDS. Fretzpark Homes, Inc. requires a check of my Motor Vehicle Record. I understand that any false or misleading statements could be grounds for immediate termination. I hereby grant full permission, without recourse, for the use and release of information as necessary for the purposes explained. Copies and Faxes of this release may be used as original signed forms.

Signature

Date

 Director of Human Resources

 Date

Request for criminal history check on: _____

OSBI CLEARED

OSBI NOT CLEARED

Consent to Release Record (s)

DRIVERS NAME _____

DL# _____

DOB _____

By signing below, I voluntarily give consent to the Oklahoma Department of Public Safety or any Motor License Agent to release the following records, including personal information within my driver license file. I request the records indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following, person, company, corporation or legal entity:

Release Record/Information to: FRTEZPARK HOMES, INC.

MVR SUMMARY

(DRIVERS SIGNATURE OF CONSENT)

OTHER RECORD (SPECIFY)

(DRIVERS SIGNATURE OF CONSENT)

Date

Signature of Recipient of Record

4232 N Santa Fe Ave. Oklahoma City, Oklahoma 73118

(ADDRESS OF RECIPIENT OF RECORD)

NOTICE: As required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C Section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your rights to privacy under the DPPA: or unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws: or unless DPPA authorizes the Department to release it, such governmental entities, courts, insurance companies and to others specified.

THIS FORM & PHOTO ID REQUIRED TO OBTAIN RECORD-

RECORDS REQUEST & CONSENT TO RELEASE

Department of Public Safety

I hereby request the following driver record(s):

Table with columns: Record Type, Per Record Fee Regular, Per Record Fee Certified. Includes rows for Oklahoma driving record summary, Collision Report, and Other Driving Record(s).

[For vehicle records, contact Oklahoma Tax Commission. For birth certificates, contact Department of Health]

Driver's Name: _____ Sex: _____

Driver License Number: _____ Date of Birth: _____ mm/dd/yyyy

Check the following applicable statement:

- I am the person named in the record(s) sought. I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below:

- Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.
Research Activities or Statistical Reports: personal information shall not be published, re-disclosed, or used to contact individuals †
Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, anti-fraud, rating or underwriting activities †
Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety

Statutory citation: _____

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request Signature of Person Named in Request

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of his duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and his obligations to use such information only of the purposes set out therein and his civil and criminal liabilities if he violates these duties, and his obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Oklahoma Department of Public Safety and OK.gov from any and all liability and penalties associated with my or my successor's or assignees' wrongful use and/or release of such information.

Printed Name of Person Making Request

Fretzpark Homes, Inc.

† Print Agency/Company Name(if item 1, 3, 4, 5 or 6 was checked above)

4232 N. Santa Fe Ave. Oklahoma City

Address City

Signature of Person Making Request

Date mm/dd/yyyy

Oklahoma 73118
State Zip



Mail completed form along with appropriate fees to:
Department of Public Safety
Records Management Division
P. O. Box 11415
Oklahoma City, OK 73136-0415

Fees are listed above.
Please send total amount due in form of :
Cashier's Check, Money Order, Personal or Business Check
Cash is accepted only when paying in person.
Record fees are in accordance with Oklahoma Statutes.

Fretzpark Homes, Inc.
Applicant Reference Form

Please return completed reference form to:

Human Resources
Fretzpark Homes, Inc.
4232 N. Santa Fe
Oklahoma City, OK 73118
Phone: (405) 521-8232
Fax: (405) 528-1521

Company Name: _____ Date: _____

Contact: _____

FAX Number: _____ Phone Number: _____

Applicant Name: _____

Social Security Number: _____

Employment Dates: _____ to _____

Position Held: _____

Eligible for Re-hire? () NO () YES () Cannot provide this information

Would you recommend this person? () NO () YES () Cannot provide this information

Reason they left your employment? () Discharge () Resignation () Lay Off

For all service providers:

Pursuant to DDS Policy OAC 340:100-3-39 please provide any information on allegations or findings of abuse, neglect, or exploitation: _____

Signature and Title of person (employer) completing this form **Date**

I authorize Fretzpark Homes, Inc. to check my references of past employment and personal history. I agree that no persons, companies, or organizations shall be liable for any information communicated to Fretzpark Homes in connection with the employment screening process. Further, I release, indemnify, and hold Fretzpark Homes harmless from and against any liability in connection with the employment screening process or information and references requested by and provided to subsequent employers.

Signature of Applicant

Date

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
<https://osbi.ok.gov/>

Type Of Search Requested:

- Name Based - \$15.00
- Sex Offender - \$2.00
- Mary Rippy Violent Offender - \$2.00
- State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:

- Fax Mail In Person

**REQUESTS WILL BE RETURNED
IN THE MANNER RECEIVED.**

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.* CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink) Results will only be returned to the original requestor

REQUESTOR'S NAME Fretzpark Homes, Inc. SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS 4232 N Santa Fe Ave.

Oklahoma City Oklahoma 73118

PHONE NUMBER (405) 521-8232 E-MAIL ADDRESS fretzpark.org

Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST Employment

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections made with white out or by striking through the fields in this section will not be processed.

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____
MAXIMUM OF THREE ALIAS NAMES PER REQUEST

DATE OF BIRTH _____ (MM/DD/YYYY) *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.