



CENTER FOR DEVELOPMENTALLY DISABLED

1010 WEST 39TH STREET

KANSAS CITY, MO 64111

816-531-0045

PLEASE READ BEFORE FILLING OUT APPLICATION FOR EMPLOYMENT

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

❖ The following items are requirements for employment at CDD

1. You must have a high school diploma or GED prior to being hired.
2. Applicants must be 18 years of age to work for CDD.
3. You must be willing to work evenings, weekends and some holidays.
4. You must have the ability to read and document behaviors, understand and implement resident training plans, and assist resident with personal hygiene (e.g. tooth brushing, bathing, showering, shaving, dressing, etc...)
5. You must have the ability to pass training courses in medication administration, first aid, and CPR.
6. Reliable transportation and a Motor Vehicle Record check are required for some positions. Auto insurance coverage is required for some positions as well.
7. CDD needs to be able to reach you by telephone.
8. Be aware that CDD will run a criminal background check.

❖ The following items are preferences for full-time staff

1. We prefer non-smokers
2. It's helpful for all full-time staff to have a valid driver's license and be able to obtain a chauffeur's license if needed.

NO PHONE CALLS PLEASE

CDD's mission is To support persons with disabilities in achieving their fullest potential

APPLICATION FOR EMPLOYMENT

Application Sections

- 1) Personal Information
- 2) Education
- 3) Employment History
- 4) Personal References
- 5) Reference Check

CDD
1010 W 39th Street
Kansas City, MO 64111
816-531-0045
fax 816-756-5612
www.cddkc.org

SECTION #1

PERSONAL INFORMATION

Today's Date: _____

Watched video? Y / N DATE: _____

Referred by: _____

(for office use only)

Name (Last, First, Middle Initial) _____

Address (House Number, Street, City, State, Zip Code) _____

Home Phone Number _____

Cell Phone Number _____

E-mail address _____

Position you are applying for (be specific) _____

Days/Hours available to work (most shifts are in the evening and weekends) :

No Pref _____ Mon _____ Tue _____ Wed _____ Thur _____ Fri _____

Sat _____ Sun _____

Type of Employment desired:

_____ Full-time only _____ Part-time only _____ Full or Part-time

Driver's license (number, state, expiration date) _____

Have you driven a full size van? _____

Number of moving violations in the past three years (tickets/accidents) _____

Do you have a disabling condition that would inhibit driving? _____

Have you ever been denied a driver's license? _____

Have you ever been convicted of a felony? Yes No If yes, give dates and explain: _____

Have you ever worked at CDD before? If yes, please state when and position(s) held _____

Are you authorized to work in the U.S.? Yes No

If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986

How soon would you be available to work? _____

Name, address and phone number of person to contact in case of emergency: _____

Are you a smoker? Yes No

APPLICATION FOR EMPLOYMENT (CONTINUED)

SECTION #2 EDUCATION, TRAINING & CERTIFICATIONS

Please list all education beginning with most recent

Name and Location of School	# of years completed	Did you graduate	What was your Degree
College			
High School/GED/Other			
Other Education			
CPR	1 st AID	Medication administration	MANDT or CPI

SECTION #3 EMPLOYMENT HISTORY

List all employment including military and volunteer service starting with the most current position held. Show employment history for at least 10 years or from the time you left school. You may attach certificates or a resume to supplement the information.

Most Recent Organization Name:

Organization Phone:

Dates Employed (month/year) From: To:	Your Title:
Supervisor:	May we contact this employer?
Reason for leaving:	
Brief description of duties:	

Organization Name:

Organization Phone:

Dates Employed (month/year) From: To:	Your Title:
Supervisor:	May we contact this employer?
Reason for leaving:	
Brief description of duties:	

APPLICATION FOR EMPLOYMENT (CONTINUED)

SECTION #3 EMPLOYMENT HISTORY

Organization Name:

Organization Phone:

Dates Employed (month/year)

Your Title:

From: To:

Supervisor:

May we contact this employer?

Reason for leaving:

Brief description of duties:

Organization Name:

Organization Phone:

Dates Employed (month/year)

Your Title:

From: To:

Supervisor:

May we contact this employer?

Reason for leaving:

Brief description of duties:

Organization Name:

Organization Phone:

Dates Employed (month/year)

Your Title:

From: To:

Supervisor:

May we contact this employer?

Reason for leaving:

Brief description of duties:

APPLICATION FOR EMPLOYMENT (CONTINUED)

SECTION #4 PROFESSIONAL REFERENCES

DO NOT INCLUDE PAST SUPERVISORS OR FAMILY MEMBERS. By listing these references, you are giving CDD permission to contact these people and release CDD from liability for using information given for employment purposes.

Name	Phone Number	Years Known

What do you think are your strongest qualities, skills and abilities? (Note: at the end of each line, move to the next one.)

What do you think you would like to accomplish by working in the MR/DD field? (Note: at the end of each line, move to the next one.)

I understand and agree that:

- 1) Any falsified information or significant omissions on this pre-employment application will be grounds for termination of employment.
- 2) This is an application for employment and that no employment contract is being offered.
- 3) If I am employed, such employment is for an indefinite period of time and the agency can change wages, benefits and conditions at any time.
- 4) Employment is at-will employment.
- 5) Even though the agency makes every effort to accommodate individual preference, resident needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, holiday work, work schedule other than Monday through Friday.
- 6) I understand that CDD may take adverse action affecting my employment, based on information in my criminal history background record.

Date: _____ Signature: _____

CENTER FOR DEVELOPMENTALLY DISABLED IS AN EQUAL OPPORTUNITY EMPLOYER

SECTION #5

APPLICANT - COMPLETE INSIDE THIS BOX ONLY

Print Name: _____ Social Security # _____

I hereby authorize the employer listed below to provide information regarding my employment to the Center for Developmentally Disabled. I release you and CDD from any and all liability from damages for providing/using the information requested for employment purposes.

Applicant's Signature _____ Date: _____

*****PLEASE DO NOT FILL OUT BELOW THIS BOX*****

Company _____

Address: _____

Phone: _____ Attn: _____

Dear Employer,

We are considering the above named individual for possible employment with our organization and the applicant has listed you as a former employer. We would very much appreciate your evaluation of his/her work. All information will be kept in strict confidence.

Stated employment dates: From: _____ To: _____ ACTUAL DATES: From: _____ To: _____

Reason for leaving: _____

Eligible for rehire? Yes No If no, why? _____

Job title: _____

What were his/her strong points? _____

Any areas that needed improvement? _____

JOB PERFORMANCE	VERY GOOD	GOOD	FAIR	POOR
ATTENDANCE & PUNCTUALITY				
ABILITY TO GET ALONG WITH OTHERS				
ABILITY TO DO PAPERWORK				
ABILITY TO WORK WITHOUT SUPERVISION				
ACCEPTS RESPONSIBILITY				
ATTITUDE				

Other comments: _____

EMPLOYERS SIGNATURE _____

JOB TITLE _____

DATE _____