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| *We consider every applicant for all positions without regard to race, color, ethnic or national origin, religion, age, gender, sexual orientation, marital or veteran status, disability, or other protected status.* |
| APPLICANT INFORMATION |
| Name of Applicant: |       |       |       |       |
|  | *(First)* | *(Middle)* | *(Last)* | *(Maiden)* |
| Home Address: |       |       |    |       |
|  | *(House or Bldg. Number & Street Name, Apt. No.)* | *(City)* | *(State)* | *(Zip Code)* |
| Phone Number: |       | E-Mail Address: |       |
|  |
| PRELIMINARY QUESTIONS |
| 1. Which position or type of job are you seeking?
 |       |
| 1. What amount of salary or pay rate do you minimally expect?
 | $ |       | per |       |
| 1. Which kind of work schedule do you desire? [ ]  Full-Time Mon. - Fri. [ ]  Part-Time Mon - Fri. [ ]  Either.
 |
| 1. Are there restraints to the days or hours of a standard workweek (M-F) that you are available for work?
 |
| [ ]  No. [ ]  Yes. If yes, please explain: |       |
| 1. If offered, when or how quickly would you be available for employment?
 |       |
| 1. Can you be lawfully employed in the United States because you are a U.S. citizen, or you have the required Visa or Immigration Status issued by the United States government?

[ ]  Yes, I am a U.S. Citizen, or I have legal status in the U.S. (Proof of citizenship is required for employment)[ ]  No, currently I am prevented from employment in the U.S. |
|  |
| YOUR QUALIFICATIONS AT A GLANCE |
| 1. What is your level of education and how many total years of post-education work experience do you have?
 |
| **D****egree or Highest Level of Education:** |       | **All Work Experience:** |       | years |
| 1. Through previous paid employment and/or personal or family experiences, how many years have you worked with or supported persons with intellectual or other developmental disabilities (I/DD?
 |
| Tell us the kinds of experience you have had in I/DD: | **I/DD Experience:** |       | years |
| [ ]  Employed as an I/DD Professional. [ ]  Through Volunteer/Civic Activities. [ ]  Supporting Family Member or Friend with I/DD. [ ]  Teaching Students with I/DD. [ ]  None. [ ]  Other I/DD Experience, Specify: |
|       |

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| VEHICLE USE & DRIVING RECORD |
|  |
| (Note: If the position for which you are applying requires the use of your personal vehicle, we will require that you give us proof of vehicle liability insurance and your state motor vehicle driving record.) |
| 1. Do you own or lease a personal vehicle, or do you have access to a vehicle at all times, and would you be able and willing to use that vehicle in the routine performance of job duties if we reimburse you for mileage?

[ ]  Yes. [ ]  No. If no, please explain: |
|       |
| 1. If you were conducting official business for us, is your vehicle, or the vehicle you would use, lawfully registered in this state, and do you carry liability insurance as required by state law?

[ ]  Yes. [ ]  No. If no, why not? |
|       |
| 1. Have you held a valid driver’s license for the last three (3) years? [ ]  Yes. [ ]  No. If no, please explain:
 |
|       |
|  |
| 1. Has your driver’s license been clear of the following conditions for the last five (5) years: revocation, suspension, or restriction due to serious driving offenses, including any DUI/DWI offenses?

[ ]  Yes, my driver’s license record is clear for the past five (5) years. [ ]  No, my driver’s license record is not clear for the past five (5) years. If no, provide the date, reason, locality or jurisdiction for each instance: |
|       |
|  |
| BACKGROUND CHECK |
| NOTICE: All employees must undergo a background check. In order to be employed with us, you must:1. Provide your work history containing a continuous description of your activities over the past five (5) years.
2. Identify at least three (3) individuals as personal references, one (1) of whom shall have known you for at least the past five (5) years.
3. Provide information for and allow us to conduct a criminal background check by using a licensed private investigation company retained and paid for by us.
4. Provide for the release of any criminal records for the purpose of verifying the accuracy of any criminal violation that you are required to disclose on this application or that we find through our investigation.
5. Allow us to check your driver’s license and driving record with the state driver licensing authority.
6. Acknowledge that we will check state Abuse Registries using your Social Security Number.
 |
| 1. Have you ever been convicted of a criminal offense? [ ]  No. [ ]  Yes.

If yes, provide the date of conviction and charge for each offense, and the name of the state and/or jurisdiction in which each offense occurred: |
|       |
| 1. Is your name listed on any state’s official Abuse Registry? Have you ever had a case of abuse, neglect or mistreatment substantiated (proven) against you? [ ]  No. [ ]  Yes. If yes, please tell us the reason:
 |
|       |

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| PERSONAL REFERENCES |
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| 1. Identify three (3) persons for us to contact as personal references:
 |
| Note: Before we will consider offering you a job, we must make direct contact with at least two (2) of the persons you list below. One of our contacts must be with a person who has known you for at least the past five (5) years. Please make sure the persons you list can be readily contacted and are willing to give a personal reference. |
| Personal Reference # 1: | Name: |       | Relationship: |       |
|  | Phone Numbers: |       | Number of Years Known: |       |
|  |
| Reference Check # 1 🡺 |  Date Contact Made: |       | By Whom: |       |
| (For Use By CompassManagement Only) |  Comments:       |
|  |
| Personal Reference # 2: | Name: |       | Relationship: |       |
|  | Phone Numbers: |       | Number of Years Known: |       |
|  |
| Reference Check # 2 🡺 |  Date Contact Made: |       | By Whom: |       |
|  (For Use By CompassManagement Only) |  Comments:       |
|  |
| Personal Reference # 3: | Name: |       | Relationship: |       |
|  | Phone Numbers: |       | Number of Years Known: |       |
|  |
| Reference Check # 3 🡺 |  Date Contact Made:  |       | By Whom: |       |
|  (For Use By CompassManagement Only) |  Comments:       |

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| EMPLOYMENT HISTORY |
|  |
| Note: We must verify your work history before we can employ you. Please be advised that if we offer and you accept a job with us, we must contact your current employer to verify your employment and to ask for a reference. |
| 1. Are you currently employed? [ ]  No. [ ]  Yes. If yes, how we should handle contacting your current employer to verify your employment and obtain a reference if we decide to consider offering you a job? Check One:
 |
| [ ]  It is okay to contact my current employer at anytime. |
| [ ]  I would like for you to let me know before you contact my current employer. |
| Instructions: You must give us a work history that covers your activities for at least the last five (5) years, including times when you were not employed (in school, parenting children, etc.). Start with your current or most recent job or other activity and work back from there to cover all jobs or activities for at least the last five (5) years. For each paid job you have held, supply all of the requested information. Although you may attach or forward us a résumé, do not write, “*see résumé*”, on this application form for any of the jobs you list here. |
|  MOST RECENT JOB | Time Period Covered: | From: |       | To: |       |
|  | Name of Employer: |       |
|  | Address: |       | City: |       | State: |       |
|  | Supervisor/Contact Person: |       | Phone Number: |       |
|  | Your Position: |       | Salary & Rate of Pay: |       |
|  | Reason for Leaving: |       |
|  |  |
|  | Brief Description of Your Job or Activity During This Time Period:       |
| Current or Most Recent Job Verification and Reference Check: |
|  | (For Use By Compass Management Only – Do Not Write in Box Below) |
|  |  By Whom: |       | Date of Contact: |       |
|  |  With Whom: |       | Applicant’s information was verified? [ ]  Yes. [ ]  No. |
|  | Comments:       |
|  |
|  JOB OR ACTIVITY # 2 | Time Period Covered: | From: |       | To: |       |
|  | Name of Employer: |       |
|  | Address: |       | City: |       | State: |       |
|  | Supervisor/Contact Person: |       | Phone Number: |       |
|  | Your Position: |       | Salary & Rate of Pay: |       |
|  | Reason for Leaving: |       |
|  |  |
|  | Brief Description of Your Job or Activity During This Time Period:       |
| **Prior Job #2 Verification and Reference Check:** |
|  | (For Use By Compass Management Only – Do Not Write in Box Below) |
|  |  By Whom: |       | Date of Contact: |       |
|  |  With Whom: |       | Applicant’s information was verified? [ ]  Yes. [ ]  No. |
|  |  Comments:       |
|  |
|  JOB OR ACTIVITY # 3 | Time Period Covered: | From: |       | To: |       |
|  | Name of Employer: |       |
|  | Address: |       | City: |       | State: |       |
|  | Supervisor/Contact Person: |       | Phone Number: |       |
|  | Your Position: |       | Salary & Rate of Pay: |       |
|  | Reason for Leaving: |       |
|  |  |
|  | Brief Description of Your Job or Activity During This Time Period:       |
| **Prior Job #3 Verification and Reference Check:** |
|  | (For Use By Compass Management Only – Do Not Write in Box Below) |
|  |  By Whom: |       | Date of Contact: |       |
|  |  With Whom: |       | Applicant’s information was verified? [ ]  Yes. [ ]  No. |
|  |  Comments:       |
|  JOB OR ACTIVITY # 4 | Time Period Covered: | From: |       | To: |       |
|  | Name of Employer: |       |
|  | Address: |       | City: |       | State: |       |
|  | Supervisor/Contact Person: |       | Phone Number: |       |
|  | Your Position: |       | Salary & Rate of Pay: |       |
|  | Reason for Leaving: |       |
|  |  |
|  | Brief Description of Your Job or Activity During This Time Period:       |
| **Prior Job #4 Verification and Reference Check:** |
|  | (For Use By Compass Management Only – Do Not Write in Box Below) |
|  |  By Whom: |       | Date of Contact: |       |
|  |  With Whom: |       | Applicant’s information was verified? [ ]  Yes. [ ]  No. |
|  |  Comments:       |
|  |  |
|  | **Other Job-Related Experience:** (Optional) Tell us about any other experience, such as volunteer work, civic or public work, or military experience, that you believe to be relevant to this job and useful to us in considering your application:      |
| (Note: If you need more space to show us all of your prior jobs, you may attach a résumé or other listing.) |

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| EDUCATION AND TRAINING |
|  |
| 1. **Education:** What is the highest level of school attended or completed? Check One:
 |
| [ ]  Grade/Middle School. [ ]  G.E.D. [ ]  High School. [ ]  College. [ ]  Graduate/Post Graduate. |
| Specify the School, College or University from which highest degree or grade was completed: |
|  | Name and Location of School, College, University, or Other Learning Institution | Did You Graduate? | Type of Degree or Numberof Years Attended  | Area of Concentration, Courseworkor Specialization |
|  |       |  |       |       |
| Proof of your education will be required if we offer you a job (copy of diploma, transcript, certificate, etc.). We may verify your education with the institutions you list in this application. |
|  | **Training:** (Optional) Tell us about any training you’ve had since finishing school that you believe to be relevant to this job or useful to our organization:       |
| 1. **Other Skills or Knowledge:** Do you have skills or knowledge in any of the following? (Please check below all that apply and provide specifics or types.)
 |
|  | [ ]  Computer Operating Systems: (Windows, etc.) |  | [ ]  Internet / Web Browsing: |
|  |       |  |       |
|  | [ ]  Word Processing Programs: |  | [ ]  Spreadsheet or Accounting Software: |
|  |       |  |       |
|  | [ ]  Other Computer Software/Programs: |  | [ ]  E-mail Programs: |
|  |       |  |       |
|  | [ ]  Foreign Language: |  | [ ]  Sign Language: |
|  |       |  |       |
| [ ]  Typing/Keyboard: |  | [ ]  Other, Specify: |
|  |       |  |       |

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| OTHER INFORMATION |
|  |
|  | (Optional) Use this space to tell or explain to us anything else you think would be helpful or useful to us in considering your application for this job:       |

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| APPLICANT’S STATEMENT |
|  | Please carefully read this statement, and then sign below.  |
|  | I, the undersigned applicant, certify and affirm that: |
|  | * To the best of my knowledge and belief, the answers and information that I have given you (Compass Coordination, Inc.) in applying for employment are true and complete;
* I give my permission and authorization for you to investigate any and all facts and information, both written and spoken, that I give you in applying for this job;
* To the best of my knowledge and belief, the answer that I gave in this application is true about whether or not I have had a case of abuse, neglect or mistreatment substantiated (proven) against me;
* I release and authorize Compass Coordination, Inc. to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business or agency, as pertains to any allegations against me of abuse, neglect or mistreatment and to consider this information as may be deemed appropriate;
* I understand that if you find that I gave false, misleading, or inaccurate information or statements in applying for, or obtaining employment, that you may withdraw any job offer, or terminate any employment, that I might obtain as a result of such statements or information;
* I understand that you are not obligated to respond to my application in any way; that you may or may not consider me for this job; that you are not required to give me a face-to-face interview; and that you may or may not offer me this or any other job, and I do not expect to be employed, just because I have signed and submitted this application for employment;
* I understand that under applicable state laws, any employment that I may be offered or given as a result of this application is of an “at-will” nature; which means that you may withdraw a job offer, or that Compass Coordination, Inc. may terminate my employment at anytime, with or without cause;
* If you employ me, I understand that I am required to abide by all rules, policies, procedures and other directives of Compass Coordination, Inc.; and
* I understand that this application will be active for no more than sixty (60) days.
 |
| 🟊 | SIGN HERE: |       |  |       |
|  |  | Applicant’s Signature |  | Date of Signature |

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| ⯈ FOR MANAGEMENT USE ONLY ⯇If this applicant is being considered for a job offer, the hiring manager should complete the following section and the application sent to the Executive Director or designee for approval of a conditional job offer. |
| Title of position applied for:  | Click or tap here to enter text. |
| Applicant interviewed by:  | Click or tap here to enter text. | Date of Final Interview: | Click or tap to enter a date. |
| Identify the specific, required minimum set of qualifications met by this applicant for the position being offered: |
| Click or tap here to enter text. |
| **BACKGROUND CHECK STATUS**: |
| [ ]  All prior work experience has been verified – Exception details: Click or tap here to enter text. |
| Application Reviewed and Approved by Executive Director: [ ]  Accepted. [ ]  Denied – No Job Offer Permitted. |
|  |  |  | Click or tap here to enter text. |  | Click or tap to enter a date. |
|  | *Signature* |  | *Title* |  | *Date* |