

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)

Personal Pronouns: She/Her He/Him They/Them Other (please specify) _____ Do not wish to share

Position(s) applying for:

- Direct Support Professional (Residential) Direct Support Professional (RISE Day Program)
 Home Coordinator (Residential-experience required) Realities Community Resource Coordinator (Some college/exp. req.)
 Supervisor/Manager (Experience 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:

- 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 3-5 weeks 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? ____/____/____
- Are you related to any Willows Way clients or employees? Yes No If yes, who? _____

Work History (Begin with *most recent* employer)

Employer: _____ City/State: _____
From (Mo/Yr): _____ to _____ Job title: _____
Employment type: Full-time Part-time
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: _____ City/State: _____
From (Mo/Yr): _____ to _____ Job title: _____
Employment type: Full-time Part-time
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: _____ City/State: _____
From (Mo/Yr): _____ to _____ Job title: _____
Employment type: Full-time Part-time
Responsibilities:

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

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 high school equivalency diploma? 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"/>
					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.

Background Checks

If you are listed as 'disqualified for employment' on any funder lists i.e. Division of Health & Senior Services, Department of Mental Health, or have been convicted of a 'disqualifying crime' per our funder guidelines, you may be ineligible for hire.

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 in our residential program may limit their opportunity for employment if they have limited availability, especially if seeking full-time employment.

During what time frames are you available to work :

Sunday: _____
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____

Are you available for *asleep overnight shifts? Yes No
*Asleep overnights paid at minimum wage

Are you available for awake overnight shifts? Yes No

Additional availability information:

