

INCLUSION, INC. – APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How did you learn About Us?			
<input type="checkbox"/> Advertisement: (Circle One) Idaho Statesman / Internet / Idaho Press Tribune / Boise Weekly <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____			
Last Name	First Name	Middle Name	
Address	City	State	ZIP
Telephone Number(s)	Email Address	Social Security Number	
In Case of an Emergency Contact			Phone Number

	YES	NO
Are you at least 18?	_____	_____
May we contact your previous employer?	_____	_____
Are you a U.S. Citizen?	_____	_____
If No, do you have documents that establish both identity and Employment eligibility (i.e. Green Card, Certification of U.S. Citizenship, etc.?)	_____	_____
Have you ever filled an application with us before?	_____	_____
If yes, give date _____		
Have you ever been employed with us before?	_____	_____
If yes, give date _____		
Are you currently employed?	_____	_____
On what date would you be available for work? _____		
Are you physically or otherwise unable to perform the duties of the job for which you are applying?	_____	_____
Do you have a valid driver's license?	_____	_____
	_____	_____
Do you have current car insurance?	_____	_____

Have you been convicted of a felony within the last 7 years? _____
 If yes please explain _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed From _____ To _____	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor(s)	
Reason for Leaving		
Employer	Dates Employed From _____ To _____	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor(s)	
Reason for Leaving		
Employer	Dates Employed From _____ To _____	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor(s)	
Reason for Leaving		

REFERENCES

Give name, address and telephone number of three references that are not related to you and are not previous employers.

Name	Address	Phone Number

If you need additional space, please continue on a separate sheet of paper.

EDUCATION

	<i>High School</i>				<i>College</i>				<i>Professional</i>			
<i>School Name & Location</i>												
	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Diploma/Degree</i>												
<i>Describe Course of Study</i>												
<i>Describe any specialized training, apprenticeship, skills, and extra-curricular activities pertaining to this field of work...</i>												
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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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 unless an authorized executive of this organization specifically acknowledges such change in writing.

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

INCLUSION, INC.
QUESTIONS (Written Response Please)

1. *Tell us about yourself - Your strengths and weaknesses.*

2. *Why did you apply for this position?*

3. *Do you have reliable transportation? _____*

4. *You may be required to work weekends and/or holidays depending on your shift. Is this acceptable? _____*

5. *What shifts can you work?*

6. *Do you want to work part-time, full-time, or do either one of the options work for you?*

7. *What are your views on people with disabilities?*

8. *How do you feel about working with people who have different value systems, beliefs, and morals?*
 - a. *This may include activities that you personally find inappropriate or offensive.*

9. *Rebecca is a 31-year-old woman who enjoys carrying around a Barbie doll. She appears to enjoy the Barbie doll and likes playing with it. Should this be encouraged? Why or Why Not?*

10. *What was your last job? What did you like most about it? What did you least like about it?*

11. *What makes a good supervisor?*

12. *What makes a bad supervisor?*

13. *Are you able to take written and verbal directions on job duties and apply/carry them out independently?*

EMPLOYEE BACKGROUND CHECKS

It is the policy of Inclusion, Inc. 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.

PROCEDURE

In response to this policy, Inclusion, Inc. requests that persons seeking employment with us sign a statement of release, authorizing Inclusion, Inc. to take the actions listed below.

- 1 Inclusion, Inc. will conduct a background check on potential employment. This includes talking to previous employers of the applicant as well as personal reference referrals that the applicant may provide (standard questions asked are listed on the next page).*
- 2 At times, Inclusion, Inc. may require an applicant or current employee to undergo a fingerprinting background check through a law enforcement agency.*
- 3 Inclusion, Inc. will provide information to other potential employers at the employees written request regarding the employee's work history with Inclusion, Inc.*

STATEMENT OF RELEASE

I give permission to Inclusion, Inc. to conduct a background check regarding my work history as a part of the job application screening process. I agree to participate in a fingerprint screening through a law enforcement agency if requested by Inclusion, Inc.

Signature of Applicant/Employee

Date

I, _____, HAVE NEVER BEEN CONVICTED AND DO NOT HAVE EMPLOYMENT HISTORY OF CHILD OR CLIENT ABUSE, NEGLECT OR MISTREATMENT.

Signature of Applicant/Employee

Date

INCLUSION, INC.
Drug and/or Alcohol Testing Consent Form
Current and Prospective Employees

As a condition of my continued employment with **INCLUSION, INC.**, I consent to be subject to drug and/or alcohol testing consistent with the company's drug free workplace policy.

I agree that in the event I am involved in an on-the-job accident (as defined by the terms of the company's drug free workplace policy), I authorize the release of relevant hospital reports or other documentation that would indicate whether there were drugs and/or alcohol in my system at the time of the accident.

I understand that the collection, testing, and reporting of my drug or alcohol test results will be done in accordance with standard chain of custody procedures.

I consent to the release of my test results received from the testing laboratory by Minert & Associates, Inc. to management officials at **INCLUSION, INC.** and understand that those results will be held in confidence by all parties involved.

I understand that if I test positive for the presence of illegal drugs, I will be given an opportunity to discuss that result with Minert & Associates, Inc., for the purpose of providing a reasonable explanation regarding my positive drug test.

I understand that in the event my test remains positive for the presence of illegal drugs or alcohol, my employment will be terminated.

I have received, read, and understand the terms of **INCLUSION, INC.**'s drug free workplace policy and agree to abide by that policy.

Employee's Name (PRINT)

Employee's Signature

Date

FOR OFFICE USE

REFERENCE CHECK # 1

DATE: _____

NAME REFERENCING: _____

REFERENCE DONE BY: _____ **Job Title:** _____

WORK REFERENCE:

Company Name: _____

1. Name and Job Title of person you are speaking with: _____
2. Position held: _____
3. Work Habits: (Excellent, Good, Average, Fair, Poor)
4. How did they get along with co-workers and supervisors (Excellent, Good, Average, Fair, Poor)
5. Notice Given: _____
6. Reason for separation: _____
7. Rehireable: _____

PERSONAL REFERENCE:

Name: _____

Occupation: _____

1. How long have you known this person? _____
2. In what capacity: _____
3. Anything that would make them unsuitable for this position: _____

COMMENTS: _____

REFERENCE CHECK # 2

DATE: _____

NAME REFERENCING: _____

REFERENCE DONE BY: _____ **Job Title:** _____

WORK REFERENCE:

Company Name: _____

1. Name and Job Title of person you are speaking with: _____
2. Position held: _____
3. Work Habits: (Excellent, Good, Average, Fair, Poor)
4. How did they get along with co-workers and supervisors (Excellent, Good, Average, Fair, Poor)
5. Notice Given: _____
6. Reason for separation: _____
7. Rehireable: _____

PERSONAL REFERENCE:

Name: _____

Occupation: _____

1. How long have you known this person? _____
2. In what capacity: _____
3. Anything that would make them unsuitable for this position: _____

COMMENTS: _____

FOR OFFICE USE

**INCLUSION, INC.
INITIAL INTERVIEW CHECKLIST**

SUBJECT	EMPLOYEE INITIAL	SUPERVISOR INITIAL
<i>Starting wages: Starting wages are based on experience and to be discussed at time of hire.</i>		
<i>Raises: Are given at the discretion of the supervisor.</i>		
<i>Insurance: If you work a scheduled 36 hours/week or more, benefits will start after 1 year of employment.</i>		
<i>Fingerprinting: Must be secured by the employee through the department of health and welfare at a cost of \$55.00.</i>		
<i>Hepatitis B Shots: Are offered at no cost to you, the employee.</i>		
<i>Applicants must complete and pass all necessary training to certify as "Direct Care." Classes for certification are offered at no cost to applicants. Only Certified Direct Care are considered for employment.</i>		
<i>Personal leave: You will acquire 48 hours of personal leave at the end of 1 year of <u>full time</u> employment (36 hours or more). This leave will be taken upon the approval of the supervisor. Any leave taken requires you to take responsibility to get your shifts covered other than earned vacation time.</i>		
<i>Pay: You are paid one time per month. You will be paid on the 15th for any work done during the previous month.</i>		
<i>You must be able to lift up to 50 pounds.</i>		
<i>When consumers are on vacation or they have gone home for the holidays, work will not be available for staff to work. This is <u>non-paid</u> time off. Staff must get with their supervisor to see if other hours are available. Volunteering for other shifts can also make up hours.</i>		
<i>You may be required to work weekends and/or holidays (Depending on your shift).</i>		
<i>You may enroll in our 401k program after 6 months of employment. This is offered to both part-time and full-time employees.</i>		