

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

WE CARE AT WORK

APPLICATION

COMPANY INFORMATION						
1.	Person Completing Form:	Title:	Email Addre	ess:		
2.	Company Name: (any Name: (full name as registered with the State of Ohio including commas, etc.)				
3.	Company Address:					
	Street Address		_ P.O. Box (also indicate if applicable)_			
	City	State	Zip			
4.	Telephone Number(s):		Fax number:			
5.	Type of Industry: Construction, Manufacturing, Service, Retail, Government, Other:					
6.	a. Some or all of theb. Some or all of the	e same ownership e same manageme)?	t you associ yes yes yes	iate with that share(s) either: no no 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	yees:		
9.	Do you hire minors? (und	er age of 18)	yes no			
10.	Do you hire temporary workers? yes noIf "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 C	overage: Self-Ins	sured OR Sta	ate-Funded	?	

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14.	1. 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.	. Are you or will you be enrolling in the BWC Drug-Free Safety Program (DFSP)?						
	Yes, we are currently enrolled Yes, we No	ve are planning to end Not sure	nroll				
CO	OMPLIANCE INFORMATION						
17.	7. 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 Ca	arriers])	yes no uncertain				
DFWP INFORMATION							
19.	O. Do you currently have a drug-free workplace policy	y? yes no unce	ertain				
	If yes, please attach.						
STA	TATEMENT OF INTEREST						
Please explain your desire to be a part of this initiative (e.g., What do you hope to gain by participating? What do you hope							
to c	contribute to the community as a result of your part	icipation?)					
Con	ompany 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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Donna Dickman – PVFF 309 W. High Street, Suite A – Lima, OH 45801 - (419) 549-8530 - ddickman@pvff.org