

Application for Employment



Meaningful Day Services seeks to provide an array of services of the highest quality for individuals with challenges to their functioning and quality of life.

CORPORATE OFFICE: 317-858-8630 | FAX: 317-858-8715 | 225 South School Street, Brownsburg, Indiana 46112 | www.meaningfuldays.com

Providing quality, hands-on services that enhance and improve the independence of each unique individual.

UNIFORM APPLICATION FOR EMPLOYMENT

Position Sought: _____ Location: _____ Application Date: _____

Have you ever worked for Meaningful Day Services? Yes No

If yes, when? _____ Location? _____

Were you referred by an MDS employee? _____ YES – What is the Employee’s Name: _____

_____ NO – How did you hear about our company? _____

NOTE: You must complete this entire application, even if attaching a resume or submitting through the web. Meaningful Day Services offers reasonable accommodation in the employment process for individuals with disabilities. If you need assistance, you may request an accommodation at any time by contacting the Meaningful Day Services Human Resources Department. *Please complete entire application to ensure processing.*

PERSONAL INFORMATION (PLEASE PRINT)					
Last Name	First Name	Middle Name	Social Security Number		
Present Address	City, State		Zip Code		
Cellular Telephone	Home Telephone	Other Contact Methods (work phone, email)			
Other names you are known by: _____					
If hired, when can you begin employment: _____					
Are you at least 18 years old?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have relatives who presently work for Meaningful Day Services?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , provide name, relationship, and location: _____					
Have you ever worked for a company that processes claims and payment for Medicare (a fiscal intermediary)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you presently excluded or disqualified by the Office of the Inspector General (OIG) for participation in Medicare/Medicaid?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible for employment in the United States?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been involuntarily terminated? If so explain.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any criminal convictions in the last 10 years – including any misdemeanors? (that have not been expunged)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , list all convictions that are a matter of public record (arrests are not convictions) and explain (attach sheets, if necessary). <i>A conviction will not necessarily bar employment. Each conviction is judged on the merits with respect to time, circumstances and severity.</i>					
If Yes , list all convictions (arrests are not convictions) and explain. (Attach additional sheets, if necessary).					
EDUCATIONAL HISTORY					
High School Graduate?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , list high school name, city, and state: _____					
GED?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Colleges/Universities/Trade Schools	Location		Graduated?		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other additional training you received that relates to the position for which you are applying (courses, seminars, certificate programs, etc.)					

CERTIFICATIONS			
Training Completed (only list certifications that are currently valid):			
		Expires:	
		Expires:	
First Aid?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
CPR?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Other Certifications?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Describe:			
TRANSPORTATION			
Do you have a VALID Driver's License?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
If yes, provide:			
Driver's License #:	State:	Expiration:	
Vehicle Make:	Year:	License Plate #:	
Is your vehicle insurance current and is your name listed on the policy?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
Is your vehicle registration current?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
Does your vehicle have working seatbelts for all passengers?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
Can your vehicle transport a wheelchair (with a rack) if required for the job?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
ADDITIONAL ESSENTIAL FUNCTIONS			
Are you aware of Meaningful Day Services' mission of Meaningful Day seeking to provide an array of services of the highest quality for individuals with challenges to their functioning and quality of life?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
Are you willing to work with individuals who may display challenging behaviors such as physical or verbal aggression, difficulty with receptive and expressive language, learning, mobility, self-direction and self-care, and/or limited capacity for independent living or economic self-sufficiency?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
Are you able to provide physical assistance to individuals with disabilities?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
Are you able to work more than 40 hours a week on occasion?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
Are you able to bend, kneel, lift (up to 25 pounds), stoop, stand and/or sit for long periods of time, work in a community environment, handle wheelchair requirements (if needed), with or without reasonable accommodation?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
AVAILABLE HOURS			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

RECORD OF EMPLOYMENT

List your current and prior employers over the past ten (10) years, starting with most recent. Please include any internship or volunteer experience which is related to the job for which you are applying. **Please complete all information, even if you attach a resume.**

Meaningful Day Services, in considering my application for employment, may verify the information set forth below and obtain additional background information relating to me. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information concerning my background. I hereby authorize Meaningful Day Services to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I further authorize persons, schools, my current employer (if applicable), previous employers, law enforcement agencies, military services, and other organizations contacted by Meaningful Day Services to provide any relevant information that they may have about me, including but not limited to my current and/or previous employment. I release all such persons and entities from any legal claims I may bring for providing truthful information. .

I understand that in the event my application is not fully completed that it may not be eligible for employment.

By submitting this application, I represent that I have read, understand and agree to this statement.

ARE YOU EMPLOYED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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1	Company Name/Type of Business		Telephone		
	Address		Employed (Give Month and Year)		
			From:	To:	
	Name of Supervisor		Compensation		
			Start:	End:	
	Job Title and Description of Your Work (attach additional sheets, if necessary)		Reason for Leaving:		
Was this job: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Number of hours Worked per week:			
2	Company Name/Type of Business		Telephone		
	Address		Employed (Give Month and Year)		
			From:	To:	
	Name of Supervisor		Compensation		
			Start:	End:	
	Job Title and Description of Your Work (attach additional sheets, if necessary)		Reason for Leaving:		
Was this job: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Number of hours Worked per week:			
3	Company Name/Type of Business		Telephone		
	Address		Employed (Give Month and Year)		
			From:	To:	
	Name of Supervisor		Compensation		
			Start:	End:	
	Job Title and Description of Your Work (attach additional sheets, if necessary)		Reason for Leaving:		
Was this job: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Number of hours Worked per week:			

4	Company Name/Type of Business		Telephone		
	Address		Employed (Give Month and Year)		
			From:	To:	
	Name of Supervisor		Compensation		
			Start:	End:	
Job Title and Description of Your Work (attach additional sheets, if necessary)		Reason for Leaving:			
Was this job: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Number of hours Worked per week:			
5	Company Name/Type of Business		Telephone		
	Address		Employed (Give Month and Year)		
			From:	To:	
	Name of Supervisor		Compensation		
			Start:	End:	
Job Title and Description of Your Work (attach additional sheets, if necessary)		Reason for Leaving:			
Was this job: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Number of hours Worked per week:			
RESIDENTIAL HISTORY <i>Provide all residential addresses you have used in the past five (5) years.</i>					
Street Address		City	State	County	Dates (MM/YY – MM/YY)
REFERENCES <i>Provide the names of three (3) professional references whom you have known at least one (1) year. (Friends and Family Members are NOT acceptable references.)</i>					
Name	Position	Address (city/state)		Telephone Number/Email Address	
1.					
2.					
3.					

APPLICANT ACKNOWLEDGEMENT

I certify that the responses entered by me on this employment application are true and complete. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I agree the company is not liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me in the application.

I understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility to work in the United States (in compliance with the Immigration Reform & Control Act of 1986), and complete a post-offer medical questionnaire, as a condition of employment. I understand that I may be required to sign a confidentiality, non-solicitation and/or non-compete agreement and a consent form for drug testing, should I become an employee of Meaningful Day Services.

I understand that this application is not a contract, offer, or promise of employment and that if hired, I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time, with or without cause, unless otherwise required by law. I further understand that my at-will employment can be changed only by a written agreement signed by the Chief Executive Officer of Meaningful Day Services. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this application does not indicate there is a position open and does not obligate Meaningful Day Services to hire me.

I affirm that I have not been convicted or otherwise found guilty or responsible by law of maltreatment or physical, sexual, emotional abuse or neglect against a child or an adult and am not currently under investigation for such acts. I understand that criminal background, abuse and neglect checks will be required as a precondition of employment or continued employment and that my employment with Meaningful Day Services is contingent upon satisfactory clearance.

Signature: _____

Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE WORKFORCE.

Please bring the following documents with you in the event you have been selected for an interview:

- 1. Valid Driver's License*
- 2. Proof of Insurance – Current*
- 3. TB Test Results*
- 4. CPR/FA Certification, if current*

EEOC INFORMATION

Meaningful Day Services does not discriminate against qualified applicants based upon any protected group status, including but not limited to: race, color, creed, religion, sex (except where it is a bona fide occupational qualification), national origin, ancestry, age, marital status, military or veteran status, sexual orientation, physical or mental disability or medical condition/genetic information as defined by applicable equal opportunity laws.

To help us comply with federal/state equal opportunity record keeping, reporting and other legal requirements, we would appreciate you voluntarily providing the information below.

GENDER:

- Female
- Male
- I do not wish to enter voluntary self-identification EEOC information.**

ETHNIC GROUP:

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White or Caucasian (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

African American or Black (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

- I do not wish to enter voluntary self-identification EEOC information.**