

Applicant's Name (Printed): _____

Position You Are Applying For: _____

Instructions for completing this Employment Application:

Thank you for your interest in applying for employment at MERT Enterprises, Inc. All questions must be answered as completely and thoroughly as possible. Any applicant who provides unrequested information will be immediately rejected. Incomplete or unreadable answers will be cause for an application to not be considered. We can provide reasonable accommodation during each stage of the selection and employment process for individuals with disabilities.

MERT Enterprises, Inc. is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any applicant or employee in any manner prohibited by law.

Employment Applications will be kept on file for one year, but you are encouraged to contact us for consideration for future job opportunities. By signing this employment application below, you acknowledge that you adhere to these policies:

Applicant's Signature: _____ **Today's Date:** _____

The mission of MERT Enterprises, Inc. is to provide personalized services for people who are primarily consumers of DHHS. These services are based on the consumers' potential and needs so that they may live in their own homes and have the services needed to live a life with dignity, respect, integrity and growth.

Put Client's First

Clients Are Our #1
Priority

APPLICATION FOR EMPLOYMENT
CONFIDENTIAL

We are committed to the principles of equal employment opportunity and non-discrimination in employment and advancement for all applicants and employees at MERT Enterprises, Inc.

PLEASE PRINT CLEARLY IN INK

P E R S O N A L * * * B A C K G R O U N D I N F O R M A T I O N	Name _____ Soc. Sec. # _____ <small>LAST FIRST INITIAL</small>
	Present Address (Number and Street) _____
	City _____ State _____ Zip Code _____
	Home Phone (_____) _____ Alternate Phone (_____) _____
	E-mail Address: _____
	Are you legally eligible to work for any employer in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed by MERT Enterprises, Inc. in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you currently have any relatives or friends working for MERT Enterprises, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list their name _____ Relationship _____
	To enable us to verify employment history and perform a background check, please list other names you have used in the past? _____
	List other states where you have worked: _____
	Have you ever been convicted of any criminal offenses? <input type="checkbox"/> NO ó I have never been convicted of a crime <input type="checkbox"/> YES ó I have been convicted of a crime (list below)
	<i>If you answered "YES" above, please complete the section below:</i> <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Falsifying Evidence <input type="checkbox"/> Terrorizing <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Unauthorized Use Of Motor Vehicle <input type="checkbox"/> Illegal Possession/Use Of Drugs <input type="checkbox"/> Writing Bad Checks <input type="checkbox"/> Assault <input type="checkbox"/> Unauthorized Taking/Transfer <input type="checkbox"/> Unlawful Sexual Contact <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Theft <input type="checkbox"/> Other - Please list any other crime for which you have been convicted. If you have questions about whether or not you have been convicted of a crime, please write in your question below. _____ _____
	Please list any motor vehicle violations or records you have received in your history as a driver, including out-of-state violations: <i>*Please note that most positions at MERT Enterprises, Inc. require you to drive a vehicle.</i> <input type="checkbox"/> THERE ARE NO ITEMS LISTED ON MY DRIVING RECORD REPORT. <input type="checkbox"/> Driving to endanger (reckless driving) <input type="checkbox"/> Accidents involving personal injury/death <input type="checkbox"/> Driving without a license/suspended license <input type="checkbox"/> Accidents involving vehicle damage (regardless of fault) <input type="checkbox"/> Driving without insurance/insufficient insurance <input type="checkbox"/> Leaving the scene of an accident (hit and run) <input type="checkbox"/> Driving without registration/expired registration <input type="checkbox"/> Traffic-Control Device Violation(s) <input type="checkbox"/> OUI/DWI <input type="checkbox"/> Speeding Violation(s) <input type="checkbox"/> Other Traffic Violation(s): _____ _____

Have you ever been investigated for child abuse or abuse to individuals with disabilities?

No Yes If öyesö, explain: _____

MISCELLANEOUS ELIGIBILITY QUESTIONS:

YES NO Have you had a valid driver's license for more than one consecutive year? If no, explain.

YES NO Do you have a valid Driver's License? If no, explain: _____

Driver's License # _____ **Issued by what State:** _____

YES NO Do you have motor vehicle insurance?

YES NO Are you now or have you ever been excluded from participating in Medicaid and/or Medicare?

If yes, explain: _____

*** Provide reinstatement letter if exclusion has expired.

YES NO Have you ever been under investigation or been issued any formal or informal performance improvement plans or disciplinary actions by a previous employer? If yes, explain. _____

I authorize MERT Enterprises, Inc. to complete employment eligibility checks for criminal, motor vehicle, child protective and other areas. I have read and understand the above questions. I understand I can speak with the Program Director if I have any questions regarding this form. I understand that prior convictions of crimes, driving record entries and child protective histories may stay on my record indefinitely.

Applicant's Signature: _____ Today's Date: _____

Did you graduate from high school or do you have the equivalent GED certification? Yes No

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SCHOOL	NAME AND LOCATION	DID YOU GRADUATE?	DEGREE RECEIVED, LICENSE HELD MAJOR SUBJECTS
HIGH SCHOOL			
COLLEGE			
OTHER			

Certifications/Training/Experience:

CRMA First Aid Mandt Water Safety Computer/Data Entry CPR

DSP MHRT RCS Sign Language CNA Other: _____

Position Desired:

Direct Support Professional Residential Administrator Clerical/Administrative

Other _____

How did you hear about a position at MERT?

Current MERT Employee Friend/Relative Newspaper Ad Career Fair

Former MERT Employee Walk-In/Self JobsInME.com Relative

MERT website College Job Board Other: _____

Work Availability - Check **ALL** you would be available and willing to work:

- Full Time
 Part Time
 Per Diem/On-Call
 2½ Day Live-In
 Community-Based
 8 Hr. Day Shift
 8 Hr. Evening Hours
 Awake Overnight Shift
 Short Shifts / Split Shifts
 Days and Times you would **NOT** want to work: _____

PLEASE LIST YOUR LAST THREE EMPLOYERS BEGINNING WITH THE MOST RECENT/PRESENT ONE:

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1. PRESENT OR MOST RECENT EMPLOYER NAME		DATES OF EMPLOYMENT	
BUSINESS ADDRESS (NUMBER AND STREET)		FROM (MONTH/YEAR)	TO (MONTH/YEAR)
CITY, STATE AND ZIP CODE		POSITION HELD	
TELEPHONE NUMBER		STARTING WAGE	ENDING WAGE
DESCRIBE MAJOR DUTIES YOU PERFORMED		SUPERVISOR'S NAME	MAY WE CONTACT THIS PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING:			
EXPLAIN UNEMPLOYMENT IF OVER 3 MONTHS			

2. NEXT MOST RECENT EMPLOYER NAME		DATES OF EMPLOYMENT	
BUSINESS ADDRESS (NUMBER AND STREET)		FROM (MONTH/YEAR)	TO (MONTH/YEAR)
CITY, STATE AND ZIP CODE		POSITION HELD	
TELEPHONE NUMBER		STARTING WAGE	ENDING WAGE
DESCRIBE MAJOR DUTIES YOU PERFORMED		SUPERVISOR'S NAME	MAY WE CONTACT THIS PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING:			
EXPLAIN UNEMPLOYMENT IF OVER 3 MONTHS			

3. NEXT MOST RECENT EMPLOYER NAME		DATES OF EMPLOYMENT	
BUSINESS ADDRESS (NUMBER AND STREET)		FROM (MONTH/YEAR)	TO (MONTH/YEAR)
CITY, STATE AND ZIP CODE		POSITION HELD	
TELEPHONE NUMBER		STARTING WAGE	ENDING WAGE
DESCRIBE MAJOR DUTIES YOU PERFORMED		SUPERVISOR'S NAME	MAY WE CONTACT THIS PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING:			
EXPLAIN UNEMPLOYMENT IF OVER 3 MONTHS			

YOUR SIGNATURE BELOW INDICATES WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE EMPLOYERS YOU DO NOT WANT US TO CONTACT.

Employer # _____ Reason: _____

Employer # _____ Reason: _____

Employer # _____ Reason: _____

Signature/Date: _____

MERT Enterprises, Inc. Pre-Screening Questions

1. Why do you want to be employed by MERT? _____

2. Please describe your personal philosophy regarding people with disabilities:

3. If you were working in a home with two consumers and one wanted to attend a social event and the other did not, how would you handle the situation?

4. Consumers with disabilities supported by MERT may become aggressive toward others. What techniques or skills do you have working in stressful situations or with people who disagree with you?

AGREEMENT – Please read this information carefully before signing this agreement.

It is my understanding that MERT may make a thorough review of my experience and education and may verify all application and/or oral interview materials. I authorize such review and the giving and receiving of any information requested by MERT. I release from liability any person giving or receiving such information. Falsification, misrepresentation, or omission of facts so given, or other derogatory information discovered as a result of this review may prevent my being hired, or if hired, may subject me to immediate dismissal.

I understand that neither this application nor any other MERT document constitutes a contract of employment and that any employment relationship that is established is at will. Although MERT makes every effort to accommodate employee's preferences, the needs of persons supported by MERT may, at times, make the following conditions mandatory: overtime, shift work, holidays, a rotating schedule, and/or a work schedule or location other than for which I may have been hired. I understand and accept these conditions of my future or continuing employment. I further understand that if I am employed, I am employed for an indefinite period of time and MERT may change wages, benefits, and conditions of my employment at any time. My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either MERT or myself.

In consideration for my employment and my being considered for employment by MERT, I agree to follow the policies, rules, practices, and regulations of MERT, and acknowledge that these policies, rules, practices, and regulations may be changed, interpreted, withdrawn, or added to by MERT, at any time, as its discretion, and without any prior notice to me.

I understand that representatives of MERT do not have the authority to enter into any agreement for employment for any specified period of time. Further, no representative of MERT may guarantee other personnel moves either prior to commencement of employment or after I have become employed. Assurances of any benefits or terms and conditions of employment, or any agreement contrary to the foregoing, may not be entered into.

MERT reserves the right due to policies, procedures, regulations and state and federal laws to complete criminal record, child protective, motor vehicle, and other eligibility for employment checks on all applications and employees. I understand and am willing as part of my position at MERT, to use my personal vehicle to transport people with disabilities to activities in the community and for other reasons.

I understand that the position I am applying for may involve implementing crisis prevention and intervention services which may include lifting, pulling and guiding persons with disabilities against potential resistance. I understand this as a condition of employment and have no reason to believe I cannot implement these or other responsibilities of the position for which I am applying with or without reasonable accommodation.

I certify that the information provided on this application (and any resume submitted) is true and complete. I understand that any false or misleading representations or omissions may result in denial of employment or immediate discharge. I have read, had the opportunity to ask questions, and understand the above conditions.

Applicant Signature: _____

Printed Name: _____ **Date:** _____

Prospective employees shall receive consideration without discrimination because of race, color, sex, sexual orientation, age, national origin, disability, against veterans of the Vietnam Era or against veterans with disabilities. MERT Enterprises, Inc. is an Equal Opportunity Employer.

MISSION

The mission of MERT Enterprises, Inc. is to provide personalized services for people who are primarily consumers of DHHS. These services are based on the consumer's potential and needs so that they may live in their own homes and have the services needed to live a life with dignity, respect, integrity and growth.

We will accomplish our mission by the following Principles:

Put Clients First

- Clients are our #1 priority.

Safety

- Safety is an underlying priority in all we do and will not be compromised.

Treatment of People

- All People will be treated with dignity and respect. We will be sensitive to people's issues and concerns. When outside our mission, we will assist as we are able.
- What we do, we will do well.
- Treat people to maximize their growth and potential.
- Clear and direct communication is essential to fulfilling our mission.

Empowerment

- Personal empowerment allows people to fulfill their potential. Decisions and their outcomes are opportunities for learning and growth. Consumers are empowered to make decisions based on real life situations. Employees are encouraged to accept responsibility for decision making within the parameters of their job description.

Our Work Environment

- We will strive for a supportive and nurturing environment where people are fulfilled.
- The atmosphere is one of honesty, openness, caring and forgiving.
- We recognize that life doesn't operate on a set schedule so we strive to provide a safe and pleasant environment with the flexibility needed to accomplish our mission.

Conflict

- Recognizing our diversity, we respect individual opinions. Conflict is a natural part of life and an opportunity for growth. We will deal with it in an open and timely fashion and utilize whatever resources are needed to keep it healthy.

Community Integration

- We believe that active and appropriate involvement in the community will promote acceptance and belonging for all.

Financial/Cost Responsibility

- Our financial and material resources are not limitless. We need to be actively engaged in the conservation of those within our control.