TrueCare Supported Living

Employment Application

### *Position(s) Applying For:*      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date of Application*:      \_\_\_\_\_\_\_\_\_\_\_\_

###

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name  | Home Telephone Number: |
| **First:** **MI:** **Last:**  |       |
| Address  | Cell/Message Number: |
|       |       |
| City/State/Zip | **E-mail Address:** |
|       |       |
| **Emergency Contact Name** | **Telephone Number** |
|       |       |
| **Date of Birth**  | **Social Security Number**  |

**PROFESSIONAL QUALIFICATIONS**

|  |  |
| --- | --- |
| **Are you first-aid and CPR certified?** **[ ] Yes** **[ ] No** | **Do you have a valid driver’s license?** **[ ] Yes** **[ ] No** |
| **Are you certified to assist with medications?** **[ ] Yes** **[ ] No** | **Do you have a reliable vehicle?** **[ ] Yes** **[ ] No** |
| **Are you authorized to work in the United States?** **[ ] Yes** **[ ] No** | **Do you have proof of current vehicle insurance?** **[ ] Yes** **[ ] No** |
| **Are you fluent with American sign language?** **[ ] Yes** **[ ] No** | **Are you able to use some sign language?** **[ ] Yes** **[ ] No** |
| **Have you completed an application with us before?** **[ ] Yes** **[ ] No If Yes, approximate date of previous application** **\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you ever been employed with us before?** **[ ] Yes** **[ ] No If Yes, approximate dates of employment** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you had a background check with the Idaho Department of Health and Welfare within the past two years?** **[ ] Yes** **[ ] No** |
| **Do you have experience working/living with adults or children with developmental or intellectual disabilities?** **[ ] Yes** **[ ] No** |
| **Do you have experience working/living with adults or children with mental illness?** **[ ] Yes** **[ ] No** |
| **Describe your experience working/living with people with developmental or intellectual disabilities or mental illness.**      |

**EMPLOYMENT HISTORY** **(Begin with most recent)**

|  |  |  |
| --- | --- | --- |
| **Dates (From/To)** | **Company Name** | **City, State** |
|       |       |       |
| **Titles and Duties** |
| **Reason for Leaving**       | **Supervisor’s Name**      | **Telephone Number** |
|  |  |  |
| **Dates (From/To)** | **Company Name** | **City, State** |
|       |       |       |
| **Titles and Duties**  |
| **Reason for Leaving**  | **Supervisor’s Name** | **Telephone Number** |
|       |       |       |
| **Dates (From/To)**  | **Company Name** | **City, State** |
|       |       |       |
| **Titles and Duties** |
| **Reason for Leaving**      | **Supervisor’s Name**      | **Telephone Number** |
|  |  |  |

**EDUCATION/TRAINING**

|  |
| --- |
| **Have you obtained a: High School Diploma** [ ]  **GED Certificate**  [ ]  **Neither** [ ]  |
| **Higher Education** | **Name & Location** | **Diploma/Degree** | **Subject of Specialization** |
| **College/University** |       |       |       |
| **Specialized****Courses & Training** |       |       |       |

|  |  |
| --- | --- |
| **MILITARY**  |  |
| **Branch of Service:**  |
| **Describe any military training received relevant to the position for which you are applying:**       |

|  |
| --- |
| **OTHER SPECIAL SKILLS, CERTIFICATES, OR TRAINING** |
| **List other specific skills, certificates or training you have:**      |

**LEGAL HISTORY (A criminal history in itself does not necessarily disqualify an applicant from employment.)**

|  |
| --- |
| **Have you ever been arrested, cited, held, detained, or charged with a felony regardless of whether the charge was dropped, dismissed, plea bargained or found not guilty? If answering “Yes”, please explain and indicate which year of charge.** **[ ] Yes** **[ ] No**      |
| **Have you ever been arrested, cited, held, detained, or charged with a misdemeanor regardless of whether the charge was dropped, dismissed, plea bargained or found not guilty?** **[ ] Yes (please explain)** **[ ] No**      |

**REFERENCES (Give the names of three persons not related to you.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Telephone** | **Occupation** |
| Employer Reference |       |       |       |
| Character Reference |       |       |       |
| Character Reference |       |       |       |

**HOW DID YOU HEAR ABOUT US?**

|  |
| --- |
| **[ ]  Website** **[ ]  Craigslist** **[ ]  Current/Past Employee: (Name)** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **[ ] Other: (List)** **\_\_\_\_\_\_\_\_\_\_\_\_\_** |

TrueCare Supported Living

Employee Scheduling

TrueCare Supported Living provides a variety of services to individuals with developmental or intellectual disabilities and/or mental health challenges. These services can include but are not limited to 24 hour a day one on one supports, 24 hour a day group (2-3 individuals) supports and one on one hourly supports. An individual participant (person receiving services) may be authorized to receive more than one type of service provided by the agency. The agency has established specific shifts to meet the needs of the participants receiving 24 hour a day service. Hourly services are scheduled based on the needs of the participant.

The primary responsibility of the agency and each of its employees is to provide “protection from harm” for the participants always receiving services. The agency and by extension its employees are expected to provide the level of supervision and supports authorized in the participant’s plan.

While the agency makes every effort to accommodate the employee’s preferences, the agency reserves the right to schedule/place employees as needed to meet the participant’s programmatic and/or safety needs. When possible the agency will attempt to give reasonable notice of changes in an employee’s schedule or placement.

**EMPLOYMENT PREFERENCES**

|  |  |
| --- | --- |
| Are you interested in full time or part time? [ ] FT [ ] PT | Number of hours a week desired?       |
| Are you interested in a day shift (7 am-3 pm)?[ ] Yes [ ] No | Are you interested in a swing shift (3 pm-11 pm)? [ ] Yes [ ] No |
| Are you interested in a graveyard shift (11 pm-7 am)? [ ] Yes [ ] No | Are you interested in working two shifts per day? [ ] Yes [ ] No |
| My first choice of shift is:       |
| Date available to start work?       | Desired rate of pay?       |

**EMPLOYMENT AVAILABILITY (List the times e.g. 7 am- 8 pm you are AVAILABLE to work EACH day)**

|  |  |
| --- | --- |
| Sunday |       |
| Monday |       |
| Tuesday |       |
| Wednesday |       |
| Thursday |       |
| Friday |       |
| Saturday |       |
| My preferred days off are:       |

**GEOGRAPHIC PREFERENCES (Indicate ALL areas you are willing to travel to work by marking the “YES” box.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Boise  | [ ] Yes  | Nampa | [ ] Yes  | Twin Falls | [ ] Yes  |
| Eagle  | [ ] Yes | Kuna | *[ ]* Yes  | Rupert | *[ ]* Yes  |
| Garden City  | *[ ]* Yes | Middleton | *[ ]* Yes  | Coeur d’Alene | *[ ]* Yes  |
| Meridian | *[ ]* Yes  | Jerome | *[ ]* Yes | Idaho Falls | *[ ]* Yes |
| My first choice of geographic preference is:  |        |

**PARTICIPANT CHARACTERISTICS**

|  |  |
| --- | --- |
| Are you willing to work with adult participants? [ ] Yes [ ] No | Are you willing to work with multiple participants? [ ] Yes [ ] No |
| Are you willing to work with male participants? [ ] Yes [ ] No | Are you willing to work with female participants? [ ] Yes [ ] No  |
| Are you willing to work with participants who may be emotionally volatile, manipulative or physically aggressive? [ ] Yes [ ] No |
| Are you willing to work with participants who may require hands on assistance with activities of daily living? [ ] Yes [ ] No |
| Are you willing to work with participants who may require physical assistance with transferring? [ ] Yes [ ] No |

**EMPLOYEE OVERALL PREFERENCE**

|  |
| --- |
| The most important preference factor is: [ ] Shift [ ] Days off [ ] Geographic preference [ ] Participant characteristics |

**EMPLOYMENT ELIGIBILITY STATEMENT**

|  |
| --- |
| TrueCare Supported Living is an equal opportunity employer and all qualifies applicants will receive consideration for employment without regard to race, creed, color, religion, gender, national origin, age citizenship, disability, special needs status, marital status, or any other basis protected by applicable federal, state, or local law. Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986. |

**ACKNOWLEDGEMENTS AND SIGNATURE**

|  |
| --- |
| I,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have never been convicted nor have employment history of child or client abuse, neglect, exploitation or any other mistreatment. I certify that the statements and information furnished by me in this application are true, complete and correct to the best of my knowledge. I understand that any false information is grounds for refusal to hire and if employed, cause for immediate dismissal. I authorize investigation of all information contained in this application for employment as may be necessary in arriving at an employment decision. It is the policy of TrueCare Supported Living to conduct background checks on persons for employment with the company. This is done as required by the State of Idaho’s Department of Health and Welfare.I understand that receipt of this application does not imply employment and is not a contract of employment. I understand that TrueCare Supported Living is a drug free workplace and that I subject to random drug testing for reasonable suspicion.  This application for employment shall be considered active for period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this agency is of an “at will” nature which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless as authorized executive of this agency specifically acknowledges such case in writing. My signature below certifies that I have read and agree with the above statements.**Signature** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

Please return your completed application to the office in which you are applying for. You can email, fax, or bring it to the office at the locations listed below. Thank you for your interest!

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| --- |
| Boise Idaho Office |
| 3100 N. Lakeharbor Lane Ste 176 #358, Boise, Idaho 83703 USAQuestions:(208) 809-3284 |

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| --- |
| Please email your application located on our website (.com) under “Employment!” |