



Previous Employers

Please note that your application will not be considered unless every question in this section is answered, especially current phone numbers.

MOST RECENT OR CURRENT EMPLOYER

Are you currently working for this employer? Yes No If yes, may we contact them? Yes No

_____ Company Name	_____ City and State
_____ Phone # (Include Area Code)	_____ Job Title
From _____ to _____	_____ Supervisors Name
Job Duties: _____	
Reason for leaving: _____	
_____ Company Name	_____ City and State
_____ Phone # (Include Area Code)	_____ Job Title
From _____ to _____	_____ Supervisors Name
Job Duties: _____	
Reason for leaving: _____	
_____ Company Name	_____ City and State
_____ Phone # (Include Area Code)	_____ Job Title
From _____ to _____	_____ Supervisors Name
Job Duties: _____	
Reason for leaving: _____	



REFERENCES (Include only individuals familiar with you for 5 or more years) **DO NOT INCLUDE RELATIVES**

NAME	ADDRESS/PHONE #	YEARS & RELATIONSHIP
1.		
2.		

EDUCATION Please circle highest grade graduated 7 8 9 10 11 12 Higher

NAME	CITY/STATE	Graduate?	DEGREE?
High School			
College			
Other			

APPLICANT INFORMATION

What training, skills, licenses, certificates, computer software and level of knowledge of computers or experiences have you had that will benefit you in this job?

Do you have a current CPR/1st Aide certificate? Yes No

Do you have a current TB test (within 1 year)? Yes No

List any hobbies you have: _____

Can you lift up to 50 lbs. by yourself? Yes No If not, how much can you lift? _____

Do you have any physical situations that may prevent you from doing your job or would demonstrate a need for adaptations to be made for you?

Yes No

Please Describe: _____

Are there any days or hours you cannot work? _____



Transition Services, Inc.
A non profit that provides meaningful work
for people with developmental disabilities

CERTIFICATION AND RELEASE

I certify that my answers are true and complete to the best of my knowledge, I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior and during my employment.

Signature of applicant

Date

4/25/2016



PLEASE READ THE FOLLOWING SITUATION AND ANSWER THE QUESTIONS BELOW.

Johnny arrived to work late again for the third day in a row. Johnny has been suspended from para-transit for a 3 week period and his home staff are driving him in and picking him up. After being at the work site for about 1 hour Johnny removed his sweater and staff working with him noticed a few bruises on his right arm. Staff asked Johnny how he got the bruises but he was unable to explain how they occurred. The other individuals in the group wanted to get started working so staff turned her attention to the group. On this day the group, including Johnny were working on making greeting cards. Johnny generally stays focused for about 30 minutes at a time and has difficulty placing the cut outs onto the cards in the right place. Everyone else in the group is able to focus for longer lengths of time and they have no difficulty with any of the tasks involved in making greeting cards. While working on the greeting cards staff turned on the radio to one of her favorite stations and was singing along with the music. Johnny worked on the cards along with his coworkers but was having problems gluing the pieces on correctly. Staff took the cards away from Johnny so he would not ruin them by gluing the pieces on incorrectly and gave the task to his other coworkers. Johnny did not seem to mind and sat with the group watching how they did the work.

What, if anything would you do about the bruise on Johnny's arm? When would you do it?

Is there a problem with listening to music and singing while working? Yes No

Is there a problem with the music the group was listening to? Yes No

Please explain your answers: _____

Does Johnny have to work? Yes No

Should Johnny have to learn to focus for more than 30 minutes? Yes No

What if anything could the staff have done to engage Johnny in the work task?

Signature

Date



Professional Reference Check

Applicant Name: _____
 Social Security Number: _____

By signing this form, I _____, give my potential employer authorization to conduct a full investigation into my employment history. Please allow the company to ask the necessary questions below in order to establish my character and work history.

 Applicant's signature

Administrative use only

Name: _____ Fax
 Title: _____ Phone/ In – person

The above person has applied for a position with our organization. We provide work supports and skills for adults with developmental disabilities. In order to provide quality services for these vulnerable individuals, we thoroughly screen all applicants to provide a safe environment for the people we support. Your help is greatly appreciated!

Job Title	Hire Date	Term Date	Reason for Termination	Eligible for rehire

Please answer the following questions by placing a check next to the correct answer.

- Would you recommend the applicant for working with individuals with developmental disabilities?
 Yes No
- Was the applicant reliable and did not miss work on a regular basis?
 Yes No
- Do you consider the applicant responsible?
 Yes No

Any comments are welcomed:

Reference completed by:

 Signature Name Position Date



Professional Reference Check

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 Social Security Number: _____

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Please answer the following questions by placing a check next to the correct answer.

- Would you recommend the applicant for working with individuals with developmental disabilities?
 Yes No
- Was the applicant reliable and did not miss work on a regular basis?
 Yes No
- Do you consider the applicant responsible?
 Yes No

Any comments are welcomed:

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1. Would you recommend the applicant for working with individuals with developmental disabilities?

Yes No

2. Was the applicant reliable and did not miss work on a regular basis?

Yes No

3. Do you consider the applicant responsible?

Yes No

Any comments are welcomed:

Reference completed by:

 Signature

 Name

 Position

 Date



Contract Provider Employee Application Supplemental Questions

Transition Services, Inc is a certified and/or approved contract provider of the Nevada Developmental Services (DS) Regional Center. The Nevada DS Regional Centers require that all employee applicants complete the following questions:

- 1) Have you ever worked with any agency which contracts with the State of Nevada Developmental Services Regional Centers (Desert, Rural or Sierra Regional Center)? Yes No
- 2) Have you ever worked for an agency, either within or outside, of the State of Nevada that serves a vulnerable population e.g. children, seniors or developmentally disabled? Yes No
- 3) Have you ever been the accused (placed on re-assignment/administrative leave) in an abuse, neglect or exploitation complaint and/or investigation? Yes No

If so, were the accusations confirmed or substantiated? Yes No

If yes, what was the out come? (*Check all that apply.*)

Termination Suspension Retraining Other

Describe: _____

I declare that the information provided to the above questions is true and complete.

 Print Name

 Signature

 Date



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DS-QA-30 (2/19/10)