

FOR OFFICE USE ONLY

Time Appl. Completed: _____

Date Ref. Mailed: _____ # _____

GOLDIE B. FLOBERG CENTER

APPLICATION FOR EMPLOYMENT

FILL IN ALL BLANKS. IF A QUESTION DOES NOT APPLY, PUT DNA; IF A FURTHER EXPLANATION IS NEEDED, PLEASE DO SO.

Today's Date: _____ When are you available to start working: _____

NAME: _____ PHONE NO. _____

ADDRESS: _____

CITY, STATE, and ZIP CODE: _____

1. a. Have you ever worked for this Center under any other name? Yes _____ No _____
b. Have you applied here before? Yes _____ No _____

If "yes," please explain: _____

2. Are you 21 years of age or older? Yes _____ No _____ if "no," please list your age _____

3. a. Are you a United State Citizen? Yes _____ No _____ If "no," please answer b. and c.
b. Are you in the United States under a visa, which would prohibit you from working here?
Yes _____ No _____

If "yes," please explain _____

c. Do you intend to remain in the United States? Yes _____ No _____

4. Have you ever been named in a child abuse complaint? Yes _____ No _____

5. Have you ever been convicted of a crime? Yes _____ No _____

If "yes," please explain _____

You are not required nor will you be asked to report whether you have a sealed conviction or arrest

6. Have you ever been convicted of Driving Under the Influence, Driving while being Impaired, Driving while intoxicated or any similar offenses relating to Alcohol/Drugs? Yes _____ No _____

7. Do you smoke? Yes _____ No _____

8. It is an essential function of the Direct Care positions, as well as other listed positions to have the ability to lift a minimum of 50 lbs. and more. Are you able to meet this requirement? Yes _____ No _____

9. Is there any additional information regarding a change of name (such as maiden name, etc.) necessary for us to check your record? Yes _____ No _____ If "yes," please explain _____

ADDITIONAL COMMENTS:

POSITION APPLIED FOR:

_____ Full Time Minimum 80 hours per pay period (two weeks)
_____ Part Time Less than 80 hours per pay period
_____ Part Time Weekends only
_____ Temporary Summer or Substitute basis

Please check all shifts for which you are available and number in order of preference.

Direct Support Professional
(Children's Program)

NURSES - R.N./L.P.N.

Direct Support Professional
(Adult Program)
(Self-Scheduling must be available for all three shifts)

_____ 5:30 AM - 1:30 PM

_____ 6:30 AM - 3:00 PM

_____ 7:00 AM - 3:00 PM

_____ 6:30 AM - 2:30 PM
(summer & weekends)

_____ 2:30 PM - 11:00 PM

_____ 3:00 PM - 11:00 PM

_____ 2:00 PM - 10:00 PM

_____ 10:30 PM - 7:00 AM

_____ 11:00 PM - 7:00 AM

_____ 3:00 PM - 11:00 PM

KITCHEN (Dietary Aides & Cooks)

_____ 1:30 PM - 9:30 PM

_____ 5:30 AM - 10:30 AM

_____ MAINTENANCE

_____ 4:00 PM - 12:00 AM

_____ 5:30 AM - 1:30 PM (Cook)

_____ LAUNDRY

_____ 12:00 AM - 8:00 AM

_____ 11:00 AM - 7:00 PM (Cook)

_____ HOUSEKEEPING

_____ 4:00 PM - 7:30 PM (Non School days 2:30 - 7:30 PM)

CHARACTER REFERENCES (other than relatives)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NO.</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

II. PREVIOUS EMPLOYMENT EXPERIENCE (may be used as references)

Please list MOST RECENT EMPLOYMENT first:

Employer's Name, Address: _____
_____ Telephone No: _____
Employment Dates: From _____ To _____ Type of Work: _____
Reason for Leaving: _____

Employer's Name, Address: _____
_____ Telephone No: _____
Employment Dates: From _____ To _____ Type of Work: _____
Reason for Leaving: _____

Employer's Name, Address: _____
_____ Telephone No: _____
Employment Dates: From _____ To _____ Type of Work: _____
Reason for Leaving: _____

Employer's Name, Address: _____
_____ Telephone No: _____
Employment Dates: From _____ To _____ Type of Work: _____
Reason for Leaving: _____

III. EDUCATION

High School Name & Address: _____

_____ Highest Grade Completed: _____

Academic, Vocational or Professional Schools Attended: _____

Name & Address _____

Major Field _____

Describe any experience you have had working with people, i.e. babysitting, scouts, previous employment, school or church groups, etc.

Have you had any experience working with persons who have physical or mental disabilities or emotional or behavior problems? If so, please describe: _____

I certify that the information I have given is correct, to the best of my knowledge, and thereby give permission to the Goldie B. Floberg Center to validate any and all information unless otherwise specified in writing.

If any of the above information or any information given in an employment interview is falsified, I understand this will be cause for immediate dismissal. In consideration of my employment, I agree to conform to the rules and regulations of the Goldie B. Floberg Center. Also I agree that my employment can be terminated, with or without cause and with or without notice, at any time, at the option of the Goldie B. Floberg Center or myself. I understand that no Supervisor, Coordinator or any other Representative of the Goldie B. Floberg Center, other than the President/CEO, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

SIGNATURE OF APPLICANT