



# Pre-Application For Employment Checklist

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

**NOTE: THIS APPLICATION IS THE FIRST, AND VERY IMPORTANT, STEP IN BECOMING AN EMPLOYEE OF GREAT LIVIN' LLC. 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.

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 State Required Federal, State and local background check

**→ Include a copy of your valid NM Driver's License (must have current mailing address) and a copy of 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 a copy of your NM Driver's License and a copy of proof of automobile liability insurance, may negatively affect your 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 Number:		Drivers License Number and State:		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Name of person or resource that referred you to us (e.g. John Doe, The Alibi, Abq Journal, etc.):					
<b>Statements</b>					
Have you ever had a substantiated charge of abuse/neglect/exploitation from the Department of Health? <input type="checkbox"/> No <input type="checkbox"/> Yes  <i>If you answered Yes, please attach an additional page explaining the facts of the situation, including dates, locations, 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 (e.g. wedding, family reunion, etc.) 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: No Yes GED: No Yes

Business/Trade School (name): \_\_\_\_\_ Diploma: No Yes Degree: \_\_\_\_\_

College/University (name): \_\_\_\_\_ Diploma: No Yes Degree: \_\_\_\_\_

Post-Graduate Education (name): \_\_\_\_\_ Diploma: No Yes Degree: \_\_\_\_\_

## Job Responsibilities

If you have questions or need clarification about any of the following Job Responsibilities, please ask the interviewer

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>- Lift and Carry Up To 50-Lbs</li> <li>- Provide Supervision of Individuals</li> <li>- Prepare / Assist In Meal Planning &amp; Preparation</li> <li>- Accurately Complete Documentation</li> <li>- Assist / Complete Housekeeping Chores</li> <li>- Responsibly Manage / Monitor House Monies</li> </ul> | <ul style="list-style-type: none"> <li>- Drive / Transport Individuals</li> <li>- Provide / Assist Individuals With Personal Care</li> <li>- Attend Trainings / Meetings</li> <li>- Be Present At Appointments</li> <li>- Be On Time To Shifts</li> <li>- Possess Basic Computer / E-mail Skills</li> </ul> |
|---|---|

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

Language:	Language:	Language:
Fluent   Good   Fair Speak: <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"/>	Fluent   Good   Fair Speak: <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"/>	Fluent   Good   Fair Speak: <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"/>

## Trainings: Provide information regarding any of the 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: _____	Handle With Care <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

Starting with your present or most recent job, please give a complete listing of your employment history. 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:		<b>Dates Employed</b>		Job Duties / Work Performed:
Address:		From:	To:	
May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone Number:	Your Supervisor's Name And His/Her Job Title:		Reason For Leaving:
Previous Employer:		<b>Dates Employed</b>		Job Duties / Work Performed:
Address:		From:	To:	
May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone Number:	Your Supervisor's Name And His/Her Job Title:		Reason For Leaving:
Previous Employer:		<b>Dates Employed</b>		Job Duties / Work Performed:
Address:		From:	To:	
May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone Number:	Your Supervisor's Name And His/Her Job Title:		Reason For Leaving:
Previous Employer:		<b>Dates Employed</b>		Job Duties / Work Performed:
Address:		From:	To:	
May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone Number:	Your Supervisor's Name And His/Her Job Title:		Reason For Leaving:
<b>PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:</b>				

### Personal References: List three (3) references other than family members or close friends

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

### **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 understand that my initials on this form indicates my consent to a background check of my education, work history, driving record, criminal arrests and/or 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. Initials: \_\_\_\_\_.** I 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 →**



# Pre-Employment Questionnaire

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

\_\_\_\_\_

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

\_\_\_\_\_

What are the three 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 experience do you have in tracking/recording data? \_\_\_\_\_

\_\_\_\_\_

Why do you think complete and accurate documentation is important? \_\_\_\_\_

\_\_\_\_\_

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 violent or dangerous situation with someone? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

How do you define "Teamwork?" \_\_\_\_\_

\_\_\_\_\_

Do you think you are a good "team player?" Why? \_\_\_\_\_

\_\_\_\_\_

How do you handle conflicts with coworkers and/or supervisors? \_\_\_\_\_

\_\_\_\_\_