Residential and Vocational Division

APPLICATION FOR EMPLOYMENT

3880 S. Columbia Rd. – Grand Forks, ND 58201

**Phone: (701) 335-4000 Fax: (701) 335-4004**

Equal Opportunity Employer

Smoke Free Environment

Applications which are illegible, incomplete, missing information, or do not provide sufficient detail will be disqualified from consideration of employment.

Applicant Name: Date:

Position applying for: Status Appling for:

□ Direct Support Professional (DSP) □ Full Time employment: Will work 38-40 hours each week.

□ Direct Professional Leader (DPL) □ Part Time employment: Will work less than 28 hours each week.

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be able to work every weekend? \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_ Possible

Could you work on call every other weekend? \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_ Possible

Would you be interested in being a float to cover several locations? \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_ Possible

Would you be interested in a sleep or awake overnight position? \_\_\_\_ Sleep \_\_\_\_\_ No \_\_\_\_\_ Awake

1. PERSONAL INFORMATION

Street Address:

City: State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone: Cell Phone:

E-mail address:

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you eligible to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a high school diploma or equivalent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by DHI? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, When? From:\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_

Please note name if it was different during employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Vocational/ College Name | Location | Did you graduate? | Degree or Major |
|  |  |  |  |
|  |  |  |  |

**II. EMPLOYMENT EXPERIENCE HISTORY**

List below all present and past employment, beginning with your most recent, include any job-related military service assignment and volunteer activities going back at least 10 years.

**Applications must be complete for consideration. “See resume” is NOT considered complete.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Address of Company**: | Dates employed: | Reason for leaving: | Supervisor: |
| Please note name if it was different during employment: | | | |
| Job Title:  Summary of duties: | | | |
| May we contact for a reference? ⁪ □ Yes ⁪□ No Phone Number: | | | |

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| --- | --- | --- | --- |
| **Name & Address of Company:** | Dates employed: | Reason for leaving: | Supervisor: |
| Please note name if it was different during employment: | | | |
| Job Title:  Summary of duties: | | | |
| May we contact for a reference? ⁪ □ Yes ⁪ □ No Phone Number: | | | |

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| **Name & Address of Company:** | Dates employed: | Reason for leaving: | Supervisor: |
| Please note name if it was different during employment: | | | |
| Job Title:  Summary of duties: | | | |
| May we contact for a reference? ⁪ □ Yes ⁪□ No Phone Number: | | | |

Work or personal experience related to the position for which you are applying for:

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### III. MOTOR VEHICLE INFORMATION

Do you have a current and valid Driver’s License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have automobile insurance on your vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any violations on your driving record over the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain.

**IV. BACKGROUND CHECKS AND REGISTRY INFORMATION**

Have you EVER been convicted of a misdemeanor or felony crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date(s), offense(s), and disposition. Conviction does not necessarily disqualify you from employment.

**Although not a pre-employment requirement:**

Are you currently on the ND Certified Nurse Aide Registry with the ND Board of Nursing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you achieved DD Certification through Minot State University? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been required by any licensing board or professional ethics body to

surrender your license or been found guilty of professional ethics code violations

or professional misconduct? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

* Applicants will be screened for criminal convictions and sanctions through the Bureau of Criminal Investigations, the ND Board of Nursing, Child Abuse/Neglect Registry, Sexual Offenders Registry Index and Department of Transportation.  Some positions will require completion of a credit check. All new hires must pass a pre-employment drug screening in support of our Drug Free Workplace Policy.
* If you are hired, continued employment is conditional, pending final results of criminal background checks, drug test and in accordance with North Dakota Employment-at-Will statute, employment/reference checks, motor vehicle driving record check (if required for position) and credit check (if required for position).

**Referral Source: How did you learn about Development Homes, Inc.?**

□ JobsHQ Website □ SnagAJob

□ Indeed.com □ Twitter

□ Browsing Internet □ UND Student Calendar

□ Job Services–ND □ Job Dig

□ Facebook □ Northland Community Website

□ Employee: Name of DHI employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other (Please list source):

**V. REFERENCES**

**(**List three professional references that you have known for at least 1 year.Complete all sections.)

1. Name: Phone Number:

Company Name: Relationship:

2. Name: Phone Number:

Company Name: Relationship:

3. Name: Phone Number:

Company Name: Relationship:

**APPLICANT’S STATEMENT**

I understand that the employer follows an “employment at will” policy, in that I or the employer, may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period 30 days; after that time, if I wish to be considered for employment, I must submit a new application. I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide any information requested regarding educational background, work experience, achievements, wage history, performance, attendance, personal history, character, personality, disciplinary information, and reason for separation from former employment. I also hereby release Development Homes, Inc, from all liability for damages or claims which may arise or result from any reference information gathered pursuant to this authorization.

**EQUAL OPPORTUNITY EMPLOYER**

Development Homes provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Development Homes complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfers, leaves of absence, compensation and training.

Development Homes expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Development Homes’ employees to perform their job duties may result in discipline up to and including discharge.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_