

Willows Way, Inc.

800 Friedens Rd., Ste. 100
St. Charles, MO 63303
Phone: 636-947-6591 Ext. 1128
Fax: 636-757-0512 Email: hr@willowsway.org



APPLICATION FOR EMPLOYMENT

If at any time during the application or selection process, you believe you may require a special accommodation to perform the work for which you are applying, or assistance completing this application, please inform the Human Resources Department.

Date of application: _____ Position(s) applying for: _____

Name: _____ Phone number: _____
(Last) (First) (Middle Initial)

Address: _____
(Number/Street) (City) (State) (Zip Code)

Are you 18 years of age or older? Yes [] No [] Are you eligible to work in the United States? Yes [] No []

How did you hear about this position?

Ad: [] _____ Referral: [] _____ Other: [] _____
(Where?) (Who?) (Please identify)

What type of employment are you seeking? Full-time [] Part-time []; Number of hours desired: _____

Willows Way, Inc. serves customers in St. Louis County and St. Charles County. Do you prefer to work in a certain geographic region? Yes [] No []

If Yes, where? (For example: St. Louis County - Florissant, St. Ann, Valley Park, University City;
St. Charles County - St. Peters, O'Fallon, Lake St. Louis, Wentzville)

When are you available to start working for Willows Way? _____

What are the best days/times to contact you for an interview? _____

Have you ever been employed by Willows Way, Inc.? Yes [] No []

If Yes, during which years? _____

Have you ever worked indirectly for Willows Way, Inc. through a temporary staffing agency? Yes [] No []

If Yes, during which years? _____

Are you related to anyone either working for or receiving services from Willows Way, Inc.? Yes [] No []

If Yes, to whom are you related and what is the relationship?

Work History (Begin with most recent employer)

Employer: _____ Address: _____
From (Mo/Yr): _____ to _____ Job title: _____
Employment type: Full-time [] Part-time [] Average number of hours worked per week: _____
Starting pay: _____ Ending pay: _____
Supervisor's name and title: _____
Supervisor's phone number: _____
Responsibilities: _____

Reason for leaving: _____
May Willows Way, Inc. contact this employer for verification of information provided on this form?
Yes [] No [] Explanation, if applicable: _____

Employer: _____ Address: _____
From (Mo/Yr): _____ to _____ Job title: _____
Employment type: Full-time [] Part-time [] Average number of hours worked per week: _____
Starting pay: _____ Ending pay: _____
Supervisor's name and title: _____
Supervisor's phone number: _____
Responsibilities: _____

Reason for leaving: _____
May Willows Way, Inc. contact this employer for verification of information provided on this form?
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 Supervisor's phone number: _____
 Responsibilities: _____

 Reason for leaving: _____
May Willows Way, Inc. contact this employer for verification of information provided on this form?
 Yes [] No [] Explanation, if applicable: _____

References:

Each applicant must provide **three** individuals whom we may contact for a professional reference:

	Name	Company	Phone Number
1			
2			
3			

Note: Additional work history and/or resume may be attached for consideration.

Volunteer or Internship Experience:

Describe any volunteer or internship experiences you would like to share:

Education

Do you have a high school diploma or general equivalency diploma (GED)? Yes [] No []

If you have a high school degree, from what school did you graduate? _____

University/College Education and/or Vocational Training

Name of School	City and State	# Credit Hrs. Completed (if applicable)	Area(s) of Study	Type of Degree (e.g., A.S., B.S., M.S.)	Degree Received?
					Yes [] No []
					Yes [] No []
					Yes [] No []

Note: Copies of diplomas and/or educational transcripts or equivalent are required upon employment.

Licensure/Certification (e.g., Mandt, CPR, First Aid, CNA, LPN, RN, CRC, LPC, etc.)

Relevant Licensure or Certifications

License/Certificate Issued by:	Skill/Field/Trade	License/Certificate Number	Date of Issue	Expiration Date

Note: Copies of licenses/certificates or equivalent may be required upon employment.

Background Verification

Have you ever been convicted of a crime? Yes [] No [] (A conviction record will not necessarily be a bar to employment, but facts such as history and Missouri law will be considered.)

If Yes, list each conviction with details:

In the following space, please make us aware of any information on your driving record that may require explanation: _____

Are you listed on the Division of Senior & Disability Service’s Employment Disqualification list? Yes [] No []

Are you listed on the Division of Family Services Child Abuse Disqualification list? Yes [] No []

Are you registered with the Missouri Department of Health and Senior Services’ Family Care Safety Registry (worker registration)? Yes [] No []

Applicant Statements

1. Discuss any personal or professional attributes you possess that might help you better perform the duties of the job you seek.

2. Describe any experience(s) you have had with people who have disabilities.

3. Please check computer/data entry skills in which you are proficient:

- Typing Internet Use Word Processing Spreadsheet Applications
 Other: _____

4. Do you have a current valid driver’s license? Yes No If Yes, what class(es)? _____

5. Do you have reliable transportation including working seatbelts, working air conditioner/heat, vehicle in overall good, clean and safe condition? Yes No

6. Do you have current active auto insurance? Yes No

7. Depending on your experience & prior training, you will be required to attend 40-80 hours of training within the first 3 months of employment. Do you agree to this? Yes No

If No, explain: _____

To the best of my knowledge, the answers on this application are true and correct. I realize that falsification of any of the application information may be cause for (1) not being employed, or (2) termination, if hired. Failure to answer all of the requested information on this application may result in my not being considered for employment.

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

Applicant Availability

Please Note: Willows Way, Inc. provides continuous **24-hour support** to people with disabilities. Applicants seeking to work directly with individuals with disabilities may limit their opportunity for employment if they have limited availability, especially if seeking full-time employment.

Name: _____ Date: _____

Phone number(s): _____

Number of hours you wish to work per week: _____

Times I am **NOT** available in any given week:

(Please note: A morning shift could start as early as 5 am and an evening shift could end as late as midnight.)

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Are you available for asleep overnight shifts? Yes No

Are you available for awake overnight shifts? Yes No

Additional availability information:

Authorization and Understanding of Background Screening

To the prospective employee/volunteer:

By this document, Willows Way, Inc. discloses to you that consumer reports about you will be obtained as part of the pre-employment/pre-volunteer process and may also be conducted at any time during your association with the Agency. The consumer reports may include but are not limited to an educational record screening, previous employment screening, a Division of Motor Vehicle screening, a criminal background check conducted by ADP Screening and Selection Services, a Family Care Safety Registry screening conducted by the Missouri DHSS which includes a criminal history screening, a Division of Family Services Child Abuse and Neglect screening, a Division of Health and Senior Services Employee Disqualification List screening, a Department of Mental Health Disqualification Registry screening. All employment/volunteer offers are contingent upon receiving satisfactory results from the above consumer reports. As a result, the employment/volunteer offer will be rescinded if any/all background screenings are unfavorable. Please note that it is the responsibility of all employees/volunteers to register with the Family Care Safety Registry within your first 15 days of employment. Failure to do so is a Class B Misdemeanor. Further information can be obtained from the Human Resources Department.

Prospective employee/volunteer statement:

I authorize Willows Way, Inc., its directors, employees, and agents to review the information contained in any/all consumer reports and in reports in connection with the pre-employment/pre-volunteering process. If hired, this authorization shall remain on file and shall serve as ongoing authorization for Willows Way, Inc. to procure consumer reports at any time during my association with the Agency. I understand that my employment/volunteer offer will be withdrawn if the results of any/all records and reports on me are not favorable.

Prospective employee/volunteer signature

Date

Acknowledgement of Willows Way Employment Practices

**Willows Way, Inc. is an at-will equal opportunity employer,
in compliance with federal and state employment laws.**

Willows Way, Inc. shall not fail to hire, discharge, or discriminate among applicants for employment or employees in terms of compensation, terms, conditions, and privileges of employment because of race, color, religion, national origin, sex, disability status, or age. Reasonable accommodation shall be made for persons with disabilities who are applicants and employees capable of performing the essential duties of their positions. Willows Way, Inc. shall not limit, segregate, or classify applicants or employees so as to tend to, or to deprive, any applicant or employee of employment opportunity or adversely affect the employment opportunity of such persons.

Willows Way, Inc. adheres to the Federal government’s policy of non-discrimination in the case of a citizen or intending citizen, because of his or her citizenship status. Willows Way, Inc. hires only United States citizens or lawfully authorized alien workers.

In consideration of my employment, I agree to conform to the rules and regulations of Willows Way, Inc., and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Agency or myself. I understand that no supervisor or representative of Willows Way, Inc. other than the Executive Director of the Agency has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand that any employee manual or handbook which may be issued by the Agency shall not be construed as creating any form of employment agreement nor serve as an independent basis of contract for employment.

I have read and understand the information above.

Printed Name

Signature of Applicant

Date

EMPLOYMENT REFERENCE CHECK FORM

Applicant: Please specify an employer that Willows Way, Inc. may contact.

(Applicant must complete all shaded areas.)

Employer: _____ **Fax #:** _____
Phone #: _____

The below named applicant is being considered for employment with Willows Way, Inc. and has listed your organization as a current or former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Thank you for you assistance.

Applicants Name: _____

SS # _____ **Reported dates of employment: From** _____ **to** _____
(Optional)

I consent to and authorize the above named organization, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the current or former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named current or former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's signature: _____

RECORD OF EMPLOYMENT

To be completed by Employer or Willows Way Human Resources

Dates of Employment: From _____ to _____ Position held: _____

Eligible for Rehire: Yes ___ No* ___

*If the answer is no please explain below.

Please evaluate the applicant on the following (*1 = poor performance; 10 = excellent*):

Attendance: _____ Communication Skills: _____

Punctuality: _____ Quality of work: _____

Additional comments:

Information provided by: _____ Date: _____

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HR form 5/08

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