

# DEVELOPMENTAL ENRICHMENT CENTERS EMPLOYMENT APPLICATION

**PERSONAL DATA (Please Print)**

Full Name *(Last, First, M.I.)* \_\_\_\_\_ Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present Address: *(No, Street, City, Zip)* \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Primary Phone No: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone No.(\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No.(\_\_\_\_\_) \_\_\_\_\_

Position applying for:  \_\_\_\_\_

Have you previously applied to or worked for DEC? .....  Yes  No

*If "yes", give dates of employment.* \_\_\_\_\_

Do you have any friends or relatives working for DEC? .....  Yes  No

*If "yes", state name(s) and relationship:*

Name	Relationship
Name	Relationship

Were you referred by anyone?  Yes  No If "yes", who? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? .....  Yes  No

Do you have a valid Driver's License issued in the state for which you are applying for work?.....  Yes  No

Many of our positions require transporting passengers. If hired, do you have a reliable vehicle, with working seatbelts, in which you would be able to legally transport up to 4 passengers? .....  Yes  No

Do you currently have automobile liability insurance? .....  Yes  No

Are you at least 21 years old? .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Were you ever convicted of a felony or misdemeanor?\* .....  Yes  No

If "yes", please explain: \_\_\_\_\_

\*You need not disclose a conviction: a) that was judicially expunged or sealed; b) for a marijuana-related offense over 2 years old; c) if you completed a pre-trial diversion program; or d) for a misdemeanor for which probation has been successfully completed (or otherwise discharged) and the case was judicially dismissed. A conviction will not necessarily be a bar to employment.)

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## Education, Training, and Experience

SCHOOL	NAME AND ADDRESS	# YEARS	DID YOU GRADUATE?	DEGREE/DIPLOMA
<b>High School</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
<b>College/ University</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
<b>Vocational/ Business</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			

Do you have any skills, other training or certifications i.e. computer skills, First Aid, CPR, CIT?  Yes  No  
 If "yes", please list : \_\_\_\_\_

Are you bilingual?  Yes  No If yes, what language other than English do you speak? \_\_\_\_\_

Do you have any experience working with individuals with disabilities? ...  Yes  No  
 If "yes," please explain \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No  
 If "no," please describe the functions that cannot be performed. \_\_\_\_\_

*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)*

Have you ever served in the military? .....  Yes  No  
 If "yes", you will be asked to provide a copy of your DD214 if you are hired.

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**Employment History**

List below all present and past employment starting with your most recent employer (last seven years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

Type of Business: \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Salary: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

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

May we contact this employer for a reference? .....  Yes  No

Name of Employer: \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

Type of Business: \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Salary: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

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

May we contact this employer for a reference? .....  Yes  No

Name of Employer: \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

Type of Business: \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Salary: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

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

May we contact this employer for a reference? .....  Yes  No

**Note: Use back of application if additional space is needed.**



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**STATEMENT OF UNDERSTANDING**

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize DEC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that DEC is an At-Will employer and nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_ DEC is a zero-tolerance company, and prohibits employees from being present on company premises or conducting DEC business while under the influence of alcohol or drugs. It is unlawful to illegally manufacture, distribute, possess, or use a controlled substance in the workplace. DEC conducts random drug testing to ensure an alcohol and drug-free work place in compliance with all rules and regulations. Once offered a position with DEC, all potential employees will be subject to a drug screen. Post-offer, pre-placement drug testing must be completed prior to any new employee having contact with people receiving supports.

\_\_\_\_\_  
**Applicant's Signature**

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