

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any questions be used in violation of any such law.

**PERSONAL INFORMATION**

Last Name			First	Middle	Date of Application:
Street Address					Home Phone (include area code):
City		State		Zip	How long at present address?
Have you previously been employed by this organization?			Yes	No	Social Security Number:
If so, list date(s) and department(s):					
Have you previously applied for work with this organization?			Yes	No	Driver's License Number and State of Issue:
If so, list date(s) and department(s):					
Positional applying for:					Wage expected:
Check the following options which you would consider			In case of emergency, notify:		Phone (include area code):
Full-time	Part-time	On-Call			
Are you willing to work overtime?			Yes	No	Are you employed now?
Explain:			Yes	No	Date available for work:
			Explain:		

**EDUCATION AND TRAINING**

SCHOOL	NAME OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA / DEGREE
HIGH SCHOOL				YES NO	
COLLEGE OR UNIVERSITY				YES NO	
COLLEGE OF UNIVERSITY				YES NO	
TRADE SCHOOL				YES NO	
APPRENTICE SCHOOL				YES NO	

1. List any other education, training, special skills, or certificates and/or licenses that you possess: \_\_\_\_\_

2. List any machines and/or equipment that you are qualified and/or experienced at: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Company Name	Type of Business	Phone Number
Address	Employed (Month and Year)	
	From	To
Name and Title of Supervisor	May we contact?	Employed
	Yes      No	Full-time      Part-time
State Last Job Title and Describe Your Work	Wages	
	Starting	Ending
	Reason for Leaving	
Company Name	Type of Business	Phone Number
Address	Employed (Month and Year)	
	From	To
Name and Title of Supervisor	May we contact?	Employed
	Yes      No	Full-time      Part-time
State Last Job Title and Describe Your Work	Wages	
	Starting	Ending
	Reason for Leaving	
Company Name	Type of Business	Phone Number
Address	Employed (Month and Year)	
	From	To
Name and Title of Supervisor	May we contact?	Employed
	Yes      No	Full-time      Part-time
State Last Job Title and Describe Your Work	Wages	
	Starting	Ending
	Reason for Leaving	

**SKILLS AND QUALIFICATIONS**

1. List any other experiences or qualifications in addition to those indicated above which relate to the job for which you are applying (include any foreign language knowledge): \_\_\_\_\_


**REFERENCES**

List business persons known, but not related to you, other than those listed under Employment History

NAME	TITLE	BUSINESS	PHONE NUMBER	YEARS KNOWN

**ADDITIONAL EMPLOYMENT-RELATED INFORMATION**

Name Relationship

1) List any relatives and/or friends working for this company: \_\_\_\_\_

2) Can you verify your legal right to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? (*Proof of U.S. Citizenship or immigration status is required upon employment.*)      Yes      No

3) Are you able to perform the essential functions of the job(s) for which you are applying?      Yes      No

4) Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?      Yes      No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

5) Have you been involved in an at-fault traffic accident (s) or found guilty of traffic violations within the last three (3) years or had a DUI conviction in the last seven (7) years?      Yes      No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE**

1) Honorably discharged?      Yes      No

From: \_\_\_\_\_ To: \_\_\_\_\_

2) Have you obtained any special skills or abilities as a result of your military service?      Yes      No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

QUESTIONNAIRE

Write, in your own words, how you would proceed in the following situations. Answering as if you are the only available staff person with three adults who have developmental disabilities.

1) One of your clients is locked in the van and refuses to open the door. What do you do? \_\_\_\_\_

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2) One of your clients is choking on their lunch. What do you do?

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3) Your client is experiencing a seizure. What steps would you take to assist? What observations and actions should be reported and documented? \_\_\_\_\_

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Answer all the following:

4) Please write a list of important safe diving practices. \_\_\_\_\_

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5) Describe any accidents, injuries, or acts of unusual client behaviors you have observed during your field day with us.

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6) Please write why you feel you are qualified for this position. \_\_\_\_\_

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7) David is twenty-seven (27) years old and has mild mental retardation. He has minimal safety awareness and poor verbal skills. He loves to go to the store for a soda. While dropping off the clients in your group, you notice that David's parents are not at home, but the door is open. Please put yourself in this situation and describe your course of action.

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ADDITIONAL COMMENTS

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PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW.

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicants, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Community Integrated Work Program, Inc. (CIWP) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to CIWP any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release CIWP; my former employers; and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby agree to submit to binding arbitration regarding all disputes and claims arising out of the submission of this application. I further agree in the event that I am hired by CIWP, that all disputes that cannot be resolved informal internal resolution which might arise out of my employment with the company, whether during or after my employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and these are no other agreements as to dispute resolution, either oral or written.

I hereby agree that any potential offer of employment is contingent upon passing a drug test at a laboratory selected by CIWP. I acknowledge that I will be required to provide a urine sample that will be tested for the presence of illegal drugs and alcohol, and that the positive results will disqualify me for employment. I understand that if I do not want to be tested I can withdraw my application and no record will be maintained of doing so.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and CIWP. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or CIWP, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and CIWP's designated representative.

Applicant \_\_\_\_\_ Date \_\_\_\_\_