



Application for Employment

(Please print all information clearly in ink)

Thank you for choosing Options for possible employment. It is our policy to make hiring decisions based on individual skills and abilities regardless of race, color, religion, sex, age, national origin, sexual orientation or disability. Should you require any assistance or reasonable accommodation to complete this application or participate in interviews, please make a note on the application or notify the Human Resources Department. Completion of this application does not imply that you will be employed or that you are obligated to accept employment with Options.

This application will remain active for sixty (60) days. If you desire employment after that time, you must submit a new application.

Today's Date: _____ **Desired Position** _____
Month Day Year

Name _____
Last First Middle

Other names you have previously used _____

Address _____
Number Street Apt. City State Zip

Home Phone (_____) _____ **Work Phone** (_____) _____

E-Mail Address _____ **Cell Phone** (_____) _____

Permanent Address _____
 (If different) Number Street Apt. City State Zip

Do you have a legal right to be employed in the U.S.? YES NO

How did you learn about Options?

Options Employee Referral (please include the name of the employee who referred you)		
Adult Education center		Newspaper Ad (Where did you see the ad?)
Options Website		T.V. Commercial (What station?)
Customer or family referral		Senior citizen/retiree group (please name)
Friend referral		Youth group/school (please name)
Job Fair		Options culture in community
Have worked at Options before		Another Agency (please name)

Have you applied at Options before? YES NO If yes, when? _____

Are you 18 or older? (You must be 18 to apply) YES NO

Do you have a current valid driver's license? _____ Do you have valid auto insurance? _____

Do you have reliable transportation? _____ (Most positions require use of own vehicle and insurance.)

Options
 200 East Winslow Road, PO Box 1732, Bloomington, IN 47402
 Phone: (812) 332-9615 Fax: (812) 332-1186
 www.optionsfbl.com E-mail Human Resources: bsandage@optionsfbl.com

Entered in ATS _____ by _____
Date Initials

Information meeting scheduled _____ by _____
Date Initials

Employment History: YOU MUST COMPLETE THIS SECTION, EVEN IF YOU ARE INCLUDING A RESUME. Please give your accurate, complete full- and part-time employment record. * Start with your present or most recent employer. If you held more than one position at an organization, please list each position on a separate line. Attach a separate sheet if necessary.

***PAYRATES ARE COMPUTED USING THIS INFORMATION- INCLUDE ALL PAST EMPLOYMENT and explain gaps in employment**

COMPANY NAME	DATES	JOB TITLE	RESPONSIBILITIES	REASON FOR LEAVING	May we contact this employer?	Office use only
CITY, STATE	(MO/YR)	SUPERVISOR(S)	List the major job duties you performed	List the reason you left this job		
PHONE:	Starting month/year Ending month/year	# HOURS WORKED PER WEEK				

YOUR WORK HISTORY. Begin with your current or most recent employer:

1		From:				YES	
	()	To:				NO	
2		From:				YES	
	()	To:				NO	
3		From:				YES	
	()	To:				NO	
4		From:				YES	
	()	To:				NO	
5		From:				YES	
	()	To:				NO	
6		From:				YES	
	()	To:				NO	
7		From:				YES	
	()	To:				NO	



Options is excited that you have chosen us for possible employment. Listed below are brief descriptions of our services and, in addition to the application, questions that we would request you complete, which allow us to partner your ability and availability.

Options is a nonprofit organization founded in 1982 by parents who had a vision to serve individuals with developmental disabilities. These families thought smaller, more personal homes would provide their children a better quality of life than institutions or nursing homes. As we grow, we keep that original vision in sight.

Options supports over 330 adults and children through tailor-made services. Our staff provides support and instruction to each person so they can become integral members of the community.

Our services include:

- Supported Living Services, providing adults an opportunity to live in their own homes with family or with alternative families.
- Children are supported in their family home or with alternative caregivers.
- Specialized services offered by Options are Personal Assistance, Alternative Family for Adults (AFA), Alternative Family for Children (AFC), Behavior Support, Residential-Based Habilitation, Individual Habilitation, Attendant Care, Respite care, and the Family Subsidy Respite Grant
- Options supports 12 adults in two group homes located in Monroe County and Spencer. A group home is a single-family residence, which offers each person an opportunity to live and learn in the community. Options' staff support growth towards greater independence, self-direction, and community participation.
- Supported employment is a service designed to help people with significant disabilities to obtain and keep competitive jobs. Options takes a team approach so that employment services are coordinated with all other supports an individual may receive from Options.

Options services are comprehensive and focused on the individual and their needs, not a set menu. Options has a great deal of experience in the community. We work cooperatively with other area service providers to ensure minimal duplication. We value excellence, customer-service, and using a team approach.

Date you are available to start: _____

Availability: check all that apply. Your application will not be processed further unless this is completed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evenings							
Overnight							

Would you be willing to provide transportation for the individual(s) you might support for events like community outings or medical appointments? Yes No

If No, please explain: _____

Would you be willing to make a commitment to attend paid training if offered a position? Yes No

Have you ever been convicted of a crime? Yes No

If Yes, please explain: _____

I agree to provide the following if offered employment: Local criminal history, driver's license, proof of eligibility to work in the U.S. (social security card, passport, birth certificate, or green card), satisfactory driving record, verification of current automobile insurance, tuberculosis test and results, high school diploma or equivalent, college degree, if required for position.

As with the attached application, I certify that the information provided in this document is true and complete to the best of my knowledge. I understand that misrepresentation or false or omitted facts will be sufficient cause for my dismissal, regardless of the time of discovery by the Agency.

Applicant Signature

Date

Office Use Only:	
Contacted Applicant:	Sent to Services:
Date	Date

Education and Training Skills

Do you have a high school diploma or GED? YES NO
 (This is a requirement for employment)

High School City, State	Did you Graduate? (yes/no)			Office Use Only
College or Trade/Business School City, State		Degree/Highest level completed	Major Coursework	

List any professional certifications, completed training courses, special training, or other job skills you possess:

Do you have experience with people with disabilities? _____ If yes, please explain:

<i>Location Desired</i>		<i>How many hours/week are you available?</i>	
Monroe County		Full-time (32-40 hours/week)	
Lawrence County		Part-time (10-31 hours/week)	
Owen County		Sub Pool (full-time or part-time)	
Brown County			
Greene County			
Bartholomew County			
Morgan County			

Personal References: Give the names of three persons we may contact. Do **not** include former employers or relatives.

Name	Relationship	Phone Number	Office Use Only
		()	
		()	
		()	

Certification:

"I certify that the information in this application is true and complete. I understand that misrepresentations or false or omitted facts will be sufficient cause for my dismissal, regardless of the time of discovery by the Agency. I also understand that, if hired, my employment is 'at-will' and for no definite time period. Either party may terminate the employment relationship at any time with or without notice.

I hereby authorize investigation of the statements contained herein and I hereby authorize the references provided in this application and all of my prior employers contacted by Options in connection with this application to fully respond to all inquiries concerning me and my prior employment, and I specifically waive prior written notice of disclosure of personnel record information, including, but not limited to, disciplinary reports, letters of reprimand, or other disciplinary action. I authorize my prior employers to provide Options with all information concerning my previous employment and any pertinent information such references may have, personal or otherwise. In consideration of the acceptance of my application for review by Options, I release the Agency and all other parties, including, but not limited to, my prior employers, from any claimed liability arising out of this application and/or any response, statement, or disclosure made by them."

Indiana state law requires Options to assure that no employee, owner or operator and/or contractor has been convicted of offenses listed in 460 IAC 6-10-5, 460 IAC 6-16-2(b)(2). Applicants are therefore required to read and sign the following declaration:

"I declare that I have never committed an act of abuse or fraud in relationship to a dependent person. I declare that I have never knowingly violated applicable rules or laws in any previous employment in residential health care or related employment. I declare that I have not been convicted of a sex crime, rape, criminal deviate conduct, exploitation of an endangered adult, failure to report battery, neglect, or exploitation of an endangered adult or abuse or neglect of a child, theft (if the conviction occurred less than ten (10) years before my employment application date), murder, voluntary manslaughter, involuntary manslaughter, felony battery, or a felony offense related to a controlled substance. I declare that I have never committed an act of abuse or fraud with Medicaid or Medicare. I have never been listed with a "finding" on the State Nurse Aide Registry of the Indiana State Department of Health. I understand that evidence to the contrary will be grounds for immediate dismissal.

I understand that due to the above state law and Options automobile regulation, Options will conduct a criminal history and driving record check if I am offered a position. I understand that employment may be terminated if my driver's license is revoked or if I accumulate 6 or more points on my license at any time during my employment."

Signature

Date

For Supervisor Use Only:

Date Routed: _____ Supervisor: _____ Potential Position: _____

1) Interview attempt: _____ Not interviewed: _____ Hours no longer available: _____ Notes: _____

2) Interview attempt: _____

3) Interview attempt: _____ Decision: _____ Date Routed back to HR: _____

Date Routed: _____ Supervisor: _____ Potential Position: _____

1) Interview attempt: _____ Not interviewed: _____ Hours no longer available: _____ Notes: _____

2) Interview attempt: _____

3) Interview attempt: _____ Decision: _____ Date Routed back to HR: _____

Date Routed: _____ Supervisor: _____ Potential Position: _____

1) Interview attempt: _____ Not interviewed: _____ Hours no longer available: _____ Notes: _____

2) Interview attempt: _____

3) Interview attempt: _____ Decision: _____ Date Routed back to HR: _____

For Office Use Only:

Position Offered/Program: _____ Pay Rate _____ Points _____

Reason Not Offered or Reason Applicant Declined Offer: _____

This application is to be routed for the Respite program, not for employment