



Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report



2023-0228

Officer Involved Critical Incident - 18697 Bagley Rd., Cleveland, OH
44130, Cuyahoga County

Investigative Activity: Receipt and Review of Records
Activity Date: February 16, 2023
Activity Location: BCI - Richfield
Authoring Agent: SA Matthew Armstrong #146

Narrative:

On February 16, 2023, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matthew Armstrong (Armstrong) reviewed the personnel file of Southwest General Medical Center Paramedic Juan Crespo (Crespo). The records were provided by SGPD Chief Tristan Harker on February 14, 2023. The records have been attached to this report for further review.

Upon reviewing the records, SA Armstrong noted the following:

Personnel File

This file was comprised of 36 pages. It contained applicant and new hire paperwork. Crespo was hired September 20, 2021, as a PRN (as needed) paramedic in the Emergency Department. Crespo had no discipline on file.

Attachments:

2023-02-14 Personnel File - Juan Crespo

NEW HIRE INFORMATION SHEET

RECRUITER: Tracy Coleman

Employee #: 206981

PERSONAL INFORMATION

App. # 84245 DOB: 12-18-86

Legal Name: JUAN Miguel CRESPO SS#: [REDACTED]

Phone Number: [REDACTED] County: Cuyahoga

Marital Status: S Previous SWG Employee?: YES or NO 9/10

9/15
PM

The Work Number 9/3

Employment Verification: 9/3

Background/Nicotene Questions Verified: YES or NO 9/10

Primary Source License Verified (Date/Initial): 9/3

Corporate Compliance/HIPAA Check: OIG EPLS 9/3

Application date: 8/13/2021

BACKGROUND CHECK

} TIC

EMPLOYMENT OFFER

Contacted Date(s): _____ Accepted Date/Time: 9/10 @ 11:30a

Orientation Type: General Hire Date: 9/20/20

Job Req #: 14567 Job Title/Code: PARAMEDIC-E.D./7171

Status/Schedule: PRN/Nights FTE/Bi-Weekly Hours: 0.0125 / 1

Rate of Pay: \$24.50 Alternate Rate of Pay: X

Dept #/Name: 6330 / Emergency Services Manager: Nichole Straubhaar

Exempt or Non-Exempt: Kronos Profile/Payrule: DEFAULT/0004

PRE-PLACEMENT PHYSICAL/UDS

CIRCLE ONE: MIDDLEBURG HEIGHTS PARMA FAIRVIEW PARK OTHER 9/10 @ 9:10 a.m.

72 hour reminder Photo I.D. Emailed Referral Form Immunization Records

Contact EOHS for physical appointment within 48 hours

ONBOARDING APPOINTMENT

Information to collect and discuss at the time of HR appointment:

| | |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Release Forms Signed | <input type="checkbox"/> Orientation Information |
| <input type="checkbox"/> Education Verified (make copy for file) | <input type="checkbox"/> 403(b) QDIA notice/Auto Enrollment Notice |
| <input type="checkbox"/> Licensure Verified (make copy for file) | <input type="checkbox"/> Sign-On Bonus Agreement |
| <input type="checkbox"/> Certification (make copy for file) | <input type="checkbox"/> Minor Paperwork/Work Permit |
| <input type="checkbox"/> Form I9 (2 forms of ID) | <input type="checkbox"/> MVR Authorization Form Signed |
| <input type="checkbox"/> Fingerprinting: <input type="checkbox"/> BCI <input type="checkbox"/> FBI | <input type="checkbox"/> Five years proof of residency listed below if needed |

POST HR ONBOARDING APPOINTMENT:

HR Finger Log

ESS/MSS Assignment Report

Lawson Certifications/Licensure PA22.1

LIC # _____ & CODE _____ OR: PCA (or STNA) YEARS OF EXPERIENCE (enter on pa22) _____

CPR: YES OR NO

BLS/ACLS: YES OR NO

Comments/other reminders:



Performance Management 2021

Performance Review - 2022

First Name JUAN
Last Name CRESPO
Position Name PARAMEDIC-E.D.
Department Name Emergency Services
Manager Name NICHOLE STRAUBHAAR
Employee Number 206981
Position Effective Date 09/20/2021

Our Mission

Health is our passion, Quality is our focus, Compassion is our way

Performance Management

This document is intended to guide performance management coaching and serve as a summary of the conversation between the employee and leader. This form should be used to highlight key topics of discussion (bullet points or summary statements are acceptable).

Performance Expectation Review

- o Did the employee complete safety fair, competency education, and any other learning and development opportunities as required?
 Yes
 No
- o Did the employee receive corrective action in the past 6 months?
 Yes
 No
- o Over the last 6 months, the employee's performance and service behaviors (If "does not meet expectations", please indicate next steps):
 Meets expectations
 Does not meet expectations
- o Summarize the check-in and include performance gaps reviewed, areas of achievement and any other coaching provided.
 Comment

Evaluator Comments

- o Reflect on the past six months:
 - o What were the highlights of the year so far?
 - o What did not go well in the last 6 months?
 - o How have you supported or connected to the mission of Southwest in your position?
- o Discuss performance and service behavior expectations:
 - o Are there performance gaps, obstacles or opportunities for growth?
 - o Are expectations clear and easy to understand?
 - o Do you have the materials and equipment you need for the job?
- o Look to the future:
 - o What are your goals for the next 6 months?
 - o What can you do to positively impact your performance in the next 6 months?
 - o What support do you need from me or the team?

Opportunities for Learning and Development (If the employee meets expectations, is not on corrective action, and completed their self appraisal then proceed to the learning and development section. If not, the check in is complete).

Employee: On your self appraisal, identify and then describe in the comment section below an area of development you would like to focus on.
Manager: For this portion, comment on what the employee describes on their self appraisal.

- Personal
- Professional
- Nothing at this time, currently satisfied with performance

Support for Your Development

Indicate how your leader can support your development:

- Arrange time for me to meet with a Learning and Development team member.
- Arrange time for me to meet with a Nursing Education Professional Development Specialist.
- Work with me to schedule training within department or through other internal or external resources.
- Provide me with Ease@Work resources to access coaching, skill builder seminar, or development webinars.
- Provide me with more information on tuition assistance, educational partnerships, and certification opportunities.
- Help me become more involved through an organizational committee, workgroup or council.
- Provide direction on how I can expand my job role (i.e. preceptor, trainer, SME, additional responsibilities).
- Other:

Evaluator Comments

Manager Comments

Juan has adjusted nicely to his role as a medic in a busy emergency department. Juan is a team player that often goes above and beyond to help his patients and coworkers. Juan is flexible and willing to help the department however he can. It has been a pleasure watching him grow professional and I look forward to his continued growth. Keep up the good work!!

Date Reviewed with employee: 8/2/2022

Signature History

| Comment | Signature Value | Created Date | Employee Full Name |
|---------|--------------------|--------------|---------------------|
| | NICHOLE STRAUBHAAR | 10/07/2022 | STRAUBHAAR, NICHOLE |
| | JUAN M CRESPO | 10/15/2022 | CRESPO, JUAN M |



Southwest General

Partnering with



University Hospitals

September 10, 2021

JUAN CRESPO
16409 Ernadale Ave
Cleveland , OH, 44111

Dear JUAN:

Welcome to Southwest General Health Center! This letter is to confirm our offer of employment which is contingent on you successfully completing the pre-placement process. Please read the details of this letter carefully.

Below is your specific offer of employment information:**Employee Number:** 206981**Position Title:** PARAMEDIC-E.D.**Department Name:** Emergency Services**Status:** PRN, NON-EXEMPT (CLOCK IN/OUT)**Standard Hours:** 1**Shift:** Nights**Hours:** 7:00 PM - 7:30 AM**Rate of Pay:** \$24.50**Hire Date:** September 20, 2021**Supervisor Name and Contact Number:** Nichole Straubhaar 440-816-8893

You will be scheduled to attend the health center orientation program on September 20, 2021 at 8:00 a.m.. You will be introduced to Southwest General Health Center's mission, values, policies and benefits. We are excited that you have chosen to join Southwest General and look forward to working with you. **If you have accepted an RN, PCA or Paramedic position, you will also be required to attend Clinical Orientation for 2 days (Tuesday and Wednesday) following General Orientation.** If you have any questions, please contact me at 440-816-8027.

Please follow these next steps for a successful onboarding process:**Step 1: Drug Test**

Please go to the Quest Diagnostics facility you have selected for your urine drug screen **within 72 hours**. You will be receiving an email with a referral form to present at the facility for your UDS.

Step 2: Schedule Physical

Contact the Employee Health Department within 24 hours of the offer to schedule your mini-physical. You can contact them at **440-816-8024** to schedule an appointment. Please bring any records regarding the following: vaccines, vaccine titers, Tb tests & N-95 fit testing with you to your physical. If you require glasses or contacts make sure you wear them as vision screening will be completed. **EOHS is at Building C of main campus and in Room 303.**

Step 3: ReadySet Survey

Next, you will complete an online health survey. Employee Occupational Health Services is using a computer-based program called (*ReadySet*). Please follow the instructions below to complete your required online survey. **THIS SURVEY MUST BE COMPLETED PRIOR TO YOUR EOHS APPOINTMENT.**

- Go to <https://swgeneral.readysetsecure.com>
- Click "**New User? Click Here to Begin**"
- Access/Org Code: **1388**
- Program Type: **Modified Physical**
- Population Type: **Post Offer Candidate**
- Click here to review the Notice of Privacy Practices: <https://www.swgeneral.com/Patients-Visitors/Patient-Information/Privacy-Practices-Notice.aspx>

Step 4: Schedule Onboarding Appointment

Respond to this email letting your recruiter know when your physical appointment is if they didn't transfer you afterwards - your HR onboarding appointment will be scheduled for immediately following your physical. ***This is an important step!*** HR will have your paperwork ready for you and you will be able to wrap up the onboarding process the same day as your physical. We will complete new hire documents, your fingerprinting, and you will receive your badge at this appointment.

Step 5: Complete New Hire Documents

Lastly, please complete your new hire documents. We will have these printed out and ready for your signature at your onboarding appointment the day of your physical. Simply click on the link below, and don't forget to **bring the following to your scheduled onboarding appointment:**

- two forms of government issued i.d.'s to complete your Form I9 (i.e. Birth Certificate, Driver's License, Social Security Card, Passport, etc.)
- necessary supporting documentation to verify dependent eligibility for enrollment in benefits
- CPR and any additional certification
- highest level of education documentation
- five (5) years proof of Ohio residency

[Access your onboarding documents](#)

The above link is valid for 14 days from the time it was received. If the link has expired, please contact us to request a new link.

If you are unable to click the link above, copy and paste the URL below into a browser.

<https://pm.healthcaresource.com/Onboarding/southwestgeneral/token/0ea72701ac35427dad76ac8d04155cd8>

Sincerely,

Tracy Coleman
Talent Acquisition Specialist

Human Resources
Southwest General Health Center
440-816-8025

Coleman, Tracy

From: noreply-cloudnotification@infor.com
Sent: Friday, September 10, 2021 11:27 AM
To: Education Registration; Brodkowski, Marlee; Kerrick, Colene; Means, Nicole; Conrad, Tiffany; Castricone, Darrel; Dudziak, Rebecca; Armao, Mary; Rios, Nia; Coleman, Tracy
Subject: Associate CRESPO, JUAN Hired

This message originated from outside your organization

The below information pertains to a newly hired employee.

Name: CRESPO, JUAN
Associate Number: 206981
Position: 633071711 - 6330-PARAMEDIC-E.D.-1 Process Level: HC - SOUTHWEST GENERAL HEALTH CTR
Dept: 6330 - EMERGENCY SERVICES
Job: 7171 - PARAMEDIC-E.D.
Shift: 1
Location: MIDDLEBURG
Status: A7 - ACTIVE PRN
Exempt From Overtime: N
Schedule: HOURLY
Date Hired: 09/20/2021
Date of Birth: 12/18/1986
Standard Hours: 01
Total FTE: 0.01
Address: [REDACTED] CLEVELAND, OH 44111 Home Phone: [REDACTED]
E-Mail: [REDACTED]
Last 4 of SSN: [REDACTED]
Manager: STRAUBHAAR, NICHOLE

Please do not reply to this email as the automated Email account is not monitored.

Certification Verification

Name(Last, First): Crespo, Juan
CertNo: 182467
City: Cleveland
State: Ohio
County: Cuyahoga

| Certification Level | Status | Effective Date | Expiration Date | Additional Information |
|------------------------------|----------|----------------|-----------------|------------------------|
| Paramedic | Active | 7/24/2020 | 12/18/2022 | |
| Emergency Medical Technician | Inactive | 5/15/2019 | 12/18/2021 | |

EMS certification titles are being updated to align with national EMS provider titles. All titles, as denoted below, are valid and mean the same thing under Ohio law. New cards will not be issued to those certified prior to the change until the certificate is renewed or a new certification obtained.

- First Responder -> Emergency Medical Responder (EMR)**
- EMT-Basic -> Emergency Medical Technician (EMT)**
- EMT-Intermediate -> Advanced EMT (AEMT)**
- EMT-Paramedic -> Paramedic**

Certification Status Definitions

| | |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Active | The certificate is current and valid. |
| Denial | The application was denied due to a violation of either Ohio Revised Code Chapter 4765 or the provisions of Ohio Administrative Code 4765. |
| Discipline | Sanctions have been issued against the certificate due to a violation of either Ohio Revised Code Chapter 4765 or the provisions of Ohio Administrative Code 4765. |
| Extension - Functioning | The certificate holder was approved for an extension of time to complete the renewal requirements and may function during that extension period. |
| Extension - Non Functioning | The certificate holder was approved for an extension of time to complete the renewal requirements and may not function during that extension period. |
| Inactive | The certificate is no longer current and valid. |
| Incomplete Application | The application was not processed and the certification was not issued due to information not being provided by the applicant. |
| Needs Approval | The application requires further review before it can be considered for processing. |

| | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pending | <p>For <u>renewal</u> applications, the certificate is pending the effective date when it will become "Active." A new certification card will be mailed to the certificate holder after that date.</p> <p>For <u>initial</u> applications, the certificate will remain in "Pending" status until midnight of the effective date when it will change to "Active." A new card will be mailed to the certificate holder after that date.</p> |
| Pending School Approval | The application is pending the approval of the EMS-accredited training institution. The applicant has not met all requirements for certification. |
| Permanent Denial | The application was permanently denied due to a violation of either Ohio Revised Code Chapter 4765 or the provisions of Ohio Administrative Code 4765, and the certificate holder is not eligible to re-apply for this certificate. |
| Permanent Revocation | The application was permanently revoked due to a violation of either Ohio Revised Code Chapter 4765 or the provisions of Ohio Administrative Code 4765, and the certificate holder is not eligible to re-apply for this certificate. |
| Rejected | Prior to December, 2016, this status was assigned when a certificate holder either surrendered a certificate or withdrew an application. After December, 2016, "Rejected" is assigned when an application has been submitted in error. |
| Revoked | The certificate was revoked due to a violation of either Ohio Revised Code Chapter 4765 or the provisions of Ohio Administrative Code 4765. |
| Surrendered | The certificate holder voluntarily surrendered the certificate; may be eligible to reinstate or re-apply. |
| Suspension | The certificate holder is prohibited from practicing during a specified time due to a violation of Ohio Revised Code Chapter 4765 or the provisions of Ohio Administrative Code 4765. |

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Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

Exclusions Search Results: Individuals

No Results were found for

Crespo , Juan

 If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

[Search Again](#)

Search conducted 9/3/2021 11:51:04 AM EST on OIG LEIE Exclusions database.
Source data updated on 8/10/2021 10:00:00 AM EST

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Notice: New FPS-Protected Federal Facility Entrance Requirements
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Aug 24, 2021



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Annual Assistance Listings Data Freeze
Show Details
Aug 30, 2021



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e.g. 1606N020Q02, asphalt pave

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Application for Employment



Position: PARAMEDIC - EMERGENCY DEPARTMENT
Department: Emergency Services
Schedule: HALF-TIME (benefit eligible)
Requisition Number: 14475

Introduction

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status.

Instructions to Applicant

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Southwest General Health Center may use the information given in the application to investigate the applicant's previous employment and background.
2. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Southwest General Health Center may use the information given in the application to investigate the applicant's previous employment and background.
3. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

*Required Information

Personal Info

Name

First Name: *JUAN

MI: Miguel

Last Name: *CRESPO

Address

Address: *

City: *Cleveland

State: *OH

Zip: *44111

Social Security Number

Social Security Number: ******

Confirm Social Security Number: ******

Contact Information

Home/Other Phone: *

Work Phone:

Cell Phone:

Preferred Contact Method? Email

Email Address: *

Education

Education History

What is your highest level of education? *High School Diploma or equivalent

Education History Review

Please review your education history. Use the Add More Education button to add additional education history.

Education History Review 1

School Information

Name of School: *LORAIN COUNTY COMMUNITY COLLEGE

Degree Information

Degree Type: *Other
Major: *Nursing

Province:
Zip: 44035
Country: USA

Education History Review 2

School Information

Name of School: *James Ford Rhodes
Street: *5100 Biddulph Rd
City: *Cleveland
State: *OH
Province:
Zip: 44144
Country: USA

Degree Information

Degree Type: *High School
Years Completed: *4
Did you graduate? *Yes

Additional Information

List scholastic honors, specialized training, apprenticeship, and extra-curricular activities that may be helpful in considering your application. **EMT Basic and paramedic certificates.**

Skills

Skills/Experience

Skills (check all that apply) E.M.S., I.V. Therapy

Miscellaneous Skills

Typing Speed - WPM:

Errors:

Medical Transcription - WPM:

Word Processing/Computers:

Office Equipments/Products/Mobile Machinery:

Foreign Languages:

Other Skills Not Mentioned Above:

Membership in Professional or Civic Organizations:

Licensure

Professional Licensure/Certification/Registration

Do you have state licensure for this position? *No

Professional Licensure/Certification/Registration 1

Professional

Licensure/Certification/Registration
Information

Type: PARAMEDIC CERTIFICATE, LORAIN
COUNTY COMMUNITY COLLEGE

State: OH

License #: 0182467

Original Issue: 07/24/2020

License Issued: 07/24/2020

Expiration Date: 12/18/2022

Status: Permanent

Professional Licensure/Certification/Registration Question
Have you ever had any action taken against your professional license? No

Driving Info

Driving Information

Driver License Number: [REDACTED]
Driver License Type: Personal
Plate Number: FXS7043
State Issued: OH
Date Issued: 12/11/2019
Date Expires: 12/18/2023

Work History

Work History

How many years of relevant experience do you have in this position? *2-3 years
Are you currently employed? *Yes

Work Experience

List ALL previous employment for the past 10 years, starting with your most recent/last position, including military experience & work background. Resume is required to describe your duties and scope of responsibility in each job. Make sure you include volunteer work or other job related training which provides information on skills/abilities you have developed. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

Work Experience 1

Company Information

Name of Company: *DONALD MARTENS AND SONS AMBULANCE
Street: *10830 Brookpark Rd
City: *Brooklyn
State: OH
Zip: *44130
Employer's Phone: *(440) 234-6000

Position Information

Other Name(s) Used:
Job Title: *PARAMEDIC
Are you currently employed here? *Yes
Date of Hire: *01/01/2019
Starting Salary: *12
Ending Salary: *21.60

Additional Details

Supervisor's Name: Dan Marshal
Employment Status: Other
Job Duties and Responsibilities: *Administer first aid treatment or life support care to sick or injured persons in prehospital settings. Maintain vehicles and medical and communication equipment and replenish first aid equipment and supplies. Decontaminate ambulance interior following treatment of patient with infectious disease and report case to proper authorities.
Reason for Leaving: *More clinical experience in a hospital setting.
May we contact this employer for a reference? *Yes

Company Information

Name of Company: *SOUTH LORAIN COUNTY AMBULANCE DISTRICT
Street: *179 E Herrick Ave
City: *Wellington
State: OH
Zip: *44090
Employer's Phone: *(440) 647-5803

Position Information

Other Name(s) Used:
Job Title: *PARAMEDIC
Are you currently employed here? *Yes
Date of Hire: *12/01/2020
Starting Salary: *15
Ending Salary: *15

Additional Details

Supervisor's Name: Skip Gentry
Employment Status: Part-time
Job Duties and Responsibilities: *Operate equipment, such as electrocardiograms (EKGs), external defibrillators, or bag valve mask resuscitators, in advanced life support environments. Lead a team in emergency situations. Administered IV medications in accordance with established protocols. Collect information through history, physical examination and records ensuring information is accurately documented and reported
Reason for Leaving: *I don't plan on leaving.
May we contact this employer for a reference? *Yes

Work Experience 3

Company Information

Name of Company: *Uber
Street: *16409 Ernadale ave
City: *Cleveland
State: OH
Zip: *44111
Employer's Phone: *(216) 903-4405

Position Information

Other Name(s) Used:
Job Title: *Private contractor
Are you currently employed here? *No
Date of Hire: *08/01/2019
Employed To: *12/31/2019
Starting Salary: *Variable
Ending Salary: *Variable

Additional Details

Supervisor's Name:
Employment Status: Part-time
Job Duties and Responsibilities: * Transportation of customers to and from their desired destinations. Safe navigation through Cuyahoga, Lake, Geauga, Lorain and Summit county. Accomplished over more than 200 safe and successful trips in the span of 3 months. Properly follow navigational directions from GPS and from the preferences of customers.
Reason for Leaving: *Started working at Donald Martens and went back to school.
May we contact this employer for a reference? *No

Work Experience 4

Company Information

Name of Company: *Doral Corporation

Street: *427 E Stewart St

City: *Milwaukee

State: WI

Zip: *53207

Employer's Phone: *(414) 489-7000

Position Information

Other Name(s) Used:

Job Title: *Millwright

Are you currently employed here? *No

Date of Hire: *05/06/2019

Employed To: *08/07/2019

Starting Salary: *15

Ending Salary: *17.38

Additional Details

Supervisor's Name:

Employment Status: Full-time

Job Duties and Responsibilities: *Receive and store material in the correct storage area. Distribute material to areas in need. Clean around storage area for easy transportation of material.

Reason for Leaving: *Job was finished

May we contact this employer for a reference? *Yes

Work Experience 5

Company Information

Name of Company: *Precision Mechanical Inc

Street: *5441 State Rd

City: *Parma

State: OH

Zip: *44134

Employer's Phone: *(216) 741-1160

Position Information

Other Name(s) Used:

Job Title: *Installer

Are you currently employed here? *No

Date of Hire: *11/05/2018

Employed To: *04/08/2019

Starting Salary: *12

Ending Salary: *15

Additional Details

Supervisor's Name: Glenn Bridges

Employment Status: Full-time

Job Duties and Responsibilities: *Gather supplies for job on hand. Install heating units, refrigerator pumps and furnaces. Clean work areas at the end of shift.

Reason for Leaving: *Laid off

May we contact this employer for a reference? *Yes

• Military Service

Military Service

Were/Are you a member of the U.S. Armed Forces? *No

References

Reference 1

Please give three references (Do not list relatives)

Name: Hillary Duchnowski

Telephone Number: (216) 548-0784

Email Address: hduchnowski@metrohealth.org

Relationship: Preceptor during clinicals

Reference 2

Name: Amy Kiley

Telephone Number: (440) 865-9696

Email Address: daisyduke3577@gmail.com

Relationship: Former supervisor at South Lorain
County Ambulance District

Reference 3

Name: Jeremy Hughes

Telephone Number: (440) 371-3732

Email Address: jhughes1@metrohealth.org

Relationship: Preceptor during medic school
clinicals

Additional Info

Salary & Availability

Desired Salary: \$24/hr

Date Available to Start Work: 09/01/2021

Referral Source and Relatives Employed

How did you find out about this position? *SWGHC site

If you have any relatives currently employed by Southwest General Health Center list their:

First Name:

Last Name:

Department:

Job Status/Shift

What job status/shift would you accept? (Please check all that would apply.)

Status Part Time, PRN

Shift Days, Evenings, Weekends

Additional Questions

Please answer the following questions.

If you are under 18 years of age, can you provide required proof of your eligibility to work? *Yes

Are you legally eligible for employment in the United States? *Yes

Form 1-15:

Form 1-94:

Class:

Can you travel if a job requires it? *Yes

Southwest General Health Center is a tobacco-free campus and does not hire applicants that use any type of tobacco or nicotine product. Will you be able to comply with this policy? *Yes

Have you ever been employed by Southwest General Health Center? *No

Additional Questions continued

Are you able to safely and substantially perform the essential job functions of the position with or without a reasonable

Are you willing to take a pre-employment physical? *Yes

Are you willing to take a drug and cotinine (metabolite of nicotine) screening test? *Yes

Resume

Cover Letter / Resume

Please upload and attach the indicated documents.

Cover Letter:

Resume: Resume 2021.docx

*Cleveland, Cuyahoga Ctn
misdemeanor - expunged
simple assault & jged
2008*

Read and Sign

Read and Sign

Read the following carefully before signing.

I certify that the information set forth in this Application is true, correct and complete. I agree that false statements on this Application shall be considered sufficient grounds for immediate dismissal. Prior to an offer of employment, I authorize all schools, credentialing agencies, former employers, references, including those I have listed as do not contact on the Application, and others who have information about me to provide such information and release all parties from all liability for any damage that may result from furnishing same to you. I agree to allow a background check to be completed to certify my eligibility to participate in the Medicare/Medicaid programs if I am applying for a position with responsibilities that influence the submission of bills and claims. I agree to comply with all the rules and regulations of the facility and I further agree that my employment and compensation can be terminated, with or without notice and with or without cause at any time at the option of either the facility or myself. I agree that the facility can modify, change or rescind in whole or in part, at any time and without liability to anyone its policies and practices stated in any handbook, documents, memoranda or otherwise. I also agree and acknowledge that no representative of the facility, other than the President or Executive Vice President, has the authority to enter into any employment or other agreement with me, and any such agreement must be in writing and signed by the President or Executive Vice President in order to be valid.

I understand that Southwest General is committed to maintaining a drug and tobacco-free workplace. After an offer of employment but prior to employment, I agree to submit to a routine medical examination and a drug and tobacco screen, conducted by medical professionals Southwest designates. Candidates for employment that are impacted by Southwest General's tobacco-free workplace policy will be offered smoking cessation assistance and may reapply after 90 days. I also agree that, if hired, I will comply with any program of drug testing, including periodic or random drug testing, that you may have in place. I agree during my employment and where permitted by applicable federal and/or state law, to submit to a medical examination to determine my abilities to perform the essential functions of the job. I authorize the examining physician to disclose to the facility or its representative the results of such examination.

"I agree that falsification of any such information provided orally or in writing during the course of a medical examination, whether a pre-employment examination or otherwise, is grounds for termination of employment."

My typed name below shall have the same force and effect as my written signature.

Applicant Signature: *Juan M Crespo

Date: 08/13/2021

JUAN CRESPO

Cleveland, Oh 44111

Dedicated Paramedic with the skills and tenacity to provide accurate and efficient care in a fast-paced emergency environment. Adept at conducting a quick assessment or field diagnosis, implementing care quickly and efficiently, and utilizing technical equipment to revive or maintain patients. Specializes at coordinating with medical practitioners to facilitate streamlined patient hand-offs.

EXPERIENCE

DEC. 2020 – PRESENT

PARAMEDIC, SOUTH LORAIN COUNTY AMBULANCE DISTRICT

Operate equipment, such as electrocardiograms (EKGs), external defibrillators, or bag valve mask resuscitators, in advanced life support environments. Lead a team in emergency situations. Administered IV medications in accordance with established protocols. Collect information through history, physical examination and records ensuring information is accurately documented and reported

JAN. 2019 – PRESENT

PARAMEDIC, DONALD MARTENS AND SONS AMBULANCE

Administer first aid treatment or life support care to sick or injured persons in prehospital settings. Maintain vehicles and medical and communication equipment and replenish first aid equipment and supplies. Decontaminate ambulance interior following treatment of patient with infectious disease and report case to proper authorities.

EDUCATION

JULY 2020

PARAMEDIC CERTIFICATE, LORAIN COUNTY COMMUNITY COLLEGE

Graduated with a 3.0 GPA in the accelerated paramedic course.

MAY 2005

HIGH SCHOOL DIPLOMA, JAMES FORD RHODES

College prep course work. Graduated with a 3.1 GPA.

SKILLS

- Time Management
- Communication
- Professionalism
- Leadership
- Organization

References upon request.

Email Confirmation Sent

Save Edit Print Email Create Another Order

QPassport

QPassport ID: 58339863



Expires On: 09/14/2021 3:30 PM Eastern

Appointment Confirmation #: WQM34452 09/11/2021
9:10 AM Eastern

Company

SOUTHWEST GENERAL
18697 BAGLEY ROAD
MIDDLEBURG HEIGHTS, OH 44130
Phone: 440-816-8055

Account: 15111212
SOUTHWEST GENERAL

Donor Details

Donor Name
Juan Crespo
Donor ID 67592
Test Reason PRE-EMPLOYMENT
Test Type(s)
25860N - SAP 10-50 W/OPI+COT (Urine)
Collection Single
Service(s)
Order Date 09/10/2021 11:23 AM

Collection Site

Quest Diagnostics-Middleburg Heights
18660 Bagley Rd
Bldg 2, Ste 305
Middleburg Heights, OH 44130
4402345666

Operation Hours
M-F 7:00 am-3:30 pm, Sa 7:00 am-12:00 pm
Drug Screen Hours
M,W,F 10:00 am-2:30 pm, T,Th 10:00 am-3:30 pm, Sa
9:00 am-11:00 am

[Get Directions](#)

To find a collection site location and to make an appointment, visit www.questdiagnostics.com/bsc

For questions on what to expect at your drug test, visit our website at www.EmployerSolutions.com/mydrugtest

Donor Instructions

Please bring this confirmation and your driver's license or other government issued photo ID to the collection site for identification.

Medical Review Officer

H.J KHELLA, MD
1451 TALLEVAST RD
SARASOTA, FL, 34243
Phone: 941-753-9199
Fax: 941-753-9975



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Southwest General

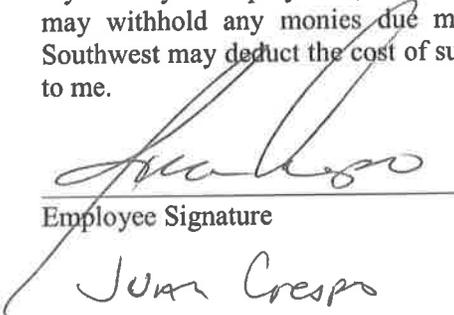
Partnering with



University Hospitals

Agreement

As an employee of Southwest I may receive items for use during my employment which may include an identification badge, uniform(s), keys, etc. I agree to return any and all such items upon termination of my employment. Should I keep such items beyond my last day of employment, I understand and agree that Southwest may withhold any monies due me until I return all items or Southwest may deduct the cost of such items from any monies due to me.



Employee Signature

Juan Crespo

Employee Name (Please print)

9/15/21

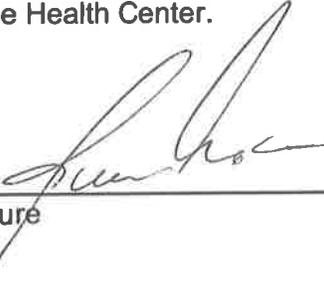
Date

CONFIDENTIALITY STATEMENT

As part of your responsibilities at Southwest General Health Center, you may have access to information regarding patients and business matters of the Health Center. All such information is considered confidential and you may not disclose such information to any person other than to other associates, volunteers or contractors of the Health Center who have a need to know such information in order to perform their jobs. (If your job duties include releasing confidential information, such as medical records, associates responding to subpoenas, or associates in billing disclosing patient information to third-party payers, you may do so in accordance with Health Center policies and procedures.)

At the end of your employment or other relationship with the Health Center, you shall return to the Health Center all confidential information in your possession.

Violation of this duty to maintain the confidentiality of patient and business information may be grounds for immediate termination of your employment, or other relationship with the Health Center.



Signature



Southwest General

Partnering with



University Hospitals

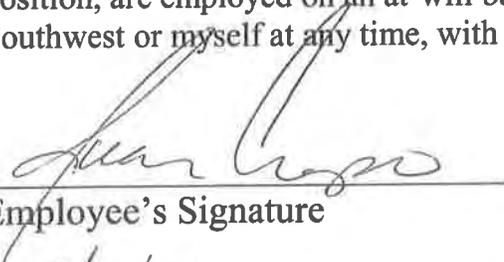
Employee Handbook

The employee handbook has been prepared for the employees of Southwest Community Health System ("Southwest"). The information contained in it will be useful to you in your onboarding to Southwest. The handbook is available in two places. First, you can find it on the Southwest Intranet page under the **Employee** tab. Second, you can access the handbook through Employee Self-Service (ESS). During orientation, you learn how to access ESS. You may also contact Human Resources at any time to receive a copy.

Below, my signature acknowledges receipt of instructions of how to access the Southwest General Health Center Employee Handbook and that I understand that it is my responsibility to be aware of and comply with the policies and procedures contained within this handbook.

I understand that Southwest reserves the right to change, modify, or abolish any or all of the policies, benefits, rules, and regulations contained or described in this handbook as it deems appropriate at any time, with or without notice. I acknowledge that neither the handbook nor its contents are an express or implied contract regarding my employment.

I further understand that all employees of Southwest, regardless of their classification or position, are employed on an at-will basis, and my employment is terminable at the will of Southwest or myself at any time, with or without cause, and with or without notice.



Employee's Signature



Date

| ORDER DETAILS | | | |
|----------------------|---------------------------|-----------------------------|--------------------------|
| Requestor: | Joni Edwards | Inquiry Date: | 9/3/21 |
| Organization: | SWGHC - Southwest General | Inquiry SSN: | XXX-XX-XXXX |
| Email: | jedwards@swgeneral.com | Inquiry Type: | Talent Report Select All |
| Address | 18697 Bagley Rd | Permissible Purpose: | |
| Cell Phone: | 4408168013 | Tracking Number: | N/A |
| Work Phone: | | | |

| THE WORK NUMBER™ VERIFICATION OF EMPLOYMENT | | | |
|--------------------------------------------------------|-----------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|
| JUAN CRESPO | | XXX-XX-████ | RECORD 1 OF 5 |
| EMPLOYER: EXCEL MODULAR SCAFFOLD & LEASING CO(3086676) | | CURRENT AS OF 11/19/2020 |  |
| Order Information | | | |
| Verified On: 09/03/2021 | | | |
| Reference #: 45097687975 | | | |
| Employer | | | |
| Employer: | EXCEL MODULAR SCAFFOLD & LEASING CO (3086676) | | |
| Headquarters Address: | 720 WASHINGTON ST UNIT 5 HANOVER MA 02339 | | |
| Federal Employer Identification Number (FEIN): | Data not provided | | |
| Employer Disclaimer: | Please use Headquarters Address above for garnishment requests. | | |
| Employment | | | |
| Division: | 2XH | Original Hire Date: | 08/26/2020 |
| Job Title: | INSULATOR LEADMAN | Total Time With Employer: | 0 Years, 3 Months |
| Employment Status: | INACTIVE | Termination Date: | 11/14/2020 |
| Most Recent Start Date: | 08/26/2020 | | |

JUAN CRESPO

XXX-XX-XXXX

RECORD 2 OF 5

EMPLOYER: OPTION CARE(18127)

CURRENT AS OF 06/02/2017



Order Information

Verified On:

09/03/2021

Reference #:

45097687965

Employer

Employer: Option Care(18127)
Headquarters Address: 3000 Lakeside Drive
Bannockburn IL 60015
Federal Employer Identification Number (FEIN): Data not provided

Employer Disclaimer:

This is a global message and is provided on every verification for your information and convenience. Garnishment requests should be sent to:

Option Care
Attn: Payroll
3000 Lakeside Dr.
3rd Floor
Bannockburn, IL 60015

On 8/7/2019, Option Care acquired BioScrip Inc. Employees will be migrating from BioScrip to Option Care until 8/17/2019. Employees that migrated may have additional verification data available under 104476 BioScrip Inc.

Employment

Division: SUP6.221 Original Hire Date: 06/18/2014
Job Title: Driver Total Time With Employer: 2 Years, 11 Months
Employment Status: NO LONGER EMPLOYED Termination Date: 05/11/2017
Most Recent Start Date: 06/18/2014

| | | | | | |
|-------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------|--|
| JUAN CRESPO | | XXX-XX-████ | | RECORD 3 OF 5 | |
| EMPLOYER: US POSTAL SERVICE(12946) | | | CURRENT AS OF 01/03/2014 | | |
|  | | | | | |
| Order Information | | | | | |
| Verified On: 09/03/2021 | | | | | |
| Reference #: 45097687969 | | | | | |
| Employer | | | | | |
| Employer: | | US Postal Service(12946) | | | |
| Headquarters Address: | | 7930 Jones Branch Drive Suite 1100 McLean VA 22102 | | | |
| Federal Employer Identification Number (FEIN): | | Data not provided | | | |
| Employer Disclaimer: | | Please send all garnishment requests to: Involuntary Deductions Unit Eagan Accounting Services 2825 Lone Oak Parkway Eagan MN 55121-9650 ? (651) 406 - 3600 (IDU Call Center) | | | |
| Employment | | | | | |
| Division: | 384851 | Original Hire Date: | 10/13/2012 | | |
| Job Title: | CASUAL | Total Time With Employer: | 0 Years, 4 Months | | |
| Employment Status: | (INACTIVE) | Termination Date: | 02/01/2013 | | |
| Most Recent Start Date: | 10/13/2012 | | | | |

JUAN CRESPO

XXX-XX [REDACTED]

RECORD 4 OF 5

EMPLOYER: CHIPOTLE - HISTORICAL DATA ONLY(11333)

CURRENT AS OF 11/06/2011



Order Information

Verified On:

09/03/2021

Reference #:

45097687967

Employer

Employer: Chipotle - Historical Data Only(11333)

Headquarters Address: 1401 Wynkoop Street
Suite #500
Denver CO 80202

Federal Employer identification Number (FEIN):
Data not provided

Employer Disclaimer: Garnishment requests should be sent to Payroll:
8800 Lyra Drive Suite 150 Columbus, OH 43240
ATTN: Payroll. This is a general employer message and is provided on every verification for your information and convenience.

Employment

Job Title: Cashler

Original Hire Date: 04/16/2011

Employment Status: INACTIVE

Total Time With Employer: 0 Years, 6 Months

Most Recent Start Date: 04/16/2011

Termination Date: 10/09/2011

JUAN CRESPO

XXX-XX-████

RECORD 5 OF 5

EMPLOYER: CAMPBELL SOUP(10255)

CURRENT AS OF 12/29/2007



Order Information

Verified On:

09/03/2021

Reference #:

45097687971

Employer

Employer: Campbell Soup(10255)

Headquarters Address: Campbell Place
Camden NJ 08103

Federal Employer Identification Number (FEIN): Data not provided

Employer Disclaimer: Please note that data prior to 1/1/2019 for Pacific Foods of Oregon can be found? under Employer code 12871.

Employment

| | | | |
|-------------------------|-------------------------|---------------------------|-------------------|
| Division: | 2191558001 | Total Time With Employer: | 1 Years, 1 Months |
| Job Title: | PT SEASONAL SALES ASSOC | Termination Date: | 02/25/2007 |
| Employment Status: | NO LONGER EMPLOYED | | |
| Most Recent Start Date: | 11/05/2006 | | |

NOTICE: INFORMATION CONTAINED IN THE WORK NUMBER VERIFICATIONS SECTION OF THIS REPORT IS CONSUMER REPORT INFORMATION OBTAINED FROM THE WORK NUMBER®. IT CAN BE USED FOR THE FCRA PERMISSIBLE PURPOSE FOR WHICH THIS CONSUMER REPORT WAS OBTAINED, AND THE USER MUST ADHERE TO FCRA REQUIREMENTS, INCLUDING BUT NOT LIMITED TO THE RELEVANT REQUIREMENTS CONTAINED IN THE CFPB'S NOTICE TO USERS OF CONSUMER REPORTS. This verification is system-generated and contains data that originated from the employer's payroll system. If any information is missing, it is because the employer did not provide this information for inclusion in the Work Number verification. Information not provided by the employer is showing as "Data Not Provided." Note, if this person left this employer and was rehired later, the "Total Time with Employer" amount will likely be understated and will only reflect the most recent consecutive months of service. Questions? Call 1-800-367-6690 between 7am-7pm CT Monday through Friday (Hearing Impaired clients may call 1-800-424-0253/TTY).

EQUAL EMPLOYMENT OPPORTUNITY RECORD

The Company is an equal employment opportunity employer. The Company is also subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific employee or individual.

GENDER:

Male

Female

RACE/ETHNICITY:

Please check if you are:

Hispanic or Latino (A person having origins in any of the Spanish cultures including Mexico, Puerto Rico, Cuba, Central America, South America, or any other Spanish culture or origin, regardless of race.)

If you are NOT Hispanic or Latino, please check the appropriate box below:

American Indian or Alaska Native (A person having origins in any of the original peoples of North, Central, or South America and who maintain cultural identification through tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including for example Japan, Cambodia, China, India, Korea, Malaysia and the Philippine Islands.)

Black or African American (A person having origins in any of the Black racial groups of Africa.)

Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (Any person with origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Two or More Races (all persons who identify with more than one of the above five races.)

Position: PARAMEDIC-E.D.

My typed name below shall have the same force and effect as my written signature.

Signature: _____

Date: 9/15/21