



# Pre-Application For Employment Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** The ability to read and follow directions, and to complete documentation accurately and completely, is an essential job skill for all employees of Great Livin' LLC. This application is the first and very important step in becoming an employee of Great Livin'. Be sure to carefully read and follow directions. **Returning an incomplete application may negatively affect, or exclude you from, consideration for employment.**

Please check each item below for which you meet expectations. If you are unable to check all items, and still wish to be considered for employment, please include an explanation below for the uncheck items.

In order to be employed by Great Livin' LLC, you are expected to:

\_\_\_\_\_ Be 21-years old or older

\_\_\_\_\_ Have a valid NM Driver's License

\_\_\_\_\_ Have no DWIs/DUIs in the last 5 years

\_\_\_\_\_ Have a reliable, insured, personal vehicle available for transporting clients

\_\_\_\_\_ Have a high school diploma or GED

\_\_\_\_\_ Be able to speak, read and write in English

\_\_\_\_\_ Pass a 10-count drug test

\_\_\_\_\_ Pass a Federal, State and local background check

**→ Include copies of your valid NM Driver's License (must have current mailing address) and current proof of vehicle liability insurance with the completed application before returning to Great Livin' LLC.**

Explanation of any un-checked expectations noted above:

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# Application For Employment

**INSTRUCTIONS: An important part of your evaluation for employment is how well you read and follow the instructions in this Application.** Each question on this application needs to be answered in a complete and accurate manner (record an "N/A" if that portion does not apply to you). **Submitting an incomplete application, and/or applications that do not include copies of your NM Driver's License and automobile liability insurance, may negatively affect, or exclude you from, consideration for employment.** Be sure to sign and date the application.

Great Livin' LLC does not discriminate on the basis of race, sex, color, religion, age, national origin, disability, marital status, sexual orientation, gender identity, or status as a disabled veteran or veteran of the Vietnam era.

Equal access to programs, services and employment is available to all persons.

Applicants requiring accommodation to the application and/or interview process should speak to a manager.

Last Name:		First Name:		Middle Initial:	
Position(s) Applied For:			E-mail Address:		
Primary Phone:		Alternate Phone:		Date of Application:	
Street Address:		City:		State: Zip:	
Social Security # (Needed for initial background check):			NM Driver's License Number :		<input type="checkbox"/> Female <input type="checkbox"/> Male
Name of person or resource that referred you to us (e.g. John Doe, Craig's List, Albuquerque Journal, etc.):					
<b>Statements</b>					
Have you ever had a substantiated charge of abuse/neglect/exploitation? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered <b>Yes</b>, please attach an additional page explaining the facts of the situation, including dates, locations, the charge(s), and the final resolution.</i>					
Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> No <input type="checkbox"/> Yes					
On what date would you be available for work?					
Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN?   (Check all that apply)					
Are you interested in: (Exact shift times may vary / Check all that apply)					
Weekday Shifts			Weekend Shifts		
Day Shift 7 am – 3 pm <input type="checkbox"/>	Swing Shift 3 pm – 11 pm <input type="checkbox"/>	Graveyard Shift 11 pm – 7 am <input type="checkbox"/>	Day Shift 9 am to 9 pm <input type="checkbox"/>	Graveyard Shift 9 pm – 9 am <input type="checkbox"/>	
If hired, do you have any previous commitments that would require your taking time off from work in the next 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes: Please explain and give dates you would need off:					
Have you ever filed an application with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have you ever been employed with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*If Yes, employed from   /   /   to   /   /</i>					
Are you legally eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you have reliable means of transportation? <input type="checkbox"/> No <input type="checkbox"/> Yes					

## Educational Background

High School (name):	Diploma: <input type="checkbox"/> No <input type="checkbox"/> Yes GED: <input type="checkbox"/> No <input type="checkbox"/> Yes
Business/Trade School (name):	Diploma: <input type="checkbox"/> No <input type="checkbox"/> Yes Degree:
College/University (name):	Diploma: <input type="checkbox"/> No <input type="checkbox"/> Yes Degree:
Post-Graduate Education (name):	Diploma: <input type="checkbox"/> No <input type="checkbox"/> Yes Degree:

### Job Tasks: Check the following job tasks you are able to perform

- |  |  |
|--|--|
| <input type="checkbox"/> Lift Up To 50-Lbs                               | <input type="checkbox"/> Drive / Transport Individuals                   |
| <input type="checkbox"/> Provide Supervision of Individuals              | <input type="checkbox"/> Provide / Assist Individuals With Personal Care |
| <input type="checkbox"/> Prepare / Assist In Meal Planning & Preparation | <input type="checkbox"/> Attend Trainings / Meetings                     |
| <input type="checkbox"/> Accurately Complete Documentation               | <input type="checkbox"/> Be Present At Appointments                      |
| <input type="checkbox"/> Assist / Complete Housekeeping Chores           | <input type="checkbox"/> Be On Time To Shifts                            |
| <input type="checkbox"/> Responsibly Manage / Monitor House Monies       | <input type="checkbox"/> Possess Basic Computer / E-mail Skills          |

### Foreign Languages: Indicate any foreign languages (**non-English**) you can speak, read and/or write

Language:	Language:	Language:
Fluent   Good   Fair	Fluent   Good   Fair	Fluent   Good   Fair
Speak: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Speak: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Speak: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Read: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Read: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Read: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Write: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Write: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Write: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### Trainings: Provide information regarding any State Mandated training(s) listed below which you have taken (if any). If you are hired, you may be required to provide documentation of completion.

CPR/First Aid <input type="checkbox"/> No <input type="checkbox"/> Yes – Date:	Mandt <input type="checkbox"/> No <input type="checkbox"/> Yes – Date:
Basic Health & Orientation <input type="checkbox"/> No <input type="checkbox"/> Yes – Date:	Pre-Service <input type="checkbox"/> No <input type="checkbox"/> Yes – Date:
ISP Person-Centered Planning <input type="checkbox"/> No <input type="checkbox"/> Yes – Date:	Assisting With Medication Delivery <input type="checkbox"/> No <input type="checkbox"/> Yes – Date:
Positive Behavior Support Strategies <input type="checkbox"/> No <input type="checkbox"/> Yes – Date:	Advocacy 101 <input type="checkbox"/> No <input type="checkbox"/> Yes – Date:
Teaching & Support Strategies <input type="checkbox"/> No <input type="checkbox"/> Yes – Date:	Positive Communication and Choice Making <input type="checkbox"/> No <input type="checkbox"/> Yes – Date:

Other related trainings including course titles and dates:

## Employment History

Start with your present or most recent job. Include all jobs for the last 5-years. You may also include any job-related volunteer activities and/or military service assignments. **(Attach additional pages if needed.)** You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Current Or Most Recent Employer:		Dates Employed		Job Duties / Work Performed:	
Address:		From:	To:		
May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone Number:		Hourly Rate or Salary		Reason For Leaving:
Your Supervisor's Name:	His/Her Job Title:	Starting:	Final:		
Previous Employer:		Dates Employed		Job Duties / Work Performed:	
Address:		From:	To:		
May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone Number:		Hourly Rate or Salary		Reason For Leaving:
Your Supervisor's Name:	His/Her Job Title:	Starting:	Final:		
Previous Employer:		Dates Employed		Job Duties / Work Performed:	
Address:		From:	To:		
May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone Number:		Hourly Rate or Salary		Reason For Leaving:
Your Supervisor's Name:	His/Her Job Title:	Starting:	Final:		
Previous Employer:		Dates Employed		Job Duties / Work Performed:	
Address:		From:	To:		
May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone Number:		Hourly Rate or Salary		Reason For Leaving:
Your Supervisor's Name:	His/Her Job Title:	Starting:	Final:		

**PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:**

**Personal References:** List three (3) references other than family members or previous employers

Full Name:	Area Code and Phone Number:	City & State:
Full Name:	Area Code and Phone Number:	City & State:
Full Name:	Area Code and Phone Number:	City & State:

**Friends or Relatives:** List **all** friends or relatives that have worked, or currently work, for Great Livin' LLC

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**Applicant's Statement**

Please read carefully and sign the statement below

I, \_\_\_\_\_, understand and agree that:  
(*print name*)

The information contained in this application is correct and complete. I understand that failing to complete all sections of this application, and/or knowingly making a false statement or omission in this application, may result in rejection of this application or dismissal after employment. I also understand that my signature on this form indicates my consent to a background check of my education, work history, driving record, criminal convictions, and any other information that Great Livin' LLC may deem necessary to know for the protections of the people they support. I hereby waive and release any and all rights or causes of action that may arise out of furnishing this information. I also understand that if I am hired, that my employment is conditional upon a satisfactory reference check, criminal records check, and insurability through Great Livin's auto insurance provider. As a prospective employee, and/or employee of Great Livin' LLC, I may be required to pass a test for the presence of illegal drugs or alcohol. Failure to pass a drug and alcohol test may result in termination of employment and/or potential employment, and a restriction of future employment with Great Livin' LLC for a minimum of one year.

Great Livin' LLC is a member of the WESST Enterprise Center Business Incubator program. WESST and its members are required to report employment statistics to the City of Albuquerque. As such, I may be asked to report personal information including estimated household income, number of dependents, etc. This information will be held in confidence and will be released only to the City of Albuquerque to substantiate jobs created by WESST and its members.

Unless otherwise defined by applicable law, employment with Great Livin' LLC is of an "at will" nature and may be terminated at any time by the employee or Great Livin' LLC for any reason or for no reason at all. The rules, regulations, policies, procedures and benefits provided by Great Livin' LLC are only guidelines and in no way constitute an employment or other contract, expressed or implied, for employment between an employee and Great Livin' LLC. Great Livin' LLC reserves the right to revise any or all of its rules, regulations, policies, procedures and benefits in any way, with or without prior notice, at any time, and this does not alter the "at will" nature of the employment relationship in any way. The "at will" status of employment cannot be altered by oral statements made by Great Livin' LLC employees, supervisors or management.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICATION CONTINUED ON BACK →**

JOB PREAPP-APP 03-2014



# Pre-Employment Questionnaire

Why would you like to work for Great Livin' LLC? \_\_\_\_\_

\_\_\_\_\_

Why should we consider you for this position? \_\_\_\_\_

\_\_\_\_\_

What are the 3 most important factors you consider when looking for a job (i.e., benefits, flexibility, etc.)? \_\_\_\_\_

\_\_\_\_\_

What experience do you have working with people with disabilities? \_\_\_\_\_

\_\_\_\_\_

What is your definition of Person Centered Planning? \_\_\_\_\_

\_\_\_\_\_

What experience do you have providing skills training to people with disabilities? \_\_\_\_\_

\_\_\_\_\_

What experience do you have in tracking/recording data, and what is the importance of accurate documentation? \_\_\_\_\_

\_\_\_\_\_

What is your definition of community integration? \_\_\_\_\_

\_\_\_\_\_

Do you feel that people with disabilities are fully accepted in the community? Why / why not? \_\_\_\_\_

\_\_\_\_\_

How could you use your role as an employee to encourage community acceptance of people with disabilities? \_\_\_\_\_

\_\_\_\_\_

How would you feel about working with a person who might become physically aggressive? Have you ever faced a situation like that? What happened and how did you handle it? \_\_\_\_\_

\_\_\_\_\_

What steps would you take to de-escalate a potentially explosive situation with someone? \_\_\_\_\_

\_\_\_\_\_

How would you respond to a person you support, refusing to do something you asked him/her to do? \_\_\_\_\_

\_\_\_\_\_

Have you ever been on a team where someone was not pulling their own weight? How did you handle it? \_\_\_\_\_

\_\_\_\_\_