

NOWCAP Services
Casper * Worland * Cody * Rock Springs

Dear Applicant,

We are pleased that you are interested in working at NOWCAP Services. The organization serves adults and children with developmental disabilities and acquired brain injuries in Casper, Worland, Cody, and Rock Springs. Every person we serve is an individual and therefore has their own individual needs, likes, dislikes and personality. Our mission is *Creating Opportunities For People With Disabilities* and we do that by honoring each persons personal dignity, choices and desires.

Our employment process is divided into three sections comprising of an interview, pre-hire process (fingerprints, driving record, drug test), and hire paperwork. This process takes approximately a week to complete. If you have any questions as to this process or need accommodation, please contact NOWCAP Services Executive Director at 307-237-9146 during regular business hours.

If you are hired, during your first month of employment, you will be provided with group and individual trainings. Some of these trainings include new employee orientation, CPR/First Aid, Crisis Prevention Intervention and individual participant needs.

Again, we sincerely appreciate your interest in working at NOWCAP Services. Please see a member of our team after completing this application for further instructions.

Thank you,
NOWCAP Services

GENERAL INFORMATION - PLEASE PRINT

Name _____

Emergency Contact: _____

Street Address _____

Telephone: _____

City _____ State _____ Zip _____

Desired Employment: Full Time ___ Part Time ___

Home Phone _____

List hours/days you are *not* available to work:

May we contact your current employer? Yes ___ No ___

Are you on lay-off or call back status? Yes ___ No ___

Are you related to anyone currently employed or served by NOWCAP Services? Yes ___ No ___

If yes, who? _____

Have you applied at NOWCAP Services in the past? Yes ___ No ___ If yes, give date _____

Have you worked at NOWCAP Services in the past? Yes ___ No ___ If yes, specify _____

Do you have a valid driver's license? Yes ___ No ___ State _____ Number _____

Driving Record (last 7 years): Tickets _____ Accidents _____ Suspension _____

Do you have automobile liability insurance? Yes ___ No ___

Have you ever been convicted of any offense listed below?

- | | |
|---|--|
| <input type="checkbox"/> Offense against a person or family | <input type="checkbox"/> Driving under the influence (in past 7 years) |
| <input type="checkbox"/> Contributing to the delinquency of a minor | <input type="checkbox"/> Public Indecency |
| <input type="checkbox"/> Violation of the Wyoming Controlled Substances Act | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Any Felony; Explain: _____ | |

WORK EXPERIENCE

1	Employer	2	Employer
	Address		Address
	Starting Position Salary		Starting Position Salary
	Last Position Salary		Last Position Salary
	Dates Employed		Dates Employed
	Immediate Supervisor/Phone		Immediate Supervisor/Phone
Reason for Leaving	Reason for Leaving		
3	Employer	4	Employer
	Address		Address
	Starting Position Salary		Starting Position Salary
	Last Position Salary		Last Position Salary
	Dates Employed		Dates Employed
	Reason for Leaving		Reason for Leaving

REFERENCES

Professional References

Company
Contact Name/Position
Address
Phone Number

Company
Contact Name/Position
Address
Phone Number

Personal References

Contact Name
Relationship
Address
Phone Number

Contact Name
Relationship
Address
Phone Number

EDUCATION AND TRAINING

School	Name/Location	Years Attended	Graduated	Major
High School			Yes__ No__	
College			Yes__ No__	
Additional Training				
Additional Skills and Qualifications				

QUESTIONNAIRE

How did you learn about the position you are applying for today? Please check the appropriate line:

- A Current Employee: _____, Please Identify Employee
 A Friend.
 Newspaper Ad Job Fair
 Radio Ad
 Website Other, explain: _____

APPLICANT STATEMENTS

General Statement:

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so, would pose an undue hardship. It is the policy of NOWCAP Services to follow this and all laws relating to its overall operation and practices. Please feel free to let us know if you need an accommodation to complete the application process. Applicants are considered for all positions. Employees are treated during employment without regard to race, color, religion, gender, national origin, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law. **If you have any questions as to this process or need accommodation, please contact NOWCAP Services Executive Director at 307-237-9146 during regular business hours.*

Driving Information:

Persons below age 21 are ineligible to drive any company owned vehicle or their own vehicle for business purposes and are ineligible to transport any person(s) receiving services. They are, however, still eligible for employment in a non-driving position. Persons above age 21 and below age 25 are permitted, with an acceptable driving record, to drive a company owned vehicle or drive their own vehicle (so long as personal insurance requirements are satisfied) and collect mileage for reimbursement but are not allowed to transport any person(s) receiving services. Persons who are above age 25 are allowed the privileges outlined above, plus they may transport any person(s) receiving services, with an acceptable driving record. The ability to drive will not make an applicant ineligible unless driving is specifically outlined as an essential duty in the job description.

Initial to Acknowledge The Above Paragraph: _____

Application Statement:

These answers above are true and complete to the best of my knowledge, NOWCAP Services may investigate all statements contained in this application and I understand that any false or misleading information provided may result in my immediate discharge if I am hired. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATION TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND NOWCAP SERVICES IS TERMINABLE AT WILL SO THAT BOTH NOWCAP SERVICES AND I MAY REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY REASON OR FOR NO REASON AT ALL. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING BY THE EXECUTIVE DIRECTOR & EMPLOYEE.

In addition, I understand that drug and alcohol testing will be required before employment and randomly during employment. I authorize NOWCAP Services to make a thorough investigation of my past employment, education and job related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify NOWCAP Services against any liability that might result from making such an investigation.

Additionally, I authorize NOWCAP Services to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that NOWCAP Services deems appropriate. I also indemnify NOWCAP Services against any liability that might result from giving out such information.

If I am selected for a position with NOWCAP Services I promise to produce readable and legitimate documents to prove my eligibility to work in the United States, including a valid Social Security Card.

NOTICE OF TOBACCO FREE ENVIRONMENT: Effective September 1, 2008 NOWCAP Services instituted a policy establishing a Tobacco Free Environment. The use of any tobacco product (including but not limited to cigarettes, pipe tobacco, chew, dip, cigars, and the like) will be strictly prohibited on any land, in any facility or vehicle which is owned, leased or managed by NOWCAP Services or while any employee is on duty. This policy applies to all employees and the general public. Participants (clients) of the program will be allowed to continue use tobacco products in designated areas only.

Signature of Applicant

Date of Application

NOWCAP Services Representative

Date

- This application will be kept on record for two years (730 days) after application is made.
- Official form effective 01 January 2010.

NOTICE TO PROSPECTIVE EMPLOYEE'S (01/2011)

The following steps are required by each person who is considered for employment at NOWCAP Services regardless of position. If you are hired for a position with our company your attendance within the first 45 days of employment for each of the trainings that are detailed below will be expected. If you do not complete all of the training requirements you will not be allowed to continue working. It is important for you to remember that while we do our best to make the training fit most peoples schedule that there may be times where the course may interfere with other commitments you may have and are obligated to fulfill. If you are selected and decide to hire on here all of the requirements below will need to be completed within 45 days of hire. Training is an essential part of your employment both initially and on an on-going basis. We take training very seriously because the lives of the people we serve are at stake and depend on you being fully prepared to carry out your assigned duties. **NOTE: The reader should not infer that any portion of the above or below be deemed as a contract for employment. The employment relationship for all employees who work for NOWCAP Services is "at-will" and that any alteration of that relationship must be made in writing between the employee and the Executive Director of NOWCAP Services only.**

New Hire Documentation/Training Requirements & Approximate Time for Completion

- I. **Application & Hire Period**
 - a. Interview (1 hour)
 - b. Reference Checks, Drug Test, Drivers License Check (1-3 hours)
 - c. Hire Packet (.5 hour)
 - d. Fingerprints, DFS/DCI/FBI Background Checks (30 minutes)
 - e. New Hire Training (1.75 hour)
 - i. Department of Health Mandated Training
 - ii. Bloodborne Pathogen Training
 - iii. Hepatitis B Paperwork

- II. **Orientation Period**
 - a. Initial Meeting with Supervisor & On-the-Job Training Begins
 - b. TB Testing

- III. **Training Period (45 Days After Hire)**
 - a. Crisis Prevention Intervention (2 days – 10 hours)
 - b. First Aid & CPR (1 day – 6 hours)
 - c. New Employee Orientation & Transferring/Health Management (1 day - 8 hours)
 - d. Specific Participant IPC Training (On-going with supervisor)
 - e. Initial Safety Training (1.5 hours)
 - f. Initial IPC/Documentation Basics Training (3.5 hours)
 - g. Therap Training (.5 hour)
 - h. Initial Driver & Tie Down Training (1 hour)
 - i. Medication Assistant (6 hours)

Annual Training Requirements

- a. Medication Assistant (2 hours)
- b. Bloodborne Pathogen Training (.75 hour)
- c. Annual Safety Training (1 hour)
- d. IPC/GER Basics Training (1 hour)
- e. Instructional Strategies Training (2 hour)
- f. Driver & Tie Down Training (1 hour)
- g. Crisis Prevention Intervention Refresher (*years 2 & 3; Recertification year 4 – all employees*)
- h. First Aid & CPR (*Every 2 years – all employees*)

I have read and understand all of the above information & requirements and acknowledge that completing all of the above is a requirement for employment.

Applicant: _____ Date: _____

