

Willows Way, Inc.

800 Friedens Rd., Ste. 100, St. Charles, MO 63303

Phone: 636-947-6591, Fax: 636-757-0512 Email: hr@willowsway.org



APPLICATION FOR EMPLOYMENT

If at any time during the application or selection process, you believe you may require a special accommodation to perform the work for which you are applying, or assistance completing this application, please inform the Human Resources Department.

Please note that we conduct Pre-Employment Drug Screenings and use E-verify to verify eligibility for employment.

Name: _____ Date of application: _____
(Last) (First) (MI)

Position(s) applying for:

- Direct Support Professional (Residential) Direct Support Professional (RISE Day Program)
- Support Coordinator (Some college/experience req. - Residential) Community Resource Coordinator (Some college/exp. req.)
- Supervisor/Manager (Degree/experience typically required) Other: _____

Primary Phone: _____ Secondary Phone: _____ E-mail Address: _____

Address: _____
(Number/Street) (City) (State) (Zip Code)

Are you 18 years of age or older? Yes No Are you eligible to work in the United States? Yes No

How did you hear about this position? From Current Employee Name: _____

Ad: _____ Referral: _____ Other: _____
(Where?) (First/Last Name) (Please identify)

What type of employment are you seeking? Full-time Part-time; Number of hours desired per week: _____

Check all geographic work locations where you are willing to travel:

- St. Charles O'Fallon St. Peters Creve Coeur Florissant Valley Park University City
- Anywhere in North St. Louis County Anywhere in South St. Louis County
- Anywhere in West St. Louis County Anywhere in St. Charles County

- Have you ever been employed by Willows Way, Inc.? Yes No If Yes, when? _____
- Do you have a current valid driver's license? Yes No
- Do you have current active vehicle insurance? Yes No
- Do you have reliable transportation including working seatbelts, working air conditioner/heat, vehicle in overall good/clean/safe condition and available to you for every shift you may work? Yes No
- Depending on your experience & prior training, you will be required to attend 40-80 hours of training within the first 3 months of employment, at varying times. Do you agree to this? Yes No
- If hired, when would you be available to begin working for Willows Way? ____/____/____

Work History (Begin with *most recent* employer)

Employer: _____ Address: _____
From (Mo/Yr): _____ to _____ Job title: _____
Employment type: Full-time Part-time Average number of hours worked per week: _____
Starting pay: _____ Ending pay: _____
Supervisor's name and title: _____
Supervisor's phone number: _____
Responsibilities: _____

Reason for leaving: _____
May Willows Way, Inc. contact this employer for verification of information provided on this form?
Yes No Explanation, if applicable: _____

Employer : _____ Address: _____
From (Mo/Yr): _____ to _____ Job title: _____
Employment type: Full-time Part-time Average number of hours worked per week: _____
Starting pay: _____ Ending pay: _____
Supervisor's name and title: _____
Supervisor's phone number: _____
Responsibilities: _____

Reason for leaving: _____
May Willows Way, Inc. contact this employer for verification of information provided on this form?
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Supervisor's phone number: _____
Responsibilities: _____

Reason for leaving: _____
May Willows Way, Inc. contact this employer for verification of information provided on this form?
Yes No Explanation, if applicable: _____

Note: Additional work history and/or resume may be attached for consideration.

Volunteer, Internship, or Other Related Experience:

Describe any volunteer, internships or other related experience you would like to share:

Education/Skills

Do you have a high school diploma or general equivalency diploma (GED)? Yes No

List any education you have beyond high school below.

Name of School	City and State	# Credit Hours Completed	Area(s) of Study	Type of Degree (e.g., A.S., B.S., M.S.)	Degree Received?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: Copies of diplomas and/or educational transcripts or equivalent are required upon employment.

License/Certification (e.g., Mandt, CPR, First Aid, CNA, LPN, RN, etc.)

Name of Certification/License	Date of Issue	Expiration Date

Note: Copies of licenses/certificates or equivalent may be required upon employment.

Please check computer/data entry skills in which you are proficient:

Typing Internet Use Word Processing Spreadsheet Applications

Other: _____

Applicant Statements

- 1. Discuss any personal or professional attributes you possess that might help you better perform the duties of the job you seek.

- 2. Describe any experience(s) you have had with people who have disabilities (if any).

Background Verification

Are you listed as 'disqualified for employment' on any funder lists i.e. Division of Health & Senior Services, Family Services (Child abuse/neglect), Department of Mental Health? Yes No

Have you ever been *convicted* of a crime? Yes No (A conviction record will not necessarily be a bar to employment, but facts such as history, Missouri law and funding entity requirements will be considered.)

If Yes, list the conviction(s) with details including dates:

List all U.S. states in which you have resided including your current state of residence: _____

To the best of my knowledge, the answers on this application are true and correct. I realize that falsification of any of the application information may be cause for (1) not being employed, or (2) termination, if hired. Failure to answer all of the requested information on this application may result in my not being considered for employment. Furthermore, I understand that Willows Way is an At Will Equal Opportunity Employer. I understand that I will be required to pass any required background checks if offered a position with Willows Way.

Signature of Applicant: _____ **Date:** _____

Applicant Availability

Please Note: Willows Way, Inc. provides continuous **24-hour support** to people with disabilities. Applicants seeking to work directly with individuals with disabilities may limit their opportunity for employment if they have limited availability, especially if seeking full-time employment.

Name: _____ Date: _____

Phone number(s): _____

Number of hours you wish to work per week: _____

During what time frames are you NOT available (i.e. Tuesday 6-9pm: I have school):

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Are you available for asleep overnight shifts? Yes No

Are you available for awake overnight shifts? Yes No

Additional availability information:

