

APPLICATION FOR EMPLOYMENT

DOUGLAS RESIDENT TRAINING FACILITIES, INC.

651 W Harrison Street
Roseburg, OR 97471
541-679-6237

DRTF is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. DRTF assures you that your opportunity for employment will be based solely on applicant's qualifications. Consistent with the Americans with Disabilities Act, applicants may request special accommodations if needed to participate in the application process.

Personal Information:

Date: _____ Social Security Number: _____

Name: _____

Last
First
Middle
Preferred Name

Mailing Address: _____

Street
City
State/Zip

Physical Address: _____

Street
City
State/Zip

Phone Number: _____ Referred By: _____

Do you have a high school diploma or GED? _____
 Are you 18 years of age or older? _____ Can you pass a criminal history check? _____
 Can you pass a UA? _____ Do you have a current ODL? _____
 Have you had any accidents during the past three years? _____ How Many? _____
 Have you had any moving violations during the past three years? _____ How Many? _____
 Have you had any founded reports of child abuse or substantiated adult abuse? YES or NO

Employment Desired:

Position: _____ Date you can start? _____
 Salary Desired: _____ How many hours can you work weekly? _____
 Have you ever applied to this company before? _____ When? _____

Education:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City and State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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References: Please list two references other than relatives or previous employers.

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Years Known _____

Years Known _____

Work Experience: Please list your work experience for the **past five years** beginning with your most recent job held.

Name of Employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your last Job Title			
Reason for Leaving (Be Specific)			
List the jobs you held, duties performed, and skills used or learned while you worked at this company.			

Name of Employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your last Job Title			
Reason for Leaving (Be Specific)			
List the jobs you held, duties performed, and skills used or learned while you worked at this company.			

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Work Experience: (Continued)

Name of Employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your last Job Title			
Reason for Leaving (Be Specific)			
List the jobs you held, duties performed, and skills used or learned while you worked at this company.			

Name of Employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your last Job Title			
Reason for Leaving (Be Specific)			
List the jobs you held, duties performed, and skills used or learned while you worked at this company.			

Are you employed now? _____

If so, may we inquire of your present employer? _____

If you are hired by the company, you will be required to attest to your identify and employment eligibility, and to present documents confirming your identity and employment eligibility. You will not be hired if you cannot comply with these requirements.

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Authorization/Waiver:

In exchange for the consideration of my job application by Douglas Resident Training Facilities, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Douglas Resident Training Facilities, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and Douglas Resident Training Facilities, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) Douglas Resident Training Facilities, Inc. has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment at any time deemed appropriate by Douglas Resident Training Facilities, Inc. and as permitted by law; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I consent to such examinations and testing, and I request that the examining doctor or technician disclose to DRTF the results of the examination and the results shall remain confidential.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and that at any time during the probationary period or thereafter, my employment relation with DRTF is terminable at will for any reason by either party.

I understand that filling out this form does not indicate there is a position open and does not obligate DRTF to hire. If hired, I agree to abide by all the Company's work rules, policies and procedures.

Applicant's Signature _____

Date: _____

Pre-Hire Worksheet

Name_____

Date_____

1. What brought you to apply with DRTF?
2. What kind of experience do you have working with individuals with developmental/intellectual disabilities?
3. Do you have any worries or concerns about working with individuals with developmental/intellectual disabilities? If so, what are they?
4. According to the job description what do you interpret the duties to be?
5. Is there anything you would have difficulty with or cannot perform?
6. What is your vision of making a difference in people's lives?
7. Some individuals may have different interests and beliefs than you. Are you able to put aside your own interests and opinions to accommodate activities they would like to participate in?

8. Give an example of a time you assisted or attended an activity for someone else you were not interested in.

9. Our group homes rely on teamwork. Give an example of teamwork you were involved in to get a project or task done.

10. Keeping home and work separate are very important. Not giving too much personal information to our supported individuals and keeping personal boundaries are important. How would you establish these boundaries in a group home setting?

We all have strengths and weaknesses.

11. What might some of your previous employers say your weaknesses are?

12. What strengths do you bring to this job?

13. Our group homes are open 7 days a week, 24 hours a day, including all holidays. Are there any shifts you will not work?

14. Why do you feel you are best suited for this job?