

APPLICATION FOR DEVELOPMENTAL SERVICES INCORPORATED

INSTRUCTIONS FOR APPLICANT

Thank you for applying to Developmental Services, Inc.
Please take time to carefully complete this application.
When completing the application, please follow these procedures:

1. Please print in black or blue ink or type.
2. Signatures are to be written and must be legible.
3. Please complete all appropriate sections of the application and answer all questions. (This is extremely important in the hiring process).
4. A resume may not be submitted in place of the application. Should you choose to submit a resume with your application, it will be forwarded to the hiring department along with your application.
5. Your application remains on file for 12 months.

OFFICIAL USE ONLY

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> A/SSW | <input type="checkbox"/> C/S |
| <input type="checkbox"/> B/CSW - Residential | <input type="checkbox"/> D/C |
| <input type="checkbox"/> B/CSW - Reach | <input type="checkbox"/> D/M |
| <input type="checkbox"/> B/AW | <input type="checkbox"/> D/CO |
| <input type="checkbox"/> B/TSW | <input type="checkbox"/> D/AC |
| <input type="checkbox"/> C/CSS | <input type="checkbox"/> E/D |
| <input type="checkbox"/> C/SR | <input type="checkbox"/> Any position |
| <input type="checkbox"/> Platinum Temps. | |

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

ARE YOU AVAILABLE TO WORK: FULL-TIME PART-TIME TEMPORARY

CAN YOU WORK: WEEKENDS EVENINGS NIGHTS

WILL YOU WORK OVERTIME WHEN NECESSARY? YES NO

DO YOU HAVE YOUR OWN TRANSPORTATION IF NECESSARY? YES NO

SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS

CAN YOU SPEAK ANY FOREIGN LANGUAGES? _____ IF YES WHICH LANGUAGE _____

DO YOU HAVE ANY MILITARY TRAINING? NO YES, IF YES TYPE _____

DO YOU HAVE ANY SPECIAL LICENSE/CERTIFICATIONS? NO YES, IF YES TYPE _____

DO YOU HAVE ANY SPECIALIZED TRAINING? NO YES, IF YES TYPE _____

PLEASE LIST ANY VOLUNTEER ACTIVITIES OR ANY HONORS YOU HAVE RECEIVED. _____

WORK HISTORY

DESCRIBE YOUR WORK EXPERIENCES, BEGINNING WITH YOUR MOST RECENT JOB.

EMPLOYER: _____ DATE EMPLOYED: FROM _____ TO _____

ADDRESS _____

SUPERVISOR'S NAME: _____ PHONE # _____

JOB TITLE: _____ DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATE EMPLOYED: FROM _____ TO _____

ADDRESS _____

SUPERVISORS NAME: _____ PHONE # _____

JOB TITLE: _____ DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATE EMPLOYED: FROM _____ TO _____

ADDRESS _____

SUPERVISORS NAME: _____ PHONE # _____

JOB TITLE: _____ DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATE EMPLOYED: FROM _____ TO _____

ADDRESS _____

SUPERVISORS NAME: _____ PHONE # _____

JOB TITLE: _____ DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATE EMPLOYED: FROM _____ TO _____

ADDRESS _____

SUPERVISORS NAME: _____ PHONE # _____

JOB TITLE: _____ DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATE EMPLOYED: FROM _____ TO _____

ADDRESS _____

SUPERVISOR'S NAME: _____ PHONE # _____

JOB TITLE: _____ DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATE EMPLOYED: FROM _____ TO _____

ADDRESS _____

SUPERVISOR'S NAME: _____ PHONE # _____

JOB TITLE: _____ DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATE EMPLOYED: FROM _____ TO _____

ADDRESS _____

SUPERVISOR'S NAME: _____ PHONE # _____

JOB TITLE: _____ DUTIES: _____

REASON FOR LEAVING: _____

REFERENCES

GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS, BUT ARE AWARE OF YOUR WORK HISTORY:

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge and that I am legally authorized to work in the U.S.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including contacting previous employers and references. I understand that a search of my driving record and criminal history will be conducted prior to my employment. I understand that employment may be conditioned upon the results of these verifications.

This application for employment will remain on file for 12 months. Any applicant wishing to be considered for employment beyond this time 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 organization 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Equal Opportunity / Affirmative Action Statistics

Developmental Services, Inc. is an equal opportunity affirmative action employer. The Government requires us to collect and report certain census information. The information (asked for below) will be used only in statistical reports we are required to submit to the Federal Government. This form will be separated from the application immediately upon receipt at Developmental Services, Inc.

Title of position applied for: _____

Birth date: _____
Month Day Year

Do you have a disability? • Yes • No

Sex/Race-Ethnic for U.S. Citizens/Permanent Residents

	<u>Male</u>	<u>Female</u>
Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.	[]	[]
White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	[]	[]
Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.	[]	[]
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	[]	[]
Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	[]	[]
American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or Community attachment.	[]	[]
Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.	[]	[]



Developmental Services, Inc.
2920 Tenth Street
Columbus, In 47202-1023

AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE INDIANA BUREAU OF MOTOR VEHICLES TO RELEASE ANY AND ALL INFORMATION ON FILE REGARDING:

_____	_____	_____
Print Name	Maiden Name	Date of Birth
_____	_____	
Driver's License Number	License Classification (Operator, Chauffer, PPC, CDL Class)	
_____	_____	
Signature	Social Security Number	

MY PERSONAL VEHICLE INSURANCE COVERAGE IS WITH:

_____	_____
Print Name of Company	Date Coverage Expires

Policy Number	

**Please attach a photocopy of your current Driver's License and your current vehicle insurance card.

In addition, I authorize Developmental Services, Inc. to request a Limited Adult Criminal History.

_____	_____	
Print Name	Signature	
_____	_____	_____
Supervisors Signature	Date	Cost Center #