

**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:**

Desired 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 five 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.**

*Providing services to individuals with disabilities in Billings, Hardin, Lewistown, and Red Lodge, Montana.*

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**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                                       \_\_\_\_\_

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**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>

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**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. Yard Work**

- Mowing
- Weeding/Fertilizing
- Trimming Hedges/Bushes
- Sprinkler Systems
- Snow Removal

**B. Building Maintenance**

- Basic Carpentry
- Framing/Trimming
- Sheetrock Installation & Repairs/Patches
- Painting Interior/Exterior
- Tile Maintenance/Sealing/Grout Work
- Caulking
- Basic Electrical Repairs
- Basic Plumbing Repairs
- Gutters
- Repair/Replace Door Locks
- Repair/Replace Doors
- Repair/Replace Windows
- Repair Tears in Flooring
- Patching Sidewalks/Driveways

**C. Vehicle/Equipment Maintenance**

- Basic Knowledge of Vehicle Operations/Maintenance
- Experience with Vehicle Wheel Chair Lifts
- Basic Appliance Repairs

**D. Contract Work**

- Obtaining Bids/Estimates
- Overseeing Contract Work

**E. Other**

Please list below the types of equipment and/or tools you have experience operating:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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.

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**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**  
**IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION**

**RESOURCE, SUPPORT & DEVELOPMENT, INC.** (“the Company”) may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, military history, social security verification, motor vehicle records (“driving records”), personal and professional reference checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, or other acquaintances.

The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to us.

The company will furnish you with a Summary of Your Rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission along with required state law notices in states where applicable.

Printed Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_ DOB: \_\_\_\_\_

Maiden/Former Names: \_\_\_\_\_  Male  Female

Nicknames or AKAs: \_\_\_\_\_

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### **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: \_\_\_\_\_