

Mental Health & Recovery Services Board of Allen, Auglaize & Hardin Counties:

WE CARE AT WORK

APPLICATION

COMPANY INFORMATION						
1.	Person Completing Form:	Title:	Email Addre	ress:		
2.	Company Name: (full name as registered with the State of Ohio including commas, etc.)					
3.	Company Address:					
	Street Address		_ P.O. Box (also i	indicate if applicable)_		
	City	State	Zip			
4.	Telephone Number(s):		Fax number:			
5.	Type of Industry: Construc	ction, Manufactur	ring, Service, Retail, Go	Government, Other:		
6.	a. Some or all of theb. Some or all of the	same ownership same manageme	?	at you associate with that share(s) either yes no yes no yes no	:	
	If yes, company name(s):					
7.	Do you regularly perform work outside Ohio? yes no					
wc	DRKFORCE INFORMATIO	N				
8.	# of full-time employees:		# of part-time emplo	oyees:		
9.	Do you hire minors? (und	er age of 18)	yes no			
10.	 Do you hire temporary workers? yes no If "yes," please provide some details (i.e. type of positions, frequency, and duration): 					
11.	. Do you have unionized employees? yes no					
12.	Do you have Spanish-spea	king employees?	yes no			
wc	ORKERS COMPENSATION	INFORMATION				
13.	Workers' Compensation Co	overage: Self-Ins	sured OR Sta	tate-Funded?		

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14.	Are you penalty rated (workers' comp.)? yes no					
15.	Do you have a third-party administrator for your workers' comp? yes no If "yes," who?					
16.	16. Are you or will you be enrolling in the BWC Drug-Free Safety Program (DFSP)?					
	Yes, we are currently enrolled No Not sure					
со	MPLIANCE INFORMATION					
17.	. Do you receive <u>any</u> grants or perform \$100,000 worth of work/year for the federal government? yes no uncertain					
18.	Do you have employees mandated for drug and alcohol testing under <u>ANY</u> DoT administration? (e.g., Federal Aviation					
	Admin., Federal Highway Administration [Motor Carriers]) yes no uncertain					
DF	WP INFORMATION					
19.	19. Do you currently have a drug-free workplace policy? yes no uncertain					
	If yes, please attach.					
STA	TEMENT OF INTEREST					
	ase explain your desire to be a part of this initiative (e.g., What do you hope to gain by participating? What do you hope contribute to the community as a result of your participation?)					
Con	npany Officer Signature: Date:					
	Only a limited number of scholarships are available. Please return completed form and refundable \$50.00 application fee* (payable to: MHRSB of Allen, Auglaize and Hardin Counties).					

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*Refunded at the completion of the course.

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