



*All applicants for all positions are considered without regard to race, color, ethnic or national origin, religion, age, gender, sexual orientation, marital or veteran status, disability, or other protected status.*

**APPLICANT'S INFORMATION**

Name of Applicant: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Last Name Pre-Change) \*

Home Address: \_\_\_\_\_  
(House or Bldg. Number & Street Name, Apt. No.) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*\* If your employment or other background history was under another name prior to a legal change of your last name, please include above.*

**PRELIMINARY QUESTIONS**

1. Which position or type of job are you seeking? \_\_\_\_\_
2. What amount of salary or pay rate do you minimally expect? \$ \_\_\_\_\_ per \_\_\_\_\_
3. Which kind of work schedule do you desire?  Full-Time Mon. - Fri.  Part-Time Mon - Fri.  Either.
4. Are there restraints to the days or hours of a standard workweek (M-F) that you are available for work?  
 No.  Yes. If yes, please explain: \_\_\_\_\_
5. If offered, when or how quickly would you be available for employment? \_\_\_\_\_
6. Can you be lawfully employed in the United States because you are a U.S. citizen, or you have the required Visa or Immigration Status issued by the United States government?  
 Yes, I am a U.S. Citizen, or I have legal status in the U.S. (Proof of citizenship is required for employment)  
 No, currently I am prevented from employment in the U.S.

**YOUR QUALIFICATIONS AT A GLANCE**

7. What is your level of education and how many total years of post-education work experience do you have?  
**Degree or Highest Level of Education:** \_\_\_\_\_ **All Work Experience:** \_\_\_\_\_ Years.
8. Through previous paid employment, personal, or family relationships, how many years of experience do you have working with or supporting persons with intellectual or other developmental disabilities (I/DD)?  
**Number of years of I/DD Experience:** \_\_\_\_\_ Years.
9. What kind of work or personal experience do you have in working with persons with I/DD: (Check all that apply.)  
 Employed as an I/DD Professional.  Through Volunteer/Civic Activities.  Supporting Family Member or Friend with I/DD.  Teaching Students with I/DD.  Other I/DD Experience.  None.

Use the space below if you want to tell us more about your experiences with persons with I/DD:

### VEHICLE USE & DRIVING RECORD

(Note: If the position for which you are applying requires the use of your personal vehicle, we will require that you give us proof of vehicle liability insurance and your state motor vehicle driving record.)

10. Do you personally own or lease a vehicle, or do you always have access to a vehicle to use for your job daily, and would you be able and willing to use that vehicle in the routine performance of job duties if we reimburse you for mileage?  Yes.  No - please explain:
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11. Is the vehicle you would use in your job duties lawfully registered in this state, and do you carry liability insurance as required by state law?  Yes.  No - please explain:
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12. Have you held a valid driver's license for the last three (3) years?  Yes.  No - please explain:
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13. Has your driver's license been clear of the following conditions for the last five (5) years: revocation, suspension, or restriction due to serious driving offenses, including any DUI/DWI offenses?  
 Yes, my driver's license record is clear for the past five (5) years.  No, my driver's license record is not clear for the past five (5) years. If no, provide the date, reason, locality, or jurisdiction for each instance:

### BACKGROUND CHECK

**NOTICE:** All employees must undergo background checks. To be employed by us, you also must:

- a) Provide your work history containing a continuous description of your activities over the past five (5) years.
  - b) Identify at least three (3) individuals as personal references, one (1) of whom shall have known you for at least the past five (5) years.
  - c) Provide information for and allow us to conduct a criminal background check by using a licensed private investigation company retained and paid for by us.
  - d) Provide for the release of any criminal records for the purpose of verifying the accuracy of any criminal violation that you are required to disclose on this application or that we find through our investigation.
  - e) Allow us to check your driver's license and driving record with the state driver licensing authority.
  - f) Acknowledge that we will check state Abuse Registries using your Social Security Number.
14. Have you ever been convicted of a criminal offense?  No.  Yes. If yes, provide the date of conviction and charge for each offense, and the name of the state and/or jurisdiction in which each offense occurred:

15. Is your name listed on any state's official Abuse Registry? Have you ever had a case of abuse, neglect or mistreatment substantiated (proven) against you?  No.  Yes. If yes, please tell us the reason:

**PERSONAL REFERENCES**

16. Identify three (3) persons who we will contact to provide personal references about you:

Note: Before we consider offering you a job, we must make direct contact with at least two (2) of the individuals you list in this section. One of your contacts must be a person who has known you for at least the past five (5) years. Please make sure the persons you list can be readily contacted and are willing to give a personal reference.

<b>Personal Contact # 1:</b>	Name: _____ Relationship: _____ Phone Numbers: _____ Number of Years Known: _____
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Reference Check # 1 → (For Use By Compass Management Only)	Date Contact Made: _____ By Whom: _____ Comments: _____
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<b>Personal Contact # 2:</b>	Name: _____ Relationship: _____ Phone Numbers: _____ Number of Years Known: _____
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Reference Check # 2 → (For Use By Compass Management Only)	Date Contact Made: _____ By Whom: _____ Comments: _____
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<b>Personal Contact # 3:</b>	Name: _____ Relationship: _____ Phone Numbers: _____ Number of Years Known: _____
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Reference Check # 3 → (For Use By Compass Management Only)	Date Contact Made: _____ By Whom: _____ Comments: _____
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**EMPLOYMENT HISTORY**

Note: If we decide to offer employment to you, we must verify your work history contingent to that offer. Please be advised that if we offer and you accept a job with us, we must contact your current employer to verify your employment and to ask for a reference.

17. Are you currently employed?  No.  Yes. If yes, how we should handle contacting your current employer to verify your employment and obtain a reference if we decide to consider offering you a job?
- It is okay to contact my current employer to verify my employment at any time.
- I would like for you to let me know before you contact my current employer.

18. In the following sections, you should provide a work history that covers your activities for at least the last five (5) years, including times when you were not employed (in school, parenting children, etc.). Start with your current or most recent job or other activity and work back from there to cover all jobs or activities for at least the last five (5) years. For each paid job you have held, supply all the requested information. Although you may attach or forward us a résumé, do not write, "see résumé", on this application form for any of the jobs you list here.

<b>CURRENT or MOST RECENT JOB OR ACTIVITY #1:</b>	Dates: From: _____	To: _____
Name of Employer or Activity: _____		
Address or Location: _____		City: _____ State: _____
Supervisor / Contact Person: _____		Phone Number: _____
Your Position / Job Title: _____		Salary or Pay Rate: _____
Reason for Leaving: _____		
In the space below, provide a brief description of your job or other activity during this period:		
<b>Most Recent Job # 1 – Verification Check: (For Use By Compass Management Only)</b>		
By Whom: _____		Date of Contact: _____
With Whom: _____		Applicant's information was verified: <input type="checkbox"/> Yes. <input type="checkbox"/> No.
Comments: _____		

<b>PREVIOUS JOB OR ACTIVITY # 2:</b>	Dates: From: _____	To: _____
Name of Employer or Activity: _____		
Address or Location: _____		City: _____ State: _____
Supervisor / Contact Person: _____		Phone Number: _____
Your Position / Job Title: _____		Salary or Pay Rate: _____
Reason for Leaving: _____		
In the space below, provide a brief description of your job or other activity during this period:		

**Previous Job # 2 – Verification Check: (For Use By Compass Management Only)**

By Whom: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

With Whom: \_\_\_\_\_ Applicant's information was verified:  Yes.  No.

Comments: \_\_\_\_\_

**PREVIOUS JOB OR ACTIVITY # 3:**                      Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer or Activity: \_\_\_\_\_

Address or Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor / Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Position / Job Title: \_\_\_\_\_ Salary or Pay Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

In the space below, provide a brief description of your job or other activity during this period:

**Previous Job # 3 – Verification Check: (For Use By Compass Management Only)**

By Whom: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

With Whom: \_\_\_\_\_ Applicant's information was verified:  Yes.  No.

Comments: \_\_\_\_\_

**PREVIOUS JOB OR ACTIVITY # 4:**                      Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer or Activity: \_\_\_\_\_

Address or Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor / Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Position / Job Title: \_\_\_\_\_ Salary or Pay Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

In the space below, provide a brief description of your job or other activity during this period:

**Previous Job # 4 – Verification Check: (For Use By Compass Management Only)**

By Whom: \_\_\_\_\_ Date of Contact: \_\_\_\_\_  
 With Whom: \_\_\_\_\_ Applicant's information was verified:  Yes.  No.  
 Comments: \_\_\_\_\_

**PREVIOUS JOB OR ACTIVITY # 5:**      Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer or Activity: \_\_\_\_\_  
 Address or Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Supervisor / Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Your Position / Job Title: \_\_\_\_\_ Salary or Pay Rate: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 In the space below, provide a brief description of your job or other activity during this period:

**Previous Job # 5 – Verification Check: (For Use By Compass Management Only)**

By Whom: \_\_\_\_\_ Date of Contact: \_\_\_\_\_  
 With Whom: \_\_\_\_\_ Applicant's information was verified:  Yes.  No.  
 Comments: \_\_\_\_\_

**19. Other Job-Related Experience:** (Optional) Tell us about any other experience, such as volunteer work, civic or public work, or military experience, that you believe to be relevant to this job and useful to us in considering your application:

**EDUCATION AND TRAINING**

**20. Education:** What is your highest level of education? Check One:  
 Grade/Middle School.     G.E.D.     High School.     College.     Graduate/Postgraduate.  
 Specify the School, College or University from which highest degree or grade was completed:

Name and Location of School, College, University, or Other Learning Institution	Did You Graduate?	Type of Degree or Number of Years Attended	Area of Concentration, Coursework or Specialization

Proof of your education will be required if we offer you a job (copy of diploma, transcript, certificate, etc.). We may verify your education with the institutions you list in this application.

**21. Specialized Training | Credentials | Certifications:** (Optional) Tell us about any specialized training, professional credentials, or certifications you believe would be relevant to this job, useful to our organization, or required by the job opening for which you are applying:

**22. Other Skills or Knowledge:** Do you have skills or knowledge in any of the following? (Please check below all that apply and provide specifics or types.)

Software Programs or Applications: \_\_\_\_\_  Spreadsheet or Accounting Software: \_\_\_\_\_

Foreign Languages: \_\_\_\_\_  Sign Language: \_\_\_\_\_

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**APPLICANT'S STATEMENT**

**23.** Please carefully read this statement, and then sign below to affirm.

**I, the undersigned applicant, certify and affirm that:**

- To the best of my knowledge and belief, the answers and information that I have given you (Compass Coordination, Inc.) in applying for employment are true and complete.
- I give my permission and authorization for you to investigate all facts and information, both written and spoken, that I give you in applying for this job.
- To the best of my knowledge and belief, the answer that I gave in this application is true about whether or not I have had a case of abuse, neglect or mistreatment substantiated (proven) against me;
- I release and authorize Compass Coordination, Inc. to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business or agency, as pertains to any allegations against me of abuse, neglect or mistreatment and to consider this information as may be deemed appropriate.
- I understand that if you find that I gave false, misleading, or inaccurate information or statements in applying for, or obtaining employment, that you may withdraw any job offer, or terminate any employment, that I might obtain because of such statements or information.
- I understand that you are not obligated to respond to my application in any way; that you may or may not consider me for this job; that you are not required to give me a face-to-face interview; and that you may or may not offer me this or any other job, and I do not expect to be employed, just because I have signed and submitted this application for employment.
- I understand that under applicable state laws, any employment that I may be offered or is of an "at-will" nature, which means that I may withdraw a job offer or terminate my employment, or that Compass Coordination, Inc. may terminate my employment at any time, with or without cause.
- If you employ me, I understand that I am required to abide by all rules, policies, procedures and other directives of Compass Coordination, Inc.
- I understand that this application will be active for no more than sixty (60) days.

★ **SIGN HERE:**

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Date Application Signed**

(Unsigned applications will not be considered or processed)

■ End of Application ■

**► FOR MANAGEMENT USE ONLY ◀**

If this applicant is to be offered employment with Compass Coordination, Inc, the hiring manager should complete the following sections and forward the application to the Executive Director or the Executive Director's designee for final review of the application and approval of an employment offer. The application must be signed and dated by the applicant prior to submitting it for review and approval of a job offer.

Full Name of Applicant: \_\_\_\_\_

Applicant interviewed by: \_\_\_\_\_ Date of Final Interview: \_\_\_\_\_

Title of position applied for: \_\_\_\_\_

**QUALIFICATIONS:**  The applicant meets the following minimum qualifications for the position as stated in the Job Description:

List qualifications met:

**BACKGROUND CHECK STATUS:**

Applicant's work history or other activity verified for at least the past 5 years.  A minimum of two personal references contacted with commendations provided.  Criminal and other required background checks completed and all clear.

**FINAL REVIEW STATUS OF APPLICATION:**  Application Approved.  Application rejected as follows:

\_\_\_\_\_

*Authorizing Signature*

*Title*

*Date*