



EMPLOYMENT APPLICATION

10b. **Job Title:** _____ **Job Duties:** _____

Employer Name: _____

Employer Address: _____

Employer Phone: _____

Supervisor/Manager: _____ **Reason for Leaving:** _____

Title: _____

Final Salary: _____

Dates (Month/Year: _____

Hours/Week: _____

11. Licenses Held: (Including drivers) or certifications to practice a trade or profession:

	Type	License Number	Granted by (Licensing Board)
11a.			
11b.			

12. References: List the full name, address, phone number and relationship of up to three persons that you would like to use as a reference.

	Full Name	Address	Phone Number	Relationship
12a.				
12b.				
12c.				

13. Miscellaneous Information:

- 13a. Which shifts are you willing to accept: Day Evening Night Rotating Weekends
Specify shift hours: _____
- 13b. Which job status are you willing to accept: Full-time Part-time
(Specify): _____
- 13c. Please indicate your geographic preferences: _____
- 13d. Do you have a minimum of 12 months experience working with individuals with developmental disabilities:
 Yes No
- 13e. A Medication Management and Use Training are required for all New Employees prior to being placed on the work schedule for any residential services. Please read and sign your acknowledgment and acceptance of the following guidelines.

I acknowledge that failure to complete and/or pass the Mandatory Medication Management and Use Training may preclude me from being hired or maintaining a position at DPCH based on guidelines set by Federal and/or State laws, agency policy and the guidelines of the Georgia Department of Behavioral Health and Developmental Disabilities.

Signature of Applicant: _____ Date: _____



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14. Compliance with the Immigration Reform and Control Act requires you are legally eligible for employment in the United States.

- Yes** - I am legally eligible for employment in the United States
- No** - I am not legally eligible for employment in the United States

Please note that under the Immigration Reform and Control Act of 1986, that you may be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. You may also be required to provide documentation that you should be employed.

15. Veteran Status: Are you a veteran who received an honorable discharge and has:

- 15a.** Provided more than **180** consecutive days of full time active duty in the armed forces of the United States or reserve components, including the National Guard? **Yes** **No** Or
- 15b.** Have a military service disability rating fixed by the United States Veterans Affairs? **Yes** **No**
If yes, did you serve during the Vietnam Conflict (2/28/1961 – 3/7/1975) **Yes** **No**

16. Prior Convictions:

- 16a.** Have you ever been convicted of any violation of law, including moving traffic violations? **Yes** **No**
If yes, please provide the following (Describe the Offense):

Statute / Ordinance (If Known):	Date of Charge:	Date of Conviction

County, City and State of Conviction: _____

- 16b.** A **Local Background** check must be completed prior to working for the company. A subsequent **FBI background** check will be conducted. Please read and sign your acknowledgment and acceptance of the following guidelines.

*I have read and understand that failure to pass either a **Local Criminal Background** check or an **FBI Background** check may preclude me from being hired or maintaining a position at DPCH based on guidelines set by Federal and/or State laws, agency policy and the guidelines of the Georgia Department of Behavior Health and Developmental Disabilities.*

Signature of Applicant: _____ **Date:** _____

17. Work Start Date: When will you be available to start work? _____

Month Date Year

- 18.** Upon hiring, there is a period of mandatory **UNPAID** orientation and training, which must be satisfactorily completed. Please read and sign your acknowledgment and acceptance of the following guidelines.

*I have read and understand there is a period of Mandatory **UNPAID** orientation and training, which must be satisfactorily completed upon being hired for a position at DPCH based on guidelines set by Federal and/or State laws, agency policy and the guidelines of the Georgia Department of Behavioral Health and Developmental Disabilities.*

Signature of Applicant: _____ **Date:** _____

I hereby certify that all entries on this job application and any attachments are true and complete. I also agree and understand that any falsification of this information may result in my forfeiture of employment. I understand that all information on this job application is subject to verification and agree that you may contact references and educational institutions listed on this application.

Signature of Applicant: _____ **Date:** _____

PRE-EMPLOYMENT SURVEY

1. What skills and experience do you have that makes you qualified for this position?

2. If you have worked with individuals with developmental disabilities in the past, give two examples of how you supported individual choices and independence for the person(s) you worked with.

3. What would your current or previous supervisor tell us regarding your work ethic?

4. Give one example of how you and another co-worker resolved a work related conflict.

5. Name three things that make a job enjoyable to you:

6. What are your future career goals?

7. Give a brief example of what "Client Rights" means to you.



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ACKNOWLEDGEMENT OF COMPANY DISCLOSURES

The information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I understand that proof of age may be required upon employment. I understand that I must truthfully answer all the questions on this application. I also understand that if I do not, I may be refused employment, or separated if I am a current company employee. While employed by this company, I agree not to engage in any other business or employment without the consent of this company.

If employment results from this application, I understand that additional personal data, a physical examination, PPD test, drug test and motor vehicle report will be required.

As part of the application process, I understand that I must obtain and submit a local criminal records check, done at my own expense. I understand that a subsequent FBI background check will be conducted. I understand that state and federal laws agency policy, and the guidelines of the Georgia Department of Behavioral Health and Developmental Disabilities require these background checks as a condition of employment.

I authorize all previous employers to furnish this company with any information they may have regarding my employment and my reasons for leaving, and I release any prior employer and this company from all liability for any damage resulting from the information provided.

DPCH, LLC is a drug free workplace. This agency is in compliance with the Georgia Worker's Compensation Board in accordance with Title 34, Chapter 9. Article 11 of the Official Code of Georgia Annotated.

At Will Employment Clause/Disclaimer: Neither this application, nor any subsequent employment resulting from it, creates an employment contract for any specific period of time.

Applicant Signature: _____ **Date:** _____

Name and Contact Number of person completing this application if other than the applicant:

Name: _____ **Telephone #:** _____

DPCH LLC



LOVE CARE & SUPPORT

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