



## Application Cover Sheet

Name \_\_\_\_\_ Date \_\_\_\_\_

1. How did you hear about the position \_\_\_\_\_
2. Do you have any planned time off in the next 6 months if so please list the dates. \_\_\_\_\_

I understand that to be eligible for hire I must successfully pass the following:

3. Limited Criminal History in the counties and states where I have resided in the past 5 years.
4. Drivers License screen in the state where my DL was issued
5. Nurse aid registry
6. Sex offender registry
7. Verification that I am eligible to work in the United States (valid social security card)

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

To be considered for hire you need to verify that you have the following:

- Current and Valid Drivers License
- Reliable vehicle that is available to me during my work schedule
- Current and Valid vehicle insurance
- I am willing to have a TB test administered by MDC Goldenrod

I am currently certified in CPR yes \_\_\_\_\_ no \_\_\_\_\_ (if not, I am aware that I am responsible to pay for my certification class.)

I am currently certified in First Aid yes \_\_\_\_\_ no \_\_\_\_\_ (If not, I am aware that I responsible to pay for my class to be certified)

I verify that the above information is accurate:

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

For office use only:

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## Employment History

Starting with your present or most recent job, list your employment experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.

Company Name and Mailing address	Phone Number	
	Job Title:	Name of Supervisor:
	Employment Dates From: _____ To: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	Salary/Hourly Rate Start: _____ End: _____	
Job duties performed:		
Reason for leaving?		
Company Name and Mailing address	Phone Number	
	Job Title:	Name of Supervisor:
	Employment Dates From: _____ To: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	Salary/Hourly Rate Start: _____ End: _____	
Job duties performed:		
Reason for leaving?		
Company Name and Mailing address	Phone Number	
	Job Title:	Name of Supervisor:
	Employment Dates From: _____ To: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	Salary/Hourly Rate Start: _____ End: _____	
Job duties performed:		
Reason for leaving?		

*Please explain any gaps in employment:*

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## References

**INCLUDE A MINIMUM OF THREE REFERENCES.** Please provide professional references and persons who are capable of evaluating your work performance. One reference may be a personal reference (*please do not include family members or anyone you are in a dating relationship with*).

Name:		Relationship:	
Address:		How long have you known this person?	
City:	State:	Zip Code:	
Email:			
Phone:			
Name:		Relationship:	
Address:		How long have you known this person?	
City:	State:	Zip Code:	
Email:			
Phone:			
Name:		Relationship:	
Address:		How long have you known this person?	
City:	State:	Zip Code:	
Email:			
Phone:			
Name:		Relationship:	
Address:		How long have you known this person?	
City:	State:	Zip Code:	
Email:			
Phone:			
Name:		Relationship:	
Address:		How long have you known this person?	
City:	State:	Zip Code:	
Email:			
Phone:			

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## Mission Statement

MDC Goldenrod believes that because all persons are created in God's image, every human life has equal value. Acting on this, MDC Goldenrod, as a ministry of Anabaptist and other participating congregations, recognizes the gifts of individuals with disabilities. MDC Goldenrod seeks to do this in ways that promote development of individuals, strengthen the family, and encourage continued congregational involvement.

## Applicant's Statements

1. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. I further understand any conditional offer of employment will involve obtaining a criminal background report, pre-employment drug screen, and/or driver's license verification. I hereby authorize the organization, if they wish, to make such inquiries.
2. I hereby release all parties, personal references, and previous employers from any and all liability for any injury or damage that may result from their furnishing information to our organization concerning me or any action that we take on the basis of such information.
3. I understand that this application is not a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by this organization or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other material do not create any guarantee of employment and that this organization has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of this organization, other than a corporate officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing, signed by an authorized officer, and be specifically for employment, to be binding on this organization.
4. I certify that I have read the above mission statement and will conform to its expectations.
5. I certify that this application was completed by me and that all entries on it and all information contained in (this application, resume, and any supplement thereof) is CORRECT and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information given in my application (or during interviews) may result in termination.
6. I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal Immigration laws require me to complete an I-9 Form in this regard.
7. I understand that MDC Goldenrod employees are paid by direct deposit and agree that, if I am hired, I will designate and maintain an account for the direct deposit of my payroll check.
8. **I understand that background checks have to be successfully completed in order to initiate and maintain employment.**  
**Initials:** \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

# Direct Support Professional Availability Form



DSP Name: \_\_\_\_\_

Date: \_\_\_\_\_

All Direct Support staff members are required to declare the hours they are available to work along with the maximum number of hours per week they are willing to work. Please keep in mind that MDC Goldenrod provides services 24/7 to our clients as well as during holidays, and some staffing is needed at all hours every day.

DSPs are expected to work every-other weekend (either both days every-other weekend or one day every weekend).

When your availability changes you need to fill out and submit a new Availability Form. This is your responsibility! If an employee's availability does not meet the needs of MDC Goldenrod, it may affect their schedule. The more tightly you limit your availability the more difficult it becomes to provide full-time hours. The longer your indicated availability can remain the same the easier it is to know and work with your preferences. If the availability changes more often than every 90 days, it may affect the ability to schedule you for your preferences. Scheduling preferences and requests for time off must follow the guidelines laid out in MDC Goldenrod's Employee Handbook and personnel policies.

**Maximum number of hours** per week: \_\_\_\_\_ (up to 40; 30 hours or more is considered full-time)

**For on campus clients:**

Agency owned houses have set shifts. Please indicate which hours you are available within each shift.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am – 3pm							
3pm – 11pm							
11pm – 7am							

**For off campus clients:**

Please fill out the following table. Please keep in mind that we provide staffing 24/7 and on holidays. Specify times by hours, not by a general note such as “mornings,” “days” or “all day.”

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MDC GOLDENROD**  
**1514 College Ave**  
**Goshen, IN 46526**  
**(574)533-9720 Fax (574)534-9817**

**Criminal History Request  
 Consent Form**

4/22/09

The purpose of this form is to verify that the applicant understands and consents to the criminal history background check and driving record check process. **PLEASE PRINT LEGIBLY.**

<b>Legal First Name</b>		<b>MI</b>	<b>Legal Last Name &amp; Suffix</b>		<b>Date of Birth</b>
<b>Social Security Number</b>	<b>Driver's License Number</b>	<b>I have lived at my current address since</b>			<b>County</b>
<b>Current Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>List <u>All</u> Former Names</b>					

**If, in the last three years, you have lived in a different county or state than what you have listed above, please provide that information below.**

<b>State</b>	<b>County</b>	<b>Starting Date</b>	<b>Ending Date</b>

**Please Read Each Statement Before Signing**

1. I understand that MDC Goldenrod has instituted a Criminal History Request consent form per the 460 IAC requirements by the State of Indiana. These requests are necessary to protect the safety of the Company's work force and workplace.
2. My Signature below confirms that I voluntarily agree and consent to the Company requesting Criminal History Checks to be conducted by the State Police and the Counties I have lived in over the past three years. I also agree to a Driving Record Check.
3. A Statewide Criminal History and County of Residence Check will be completed upon hire. I understand that the offer of employment is contingent on having background checks that meet the requirements outlined in 460 IAC 6-10-5 b.
4. I understand that Criminal History Checks are required by the state every three years, and hereby consent to these checks as needed throughout my employment.

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