

OFFICE USE 1. \_\_\_\_\_  
ONLY 2. \_\_\_\_\_  
3. \_\_\_\_\_

# **Employment Application**

## **Multi Community Diversified Services MCDS**

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, AND MARITAL STATUS OR DISABILITY. EQUAL ACCESS TO PROGRAM, SERVICES, AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING ACCOMODATIONS TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD CONTACT A REPRESENTATIVE OF THE PERSONNEL DEPARTMENT. APPLICATION WILL BE KEPT ON FILE FOR 30 DAYS.

NAME \_\_\_\_\_ PH # \_\_\_\_\_ DATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

STREET

CITY

STATE

WHAT TIMES WILL WORK BEST FOR YOU...  FULL- TIME  PART TIME  
 EVENINGS  OVERNIGHT  
 HOLIDAYS  WEEKENDS

IF REQUESTED BY YOUR SUPERVISOR, WOULD YOU BE AVAILABLE TO BEGIN WORKING EVENINGS? \_\_\_\_\_.

ARE YOU APPLYING FOR A SPECIFIC POSITION? IF SO, PLEASE IDENTIFY.

OF THE FOLLOWING CERTIFICATIONS, WHICH, IF ANY DO YOU POSSES?

RED CROSS FIRST AID  RED CROSS CPR  NURSES AID  MEDICATION AID

DO YOU HOLD A CURRENT DRIVER'S LICENSE?  YES  NO

IF YES, WHAT IS THE NUMBER AND CLASS? \_\_\_\_\_.

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?  YES  NO

AT ANY TIME, HAVE YOU BEEN AN EMPLOYEE OF THIS ORGANIZATION?  YES  NO

DO YOU HAVE ANY RELATIVES CURRENTLY WORKING FOR MCDS?  YES  NO

**(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)**

ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THIS POSITION?  YES  NO

ARE YOU UNDER THE AGE OF EIGHTEEN (18)?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO

IF YES, PLEASE EXPLAIN.

**EMPLOYMENT EXPERIENCE** (DESCRIBE YOUR PAST EMPLOYMENT STARTING WITH THE YOUR MOST RECENT POSITION)

EMPLOYER NAME

PHONE

ADDRESS

IMMEDIATE SUPERVISOR

REASON FOR LEAVING

DATES OF EMPLOYMENT

ENDING WAGE

=====  
MAY WE CONTACT YOUR IMMEDIATE SUPERVISOR? \_\_ YES \_\_ NO

EMPLOYER NAME

PHONE

ADDRESS

IMMEDIATE SUPERVISOR

REASON FOR LEAVING

DATES OF EMPLOYMENT

ENDING WAGE

DESCRIBE ANY SPECIAL SKILLS, ABILITIES AND/OR CHARACTERISTICS THAT YOU BELIEVE IMPORTANT AS AN APPLICANT TO M.C.D.S.

LIST ANY PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD (EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS)

SINCE

SINCE

SINCE

LIST TWO PROFESSIONAL-WORK REFERENCES

NAME

PHONE#

NAME

PHONE#

**EDUCATION AND COMMUNITY EXPERIENCE**

NAME OF SCHOOL OR TRAINING CENTER	CITY AND STATE	GRADE LEVEL, DEGREE

LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AND AWARDS. (EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS)

**PLEASE READ CAREFULLY BEFORE SIGNING**

SHOULD I BE SELECTED FOR EMPLOYMENT WITH MULTI COMMUNITY DIVERSIFIED SERVICES, I ACKNOWLEDGE AND UNDERSTAND THAT COMMUNITY DEVELOPMENTAL DISABILITY ORGANIZATIONS (CDDOS), COMMUNITY SERVICE PROVIDERS (CSPS), AND ALL OTHER AFFILIATES PROVIDING DD FUNDED SERVICES SHALL CONDUCT APPROPRIATE BACKGROUND CHECKS TO ENSURE THAT NO EMPLOYEE HAS A HISTORY OF ABUSE, NEGLECT AND/ OR EXPLOITATION OF CHILDREN OR VULNERABLE ADULTS. BACKGROUND CHECKS ARE REQUIRED OF EMPLOYEES REGARDLESS OF WHETHER THEY ARE PROVIDING A LICENSED OR NON-LICENSED SERVICE.

I FURTHER ACKNOWLEDGE AND UNDERSTAND AS AN EMPLOYEE IN FREQUENT CONTACT WITH M.C.D.S. CLIENTS, I AM REQUIRED TO OBTAIN, AT MY OWN EXPENSE, A PHYSICIAN'S CERTIFICATION STATING I AM NOT POSSESSING A CONTAGIOUS DISEASE NOR ANY OTHER CONDITION THAT WOULD POSE A HEALTH HAZARD TO THOSE WITH WHOM I COME IN CONTACT.

HAVING READ THE ABOVE, I CERTIFY THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. IN THE EVENT I AM EMPLOYED BY MULTI COMMUNITY SERVICES, I UNDERSTAND THE DISCOVERY OF FALSE OR MISLEADING INFORMATION, GIVEN IN THIS APPLICATION OR INTERVIEW, MAY RESULT IN MY IMMEDIATE TERMINATION.

MY ACCEPTANCE OF AN OFFER OF EMPLOYMENT WITH M.C.D.S. IN NO WAY CREATES A CONTRACTUAL OBLIGATION. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF M.C.D.S. I UNDERSTAND MY EMPLOYMENT AND COMPENSATION WILL TERMINATE, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, ANY TIME AND AT THE OPTION OF EITHER M.C.D.S. OR MYSELF. I UNDERSTAND NO REPRESENTATIVE/S OF M.C.D.S., OTHER THAN THE CEO AND/OR THE BOARD OF DIRECTORS, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE ABOVE PARAGRAPHS. M.C.D.S. IS AN AT WILL EMPLOYER.

APPLICANTS' SIGNATURE

DATE

**VOLUNTARY DISCLOSURE:**

WERE YOU IN THE MILITARY? YES NO

ARE YOU A VIETNAM VETERAN? YES NO

IF YES, WHAT COMPANIES WERE YOU IN?

DO YOU HAVE A COPY OF YOUR DD-214? YES NO

IF YES, PLEASE PROVIDE A COPY OF YOUR DD-214 FOR YOUR PERSONNEL FILES.

NAME: