

# COMMUNITY CONNECTIONS, INC.

## Employment Application – Twin Falls



EOE / EMPLOYMENT ELIGIBILITY STATEMENT	CCI OFFICE USE ONLY	
Community Connections, Inc. is an Equal Opportunity Employer and all qualified 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.	DOH:	Rate:
	Dept:	
	Hired By:	
	Orientation Start Date:	

**Incomplete applications will not be considered. A resume will not be accepted in lieu of a properly completed application.**  
*Per State law, employees working in our Supported Living program must be 18 years of age or older. Anyone hired for a Supported Living position who does not meet the State's age requirement, per law, cannot work within the program and may forfeit employment.*

APPLICANT INFORMATION					
Last Name:	First:	M.I.:	Date:		
Street Address:			Apartment/Unit #:		
City:		State:		ZIP:	
Phone #:	Cell #:		Alt #:		
Email Address:			Social Security #:		
Emergency Contact:			Phone #:		
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a <u>reliable</u> vehicle (excluding motorcycles / mopeds)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you CPR <u>and</u> First Aid Certified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you Medication Certified (SAM)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have automobile insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If <u>yes</u> , when?		
Have you had a background check with the Idaho Department of Health & Welfare in the past 3 years?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you <u>free</u> of communicable diseases and skin lesions?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION					
<i>If you need more space or have additional education to list, please list on a blank sheet of paper and attach to application.</i>					
High School:			Still Attending? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> GED <input type="checkbox"/>			Highest Grade Completed:		
			Can you provide proof of graduation/GED (i.e. copy of certificate/degree)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
College:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major/Degree:
Other:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Major/Degree:
Please describe any relevant experience you have working and/or interacting with children and/or adults with developmental disabilities:					
<u>Why</u> are you interested in working with individuals with developmental disabilities?					

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Are you comfortable working with participants who require personal care assistance (i.e. toileting, bathing, dressing, heavy lifting, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please explain:			
Are you comfortable working with participants who can be physically aggressive (i.e. hitting, punching, kicking, scratching, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please explain:			
<b>PREVIOUS EMPLOYMENT</b>			
<i>List all current and former employers, beginning with your current or most recent employer. If you need more space or have additional employers to list, please list on a blank sheet of paper and attach to application. <b>Do NOT refer to your resume.</b></i>			
Company:		Phone #:	
Address:		Supervisor:	
Job Title:	Starting Pay: \$	Ending Pay: \$	
Responsibilities:			
From:	To:	May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving:			
Company:		Phone #:	
Address:		Supervisor:	
Job Title:	Starting Pay: \$	Ending Pay: \$	
Responsibilities:			
From:	To:	May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving:			
Company:		Phone #:	
Address:		Supervisor:	
Job Title:	Starting Pay: \$	Ending Pay: \$	
Responsibilities:			
From:	To:	May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving:			

<b>REFERENCES</b>	
<i>Please list two professional or personal references.</i>	
Full Name:	Relationship:
Company:	Phone #:
Address:	Number of Years Known:
Full Name:	Relationship:
Company:	Phone #:
Address:	Number of Years Known:

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<b>EMPLOYMENT DESIRED</b>			
Position Applying For:			
Are you interested in applying for or learning more about an internship to earn credits for a university program?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you available Full Time or Part Time?	FT <input type="checkbox"/> PT <input type="checkbox"/>	Desire Full Time, but will accept Part Time?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Available:	Desired Pay Rate:	Number of hours per week requested (i.e., 25 – 30 hrs):	
List the Hours You Are <b>AVAILABLE</b> to Work:		List the Hours You ARE <b>NOT AVAILABLE</b> to Work:	
Monday:		Monday:	
Tuesday:		Tuesday:	
Wednesday:		Wednesday:	
Thursday:		Thursday:	
Friday:		Friday:	
Saturday:		Saturday:	
Sunday:		Sunday:	
Are there any upcoming changes to your schedule that will affect your availability in the next 3 months (i.e., starting or finishing school, travel, etc.)? If yes, describe:			YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>LEGAL</b>			
<i>State of Idaho regulations require a criminal, employment, and personal background check on all new employees. The following questions below are taken directly from the Idaho State Background Check Application.</i>			
Have you <u>ever</u> been arrested or, received a citation for any misdemeanor or felony offense (including a DUI or DWI) in Idaho or any other state? <b>This includes any prior or current misdemeanor or felony charges, arrests, or convictions (even if sealed, dismissed, or resulted in withheld judgment).</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please list date(s), the specific charge(s), and explain:			
Have you ever been <u>convicted</u> of a misdemeanor or felony offense in Idaho or any other state? <b>This includes any prior or current misdemeanor or felony convictions (even if sealed, dismissed, or resulted in withheld judgment).</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please list date(s), the specific charge(s)/conviction(s), and explain:			
Have you ever been involved in a Child or Adult Protection Action or investigation that was substantiated in Idaho or any other state?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please list date(s), the specific charge(s), and explain:			
Are you currently under investigation for a crime or awaiting a judgment in Idaho or any other state?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please list date(s), the specific charge(s), and explain:			

<b>TRAVEL / VEHICLE USE</b>			
Are you willing to use your personal vehicle to transport participants in and around the community?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
What areas are you willing to travel to/work in? (Check all that apply.)			
Twin Falls	YES <input type="checkbox"/> NO <input type="checkbox"/>	Wendell / Gooding	YES <input type="checkbox"/> NO <input type="checkbox"/>
Buhl	YES <input type="checkbox"/> NO <input type="checkbox"/>	Bellevue / Hailey	YES <input type="checkbox"/> NO <input type="checkbox"/>

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Jerome	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Rupert / Burley	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Filer / Curry	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Shoshone	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Carey	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Kimberley	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>CERTIFICATIONS AND RELEVANT EXPERIENCE</b>					
Adult Developmental Specialist	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Employment Specialist	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Adult Developmental Therapy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Job Coaching / Work Services	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Clinical Supervisor / Hab Intervention Certified	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Mandt / Restraint Certified	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Habilitative Supports / Children's DT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Residential Habilitation / Supported Living	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Behavior Intervention / IBI	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Signing – American Sign Language	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certified Nursing Assistant	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Signing – Finger Spelling	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Caregiver	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Targeted Service Coordinator	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mental Health Services	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other (list):		
Do you speak a foreign language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If <u>yes</u> , list:		
Are you interested in other CCI positions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If <u>yes</u> , list:		

<b>SIGNATURE</b>	
<p>I certify that the statements and information furnished by me in this application are true and correct to the best of my knowledge. I understand that any false information on this application is grounds for refusal to hire and, if employed, will be cause for immediate dismissal at any time CCI becomes aware of the falsified information.</p> <p>I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, and criminal history, subject to applicable Federal, State, and/or Local laws.</p> <p>I understand and agree that if employed, the employment will be "at will". That is, either I or CCI may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by CCI does not imply employment and that this application and/or any other CCI documents are not contracts of employment.</p> <p>I understand that CCI is a drug free workplace and that I am subject to drug testing per reasonable suspicion.</p> <p><b>My signature certifies that I have read and agree with the above statements.</b></p>	
Signature:	Date:

Community Connections, Inc. – Twin Falls  
 212 2<sup>nd</sup> Ave. W. Units 102 & 104  
 Twin Falls, ID. 83301  
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 Fax: (208) 773-1389