

Resource, Support, & Development, Inc.

RSD, Inc.

2110 Overland Avenue Suite 126

PO Box 80185

Billings, MT 59108-0185

Ph (406)652-5443 / fax (406)652-9361

Direct Care Staff Application for Employment

Personal Information:

Date: _____

Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email Address: _____

Are you 18 years or older: Yes No

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 year of age.

Phone #: _____

Employment Desired:

Program / Position: _____ Date you can start: _____

Are you presently employed: Yes No If yes, can we contact your present employer: Yes No

Employer's Name: _____ Phone #: _____

Employer's Address: _____

Are you related to anyone currently employed at RSD, Inc.? Yes No If yes, who? _____

How did you hear about RSD, Inc. or were you referred by anyone? Yes No **If yes, who?** _____

General Information: (List your place of residence for the past seven years starting with your current physical address.)

1. _____

2. _____

3. _____

4. _____

Have you ever been convicted of a felony or misdemeanor within the last five years: Yes No

(You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.)

Do you have a valid Montana Driver's License: Yes No How many years have you been licensed: _____

Current DL#: _____ Expiration Date: _____ DOB: _____

(Required – Please provide DL#)

Name as it appears on your Driver's License: _____ State if not MT _____

Have you had traffic infraction in the last three years: Yes No If yes, please explain: _____

Is there anything on your driving record which would inhibit your ability to transport consumers? Yes No

This job may require you to transport consumers to and from work, social functions, etc., either in your own vehicle or corporate vehicles.

Please attach a copy of your Driver's License and verification of auto insurance.

Former Employers: (List former employers within the past 10 years, starting with most current first. Do not write “see resume”.)

Company Name: _____ **Address:** _____

Job Description (duties, skills, equipment used): _____

Dates of Employment—Start: ____ / ____ / ____ End: ____ / ____ / ____ PH#: _____

Reason for Leaving: _____ Supervisor: _____

Company Name: _____ **Address:** _____

Job Description (duties, skills, equipment used): _____

Dates of Employment—Start: ____ / ____ / ____ End: ____ / ____ / ____ PH#: _____

Reason for Leaving: _____ Supervisor: _____

Company Name: _____ **Address:** _____

Job Description (duties, skills, equipment used): _____

Dates of Employment—Start: ____ / ____ / ____ End: ____ / ____ / ____ PH#: _____

Reason for Leaving: _____ Supervisor: _____

Company Name: _____ **Address:** _____

Job Description (duties, skills, equipment used): _____

Dates of Employment—Start: ____ / ____ / ____ End: ____ / ____ / ____ PH#: _____

Reason for Leaving: _____ Supervisor: _____

Please feel free to attach a resume or use additional sheet to explain responsibilities and reasons for leaving.

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- Education:** Less than High School GED or High School
 Beyond High School _____

References:

Please provide the names, addresses, and phone numbers for three work references who can attest to your skills and knowledge as they relate to this position, as well as your work habits.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

Skills/Experience: For each of the skills/experiences listed below, check which of these has been a significant part of your past employment or training.

A. Supervisory Experience

- Report Writing
- Budgeting
- Public Relations
- Staff Development
- Hiring
- Evaluating Staff
- Conflict Mediation
- Progressive Discipline
- Scheduling Staff
- Quality Control of Staff

C. Consumer Training

- Writing Individual Program Plans
- Implementing Training Programs
- Writing Short & Long Range Goals
- Conducting Assessments
- Data Collection
- Principles of Behavior Therapy
- Non-Aversive Behavior Management
- Consumer Rights
- Preparation of IP's
- Experience with Alternative Methods of Communication
- Self-Help Skills
- Social Skills
- Job Coaching

B. Consumer Care

- Working Unsupervised
- Experience with Wheelchairs & Other Adaptive Equipment
- Medication Supervision
- Personal Care
- Handling Emergencies
- Menu Planning/Cooking/Grocery Shopping
- Planning/Training Recreational & Leisure Activities
- Working with Families or Parents
- Counseling Skills
- Social Networking

D. Facility/Equipment/Vehicle Maintenance

- Experience with Lift Equipment Vehicles
- Repair and Maintenance
- Yard Work
- Housekeeping
- Safety Standards

E. Other

- DDCPT Certification
- Marketing
- Accreditation Standards
- CPR/First Aid
- MANDT Training
- Office Skills (list below)
- _____

I certify that the facts in this application are true and complete to the best of my knowledge. I understand that any false or misleading statements or omissions on this application shall be a bar from being hired or, if discovered after hiring may lead to termination. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information. I release all parties from all liability for any damage that may result from furnishing same to you.

Applicant's Signature: _____

Date: _____

It is the policy of RSD, Inc. to give equal opportunity to all qualified persons without regard to race, color, religion, sex, marital status, handicap, national origin, or sexual orientation. Reasonable accommodation will be made as needed. RSD, Inc. maintains a drug-free workplace.

Note: this application will be kept on file for six months. After that time a new application will be required to reapply for any open positions.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the above DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” by the Company at any time after receipt of this authorization and throughout my assignment or employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, branch of the military, administrator, state or federal agency, institution, information service bureau, employer, or reference given to you by me to furnish any and all background information requested by the Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant’s Signature: _____

Date: _____