

# Imagine

## Employment Application



1395 41<sup>st</sup> Avenue, Suite A, Capitola, CA 95010

Main Office: (831) 464-8355

FAX: (831) 464-8658

Thank you for your interest in a position at Imagine!

Imagine is a non-profit corporation serving the Santa Cruz County community by providing living and employment services to adults with developmental disabilities. We value all people and their inherent right to live the life that they wish and accomplish the goals that they set for themselves. All people have the right to expect a healthy and safe environment where they can learn, grow, thrive and be valued.

### Services Imagine Offers:

- ★ *Supported Living Services* provides support to adults with developmental disabilities who wish to receive assistance to live successfully in their own home in our community.
- ★ *Supported Employment Services* provides individualized supports to adults wishing assistance in developing excellent job seeking and interviewing skills, obtaining new job opportunities, and/or support in continuing to grow and advance in their current occupation.
- ★ *Home & Community Based Waiver Services* provides support to people with all types of disabilities that are eligible for programs through Medi-Cal. Imagine provides case management services to help develop creative alternatives for individuals who would otherwise require care in a nursing facility or hospital.

### What Imagine expects from you:

Employee team members are responsible for supporting the emotional, physical, and personal well-being of the individual receiving support. You are expected to assist the person you work with in leading a self-directed life, safeguard the confidentiality and privacy of that person, and to respect and recognize the human dignity, uniqueness and value of each person you support. The successful Imagine employee is reliable, energetic, flexible, capable of working both independently and as part of a team, and is a positive role model for Imagine's clientele.

#### Qualifications

- ✓ A high school diploma or its equivalent.
- ✓ A minimum of one year of experience with adults who have developmental disabilities (or similar experience), is strongly preferred.
- ✓ The ability to maintain First Aid and CPR certification.
- ✓ Position may require a California driver license, a good driving record, and a registered and insured vehicle.
- ✓ Clean Department of Justice, or criminal background check.

#### Requirements

- ✓ **Personal Assistance:** Ability to assist the individual with activities of daily living including bathing, toileting, and other self-help skills.
- ✓ **Lifting / Physical Demands:** Ability to lift 50 or more pounds frequently.
- ✓ **Challenging Behaviors:** Ability and willingness to support individuals with challenging behavior.
- ✓ **Ability to:** read and interpret documents, write specific reports and correspondence, apply mathematical concepts to practical situations, solve complex problems, and to interpret written and verbal instructions.

### What you can expect from Imagine:

Imagine is an equal opportunity employer, and all personnel decisions are made without prejudice or discrimination. We value the individuality of each employee and work to create cohesive, cooperative teams as an integral part of each circle of support for those people receiving our services. Team members participate in regular on-going meetings and trainings throughout their employment to ensure that the best possible service is maintained and to facilitate open communication between all support participants.

## **Application Instructions**

Applications must be completed to be considered for employment. Please read and answer each of the questions carefully. If desired, additional pages of information, resumes and letters of reference may be attached.

Completed applications should be turned in to the Imagine office at:

1395 41<sup>st</sup> Avenue, Suite A  
Capitola, CA 95010

or faxed to: (831) 464-8658

Questions about current employment opportunities, job requirements, and shift hours may be directed to Imagine's Administrative Coordinator at (831) 464-8355, ext. 2.

Complete job descriptions for every position are available at the Imagine office, and on-line at: [www.imaginesls.org](http://www.imaginesls.org)

### **Selection Process:**

After receiving your application, Imagine will review your information and contact your references. If it appears that you are a good candidate for any open position, you will be contacted to participate in an initial interview at the Imagine office and conducted by the Facilitator who coordinates services for the individual who needs a support person. After this meeting, if all parties are interested in moving forward, you will be scheduled for an interview with the person receiving our services. Consumers receiving support at Imagine make the final decision on who is hired to provide their support.

If we do not currently have a good job match for you, you will be notified by mail and your application will be kept on file for one year.

**Please Print** (in black or blue ink)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_\_) \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_ Email address: \_\_\_\_\_

Present Address- \_\_\_\_\_  
No. Street City State Zip

How long have you lived at this address? \_\_\_\_\_

Previous Address \_\_\_\_\_  
No. Street City State Zip

How long did you live at this address? \_\_\_\_\_

## Employment Desired

Position applying for: \_\_\_\_\_

Applying for: Regular full-time work? [ ]Yes [ ]No Regular part-time work? [ ]Yes [ ]No Temporary work [ ]Yes [ ]No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available? From \_\_\_\_\_ to \_\_\_\_\_

Are you available for work on weekends? [ ]Yes [ ]No Are you available for a *live-in* position? [ ]Yes [ ]No

If hired, on what date can you start work? \_\_\_\_\_ Salary desired: \_\_\_\_\_

Why are you applying for work at IMAGINE? \_\_\_\_\_

## Personal Information

Have you ever applied to, or worked for, IMAGINE before? [ ]Yes [ ]No If yes, when? \_\_\_\_\_

Do you have any friends or relatives who have worked, or are working, at IMAGINE? [ ]Yes [ ]No

If yes, state name(s) and relationship \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? [ ]Yes [ ]No

Are you at least 18 years old? [ ]Yes [ ]No

If hired, can you present evidence of your legal right to live and work in this country? [ ]Yes [ ]No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? [ ]Yes [ ]No

If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense?  Yes  No

If yes, state the nature of the crime(s), date and where the instance occurred, and the disposition of the case:

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Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?  Yes  No

If Yes, please give the date(s) and details:

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

### Education, Training and Experience

School	Name and Address	No. of years completed	Did you graduate?	Degree or diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/ Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Care			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Some IMAGINE clients may speak languages other than English. Do you speak, write and understand any foreign languages?  Yes  No If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially well-suited for work at IMAGINE? (If so, please explain)

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## Employment History

Are you currently employed? [ ]Yes [ ]No

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of time including military service and any periods of unemployment. You must complete this section even if you are submitting a resume. Attach additional pages if necessary.

Name of Current or Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip  
Type of Business Telephone (\_\_\_\_\_) \_\_\_\_\_

Your Supervisor's Name \_\_\_\_\_ Your Position and Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? [ ]Yes [ ]No

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip  
Type of Business Telephone (\_\_\_\_\_) \_\_\_\_\_

Your Supervisor's Name \_\_\_\_\_ Your Position and Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? [ ]Yes [ ]No

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Your Supervisor's Name \_\_\_\_\_ Your Position and Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Your Supervisor's Name \_\_\_\_\_ Your Position and Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

**References**

List below three persons not related to you who have knowledge of your work performance within the past three years.

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph, and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize IMAGINE to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to IMAGINE any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's president.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date