

# PROGRESSIVE BEHAVIOR SYSTEMS

## Employment Application

Position(s) Applying For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

### PERSONAL INFORMATION

Name (Last, First, Middle)	Home Telephone Number
Address	Cell/Message Number
City/State/Zip	E-mail Address
Emergency Contact Name	Telephone Number
Date of Birth	Social Security Number

### PROFESSIONAL QUALIFICATIONS

Are you first-aid and CPR certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you certified to assist with medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a reliable vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have proof of current vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you fluent with American sign language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to use some sign language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, approximate date of previous application _____
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, approximate dates of employment _____
Have you had a background check with the Idaho Department of Health and Welfare within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have experience working/living with adults or children with developmental or intellectual disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have experience working/living with adults or children with mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your experience working/living with people with developmental or intellectual disabilities or mental illness.	

### EMPLOYMENT HISTORY (Begin with most recent)

Dates (From/To)	Company Name	City, State
Titles and Duties		
Reason for Leaving	Supervisor's Name	Telephone Number
Dates (From/To)	Company Name	City, State
Titles and Duties		
Reason for Leaving	Supervisor's Name	Telephone Number

Dates (From/To)	Company Name	City, State
Titles and Duties		
Reason for Leaving	Supervisor's Name	Telephone Number

**EDUCATION/TRAINING**

Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School	Name & Location	Diploma/Degree	Subject Of Specialization
College/University			
Specialized Courses & Training			

**MILITARY**

Branch of Service:
Describe any military training received relevant to the position for which you are applying:

**OTHER SPECIAL SKILLS, CERTIFICATES, OR TRAINING**

List other specific skills, certificates or training you have:
--

**LEGAL HISTORY (A criminal history in itself does not necessarily disqualify an applicant from employment.)**

Have you ever been arrested, cited, held, detained, or charged with a felony regardless of whether the charge was dropped, dismissed, plea bargained or found not guilty? <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
Have you ever been arrested, cited, held, detained, or charged with a misdemeanor regardless of whether the charge was dropped, dismissed, plea bargained or found not guilty? <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No

**REFERENCES (Give the names of three persons not related to you.)**

Name	Address	Telephone	Occupation

# PROGRESSIVE BEHAVIOR SYSTEMS

## Employee Scheduling

Progressive Behavior Systems provides a variety of services to individuals with developmental or intellectual disabilities and/or mental health challenges. These services can include, but are not limited to 24 hour a day one on one supports, 24 hour a day group (2-3 individuals) supports and one on one hourly supports. An individual participant (person receiving services) may be authorized to receive more than one type of service provided by the agency. The agency has established specific shifts to meet the needs of the participants receiving 24 hour a day services. Hourly services are scheduled based on the needs of the participant.

The primary responsibility of the agency and each of its employees is to provide "protection from harm" for the participants receiving services at all times. The agency and by extension its employees are expected to provide the level of supervision and supports authorized in the participant's plan.

While the agency makes every effort to accommodate the employee's preferences, the agency reserves the right to schedule/place employees as needed to meet the participant's programmatic and/or safety needs. When possible the agency will attempt to give reasonable notice of changes in an employee's schedule or placement.

### EMPLOYMENT PREFERENCES

Are you interested in full time or part time? <input type="checkbox"/> FT <input type="checkbox"/> PT	Number of hours a week desired?
Are you interested in a day shift (7 am-3 pm)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in a swing shift (3 pm-11 pm)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in a graveyard shift (11 pm-7 am)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in working two shifts per day? <input type="checkbox"/> Yes <input type="checkbox"/> No
My first choice of shift is:	
Date available to start work?	Desired rate of pay?

### EMPLOYMENT AVAILABILITY (List the times e.g. 7 am- 8 pm you are AVAILABLE to work EACH day)

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
My preferred days off are:	

### GEOGRAPHIC PREFERENCES (Indicate ALL areas you are willing to travel to work by marking the "YES" box.)

Boise <input type="checkbox"/> Yes	Meridian <input type="checkbox"/> Yes	Caldwell <input type="checkbox"/> Yes
Eagle <input type="checkbox"/> Yes	Kuna <input type="checkbox"/> Yes	Twin Falls <input type="checkbox"/> Yes
Garden City <input type="checkbox"/> Yes	Middleton <input type="checkbox"/> Yes	Rupert <input type="checkbox"/> Yes
Star <input type="checkbox"/> Yes	Nampa <input type="checkbox"/> Yes	Jerome <input type="checkbox"/> Yes
My first choice of geographic preference is:		

### PARTICIPANT CHARACTERISTICS

Are you willing to work with adult participants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work with children participants? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work with male participants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you with female participants? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work with participants who may be emotionally volatile, manipulative or physically aggressive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to work with participants who may require hands on assistance with activities of daily living? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to work with participants who may require physical assistance with transferring? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### EMPLOYEE OVERALL PREFERENCE

The most important preference factor is: <input type="checkbox"/> Shift <input type="checkbox"/> Days off <input type="checkbox"/> Geographic preference <input type="checkbox"/> Participant characteristics
---

**EMPLOYMENT ELIGIBILITY STATEMENT**

Progressive Behavior Systems is an equal opportunity employer and all qualifies applicants will receive consideration for employment without regard to race, creed, color, religion, gender, national origin, age citizenship, disability, special needs status, marital status, or any other basis protected by applicable federal, state, or local law.

Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.

**ACKNOWLEDGEMENTS AND SIGNATURE**

I, \_\_\_\_\_, have never been convicted nor have employment history of child or client abuse, neglect, exploitation or any other mistreatment.

I certify that the statements and information furnished by me in this application are true, complete and correct to the best of my knowledge. I understand that any false information is grounds for refusal to hire and if employed, cause for immediate dismissal. I authorize investigation of all information contained in this application for employment as may be necessary in arriving at an employment decision.

It is the policy of PBS to conduct background checks on persons for employment with the company. This is done as required by the State of Idaho's Department of Health and Welfare.

I understand that receipt of this application does not imply employment and is not a contract of employment. I understand that Progressive Behavior Systems is a drug free workplace and that I subject to random drug testing for reasonable suspicion.

This application for employment shall be considered active for period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this agency is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless as authorized executive of this agency specifically acknowledges such case in writing.

My signature below certifies that I have read and agree with the above statements.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return your completed application to the office in which you are applying for. You can email, fax or bring it to the office at the locations listed below. Thank you for your interest!

<b>Boise Office</b>	<b>Twin Falls Office</b>	<b>Rupert Office</b>
921 S. Orchard St. Suite D Boise, ID 83705 Fax: (208) 343.4074 Email: <a href="mailto:admin@pbsofidaho.com">admin@pbsofidaho.com</a>  Questions: (208)343.6558	209 Shoup Ave. W Twin Falls, ID 83301 Fax: (208) 733.3315 Email: <a href="mailto:admin@pbsofidaho.com">admin@pbsofidaho.com</a>  Questions: (208)733.3308	512 6th St. Rupert, ID 83350 Fax: (208) 436.1758 Email: <a href="mailto:admin@pbsofidaho.com">admin@pbsofidaho.com</a>  Questions: (208)436.4911