

Show, Inc.
Application for Employment

Each application will be given consideration in light of job positions. Show does not guarantee employment or permanent employment to any person. Show Inc. is an equal opportunity employer and does not discriminate against any person with regard to race, sex, age, religion, national origin, veteran status or disability.

Please answer each question completely. Incomplete applications will not be considered.

Date: _____

Name: _____ Home Phone: () _____
Last First Middle AC

Present Address: _____
Number Street City State ZIP

Social Security No: _____ Are you over 18 years of age? _____

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

Have you been convicted of any crime, excluding minor traffic violations, including driving Under the influence of drugs or alcohol? Yes No

If yes, state the offense, location, disposition and date:

NOTE: A conviction will not necessarily disqualify you for employment.

Do you have the ability, with or without reasonable accommodation, to work overtime or to travel if same are required by the job for which you are applying? Yes No

If no, please explain _____

Drivers License: State _____ Type/Class: _____ Current? _____

NOTE: A current, valid driver's license issued by the state of Oklahoma is a requirement of this job.

EMPLOYMENT DESIRED

Full Time Part-Time Temporary Summer

Position applying for _____ Desired wage _____

Date available: _____

Are you now, or do you expect to be working in any other business or job which could conflict with your ability to work a flexible schedule? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

If yes, please explain:

How did you learn about Show, Inc. and/or vacant positions?

Newspaper State Friend Show employee Other _____

EDUCATION

School name & address	Dates	Graduate	Course of Study
High School	XXXXXXX XXXXXXX XXXXXXX XXXXXXX	Yes No GED	
College	From: ____ To: ____	Yes No	
Trade/Special Training	From: ____ To: ____	Yes No	Diploma/Certificates

If you are the successful candidate for this position, formal and in-service training will be required to comply with the standards and regulations under which we operate. Are you willing and able to attend such training? _____

Do you have specialized training or experience in this field you feel would help qualify you for this position?

- Foundations CPR First Aid MAT

Other: _____

WORK HISTORY

Please list names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give name of company and furnish business references.

Current/Last Employer	Supervisor	From:
Address:	Job Title	To:
Phone:	Type of Business:	Start Pay:
Job Duties:	Reason for leaving:	End Pay:

Employer	Supervisor	From:
Address:	Job Title	To:
Phone:	Type of Business:	Start Pay:
Job Duties:	Reason for leaving:	End Pay:

Employer	Supervisor	From:
Address:	Job Title	To:
Phone:	Type of Business:	Start Pay:
Job Duties:	Reason for leaving:	End Pay:

Employer	Supervisor	From:
Address:	Job Title	To:
Phone:	Type of Business:	Start Pay:
Job Duties:	Reason for leaving:	End Pay:

Employer	Supervisor	From:
Address:	Job Title	To:
Phone:	Type of Business:	Start Pay:
Job Duties:	Reason for leaving:	End Pay:

PERSONAL/BUSINESS REFERENCES

Please give three references. Do not use former employers or relatives.

Name	Address	Phone	Occupation
1.			
2.			
3.			

SUPPLEMENTAL INFORMATION

SAFETY:

Safe work performance is very important in the work we do at Show. If you are offered employment by Show, would you be willing to abide by the Safety Policies and Procedures of Show? Yes No

WORK HISTORY:

If you are currently employed, may we contact your present employer? Yes No

SPECIAL SKILLS:

Do you have computer training or skills? Yes No

If yes, please describe:

OTHER:

Mechanical: _____

Electrical: _____

Construction: _____

AFFIDAVIT:

I certify that my answers for the foregoing questions are true and correct. I understand that any false, misleading or otherwise incorrect statements made by me on this Employment Application form or during interviews may result in the immediate rejection of my application.

I hereby authorize Show, Inc. to contact any company, agency or individual it deems appropriate and necessary to investigate my employment history, character and qualifications and I give my full and complete consent to all said companies, agencies or individuals to reveal any and all information they are able to release as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or for any other reason because of their statements. ((OAC 340:100-3-39)

If I am a successful candidate and am offered and accept employment with Show, Inc. I further understand that such employment may be contingent upon my completion of a physical examination and/or drug an alcohol test in a manner satisfactory to Show, Inc. I understand that refusal to submit to such tests when asked will result in immediate rejection of my application for employment. I agree that, if I am employed, I will abide by the lawful policies, procedures, rules and regulations under which Show operates.

I understand that no Show employee is authorized to enter into any written or verbal contracts with me, for any reason or period of time, without the written consent of the President of the Board of Directors of Show, Inc. I further understand that if I am employed by Show, such employment is "at will" and may be terminated by myself or by Show, Inc. at any time, with or without cause and with or without prior notice.

I further understand that Show, Inc. is a **DRUG FREE WORKPLACE** and agree, if hired by Show, to abide by the policies, procedures and rules covering the use of alcohol and drugs and prohibitions against use as stated therein.

Signed: _____ Date: _____

Attached to and made a part hereof are the following documents:

- 1) Applicant Statement
- 2) Department of Human Services Form DDS-39 Employment Application Supplement

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
EMPLOYMENT APPLICATION SUPPLEMENT

Name of Applicant (Print)	Date: _____
Provider Agency: Show, Inc. 425 W. Wells Sapulpa, Oklahoma 74066	

PART 1.

As I apply for a job as a community services worker, I understand that:

- prior to permanently employing me, the community services provider is required by Oklahoma law to conduct:
 - a criminal history records search with the Oklahoma State Bureau of Investigation (OSBI); and
 - a check of the Community Services Registry.

The community services provider is prohibited by Oklahoma Statute from hiring, contracting with or using as a volunteer any person who has been convicted, pled guilty or pled nolo contendere to a felony or to misdemeanor assault and battery, except under circumstances described in OAC 340:100-3-39.

- The community services provider is forbidden to hire, contract with, or use as a volunteer, any person whose name appears on the Community Services Registry.
- My employment must be terminated if my name appears on the Community Services Registry, even though my name may not have been on the Registry at the time of my application or hiring.
- I must report all of my previous employers to the community services provider, using the back of this form and attaching another page if necessary.

I understand that giving false information on Part 2 on the back of this form results in termination of my employment. I have received a copy of this signed form DDS-39 and DDS-59, Rights and Responsibilities of Community Services Worker in an Investigation of Abuse, Neglect or Exploitation.

Signature of Applicant

Date

Name of Applicant (Print)		Date
<hr/> Provider Agency		
Show, Inc.	425 W. Wells	Sapulpa, OK 74066

PART 2.

Applicants for the position of community services worker are required to report all former employers. Giving false information results in termination of employment. Please attach another page, if necessary.

Name of Employer	Address, City, State, ZIP	Approximate dates of Employment

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES SERVICES DIVISION
**RIGHTS AND RESPONSIBILITIES OF COMMUNITY SERVICES WORKER
IN AN INVESTIGATION OF ABUSE, NEGLECT OR EXPLOITATION**

During the investigation process, any community services worker who is accused of abuse, neglect or exploitation is entitled to:

1. be advised by the chief executive officer or designee of the community services provider of the nature of any allegation against the community services worker;
2. be interviewed by the investigator and be allowed to give his or her position in relation to the allegations(s);
3. be advised of the substance of the evidence against him/her prior to making a statement to the investigator, the identity of persons reporting alleged abuse is not released during the investigation;
4. refuse, without penalty, to take a polygraph examination
5. submit or supplement a written statement relating to the allegation(s);
6. seek and receive advice concerning the community service worker's rights and responsibilities in the investigation and review of alleged abuse, neglect or exploitation;
7. receive notice from the Department of the outcome of the investigation.
 - a. The community services worker provides a correct address at which he/she will receive the notice.
 - b. The community services worker is responsible to notify the State Office of the DHS Investigation Unit or Adult Protective Services of any address change.

Any community services worker who is involved in the investigation of alleged abuse, neglect or exploitation has the responsibility to:

1. prepare a written incident report concerning any situation which may be reportable as abuse, neglect or exploitation under 43A O.S. §10-103;
2. be available for scheduled interviews relating to investigation of alleged abuse, neglect or exploitation;
3. respond fully and truthfully to questions relating to alleged abuse, neglect or exploitation. A community services worker who believes that his/her answers to official inquiries concerning alleged abuse, neglect or exploitation may incriminate him/her in a criminal prosecution for abuse, neglect or exploitation may discontinue the interview for that reason;
4. refrain from any action which may interfere with the investigation of alleged abuse, neglect or exploitation, including any action which may intimidate, threaten or harass any person who has or may provide information relating to alleged abuse, neglect or exploitation; and
5. appear at any hearing as requested by the Department of Human Services.

I acknowledge receipt of this statement of rights and responsibilities and do state that I have read the same, that I have been advised of the allegation(s) against me, and that I understand my rights and responsibilities as set out in this statement.

Community Services Worker

Witness

Community Service Worker's Address, City, State and ZIP

Date: _____

OK-DHS REVISED 12-8-2000
appinfoforemployment (Rev. 01/15/08)

DDS-59

Show, Inc.
 Position Description – Performance Appraisal
 Job Coach Trainee

The primary function of this position is to learn the basic functions of providing training and job placement services to individuals with developmental disabilities. This position will receive basic training in Foundations, ETLI, CPR, First Aid, Physical Assistance I and II, Mealtime Challenges and Employment Training Specialist during the first six to eight months of employment with Show, Inc. Until certification in these training programs has been achieved, the new employee will receive mentoring and direction from trained staff and supervisors. This employee may not perform duties related to lifting, transferring or feeding individuals until the proper in-service or certified training has been completed.

Emp.	Supv.	Duties/Responsibilities
		Provides training and support services to individuals to help achieve vocational goals. Works with mentor/supervisory personnel.
		Provides physical assistance as needed, in a safe and proper manner. These functions will not be performed until approved training has been achieved.
		Assists in preparation and clean-up of kitchen, work areas and individuals.
		Performs basic math functions for documentation, time sheets, etc.
		Applies proper training procedures as outlined by task analysis, program goals under direction of supervisory staff and professional trainers.
		Completes daily documentation for individuals including documentation books, time sheets, incident/accident reports, production reports and other forms as required.
		Learns behavioral teaching strategies, teaching social skills, developing behavior management and working with challenging behaviors. Learns to verbalize and document specific instructions and offer feedback.
		Learns to assist individuals to develop vocational skills and complete vocational assessments
		Assists individuals during break time and lunch in food preparation and clean up.
		Assists individuals in daily living skills as required.
		Provides sensory stimulation through interaction and communication.
		Assists in physical therapy as recommended by professional therapists, after proper training.
		Attends in-service and external training as required.
		Performs other duties as assigned by supervisory personnel.
		Learns and follows safety policies and procedures of Show, Inc.

Job Coach Trainee

Education, Training and Experience Requirements:

- High school diploma or equivalent
- Ability to read, write and perform basic math functions
- Ability to successfully complete required training and certification classes
- Valid Oklahoma operator's license and approved driving record
- Transportation to and from a variety of work sites during the course of the work day
- Valid proof of vehicle insurance coverage.
- Ability to lift 50 pounds unassisted.

Supervision Received:

This is an entry level position for persons who have no previous job or training experience in the field of vocational services for adults with developmental disabilities. The successful candidate will work under close supervision of mentors and supervisory personnel.

Supervision Exercised:

None

Expenditure Authority:

None

Affidavit:

I have read and understand the requirements of this position and state:

I have read and understand all the requirements necessary to perform the functions of this position. I am able to perform all the job functions of this job, without assistance or placing my physical well being at risk for injury.

I have read and understand all the requirements necessary to perform the functions of this position. I am not able to perform the following functions of the job without assistance and/or accommodation:

Date: _____

Signed: _____

Government regulations require that employers identify applicants and employees by sex, race, disability and veteran status. Since these same regulations forbid employers from asking applicants these questions, disclosure of sex, race, disability and veteran status must be offered by applicants and employees on a voluntary basis. This information will be kept in strict confidence and will be kept separate from applicant files. Use of this information will be for the purposes of complying with governmental regulations only.

VOLUNTARY SELF IDENTIFICATION

Sex Male Female

Race White, not Hispanic
 Black, not Hispanic
 Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native

Military Service		Circle One	
Are you a veteran of the Vietnam Era? (Served on Active Duty for more than 180 days, August 5, 1964-May 7, 1975, and discharged with other than a dishonorable discharge.)		Yes	No
Are you a Special Disabled Veteran? (Entitled to compensation for a disability rated 30% or more, or discharged as a result of service related disability.)	Yes		No
Are you a veteran of military service?		Yes	No

Physical Job Qualifications

Can you perform the essential functions of this job?	Yes	No
Are there accommodations an employer could make that would enable you to perform the essential duties of the job properly and safely?		
Please explain _____		

This information is provided voluntarily, of my own free will. I understand that this information is required to meet governmental regulations and to assure that my rights under these regulations are protected.

_____	Date: _____
Please print name	
Signature: _____	
I choose not to self-identify.	
_____	Date: _____
Please print name	
Signature: _____	