



## Crewmember Application

**APPLICANT NAME:** \_\_\_\_\_

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

### **Minimal requirements for employment**

- Interest in the commitment to serve and improve the quality of life for individuals with developmental, physical or mental disabilities.
- Kind, compassionate, and caring.
- Be of good moral character.
- Negative TB (Mantoux) test or chest x-ray.
- Indiana State and County criminal history check.
- Current Driver's License and valid vehicle insurance.
- Be able to work evenings and weekends.

### **The Crewmember must also fulfill basic State requirements for direct care staff (460 IAC 6-14-5):**

- Be at least eighteen (18) years of age.
- Complete a background check clear of a felony.
- Demonstrate the ability to communicate adequately in order to:
  - a. Complete required forms and reports of visits; and
  - b. Follow oral or written instructions.
- Demonstrate the ability to provide services according to the individual's plan;
- Demonstrate willingness to accept supervision; and
- Demonstrate an interest in and empathy for individuals.

The Crewmember must have the skills to coordinate the records, documentation, correspondence, and miscellaneous duties in proportion to the programming for the individuals being served.

The Crewmember will have knowledge of mental retardation, mental illness, human behavior, Gentle Teaching, quality of life, and relationships.

The Crewmember will have the ability to develop and maintain positive working relationships with the direct care staff and individuals and to deal positively with persons outside the facility.

The Crewmember must have maturity and judgment to work with materials of a confidential nature.

**APPLICATION TO FACILITATE A SPIRIT OF GENTLENESS**

The application to facilitate a spirit of gentleness is a tool we use to identify what is important to you, the crewmember that is providing services, by evaluating the eight quality of life values and life experiences that have been a part of those values. (Please print.)

**Which position are you applying for? (Please mark with an X)**

\_\_\_\_\_ Caregiver \_\_\_\_\_ Mentor \_\_\_\_\_ Office Staff \_\_\_\_\_ Not Sure \_\_\_\_\_ Other:

**Personal Information**

\_\_\_\_\_  
Name: Last First Middle

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Permanent Address (if different than above)

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
Social Security Number ( ) Telephone

\_\_\_\_\_  
Email

**Previous Addresses (for the last three years)**

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City County State Zip

Dates Resided: From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City County State Zip

Dates Resided: From \_\_\_\_\_ to \_\_\_\_\_

Previous Address

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates Resided: From \_\_\_\_\_ to \_\_\_\_\_

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination**

Working as a crewmember requires us to transfer individuals from one area to another area. Please describe any limitation you might have in this important role.

Globe Star provides services within many different communities (i.e. religious ceremonies, cultural activities). Please describe any issues or areas that would limit your ability to provide services.

Globe Star supports individuals with very challenging behaviors. Please describe how you would support and respond during times of crisis.

How were you referred to Globe Star?

\_\_\_ Indeed.com    \_\_\_ Linked In    \_\_\_ Current Crewmember    If so, who \_\_\_\_\_

## 12. Education History

	<u>School Name/Location</u>	<u>Years Completed</u>	<u>Degree/Diploma</u>
High School	_____	_____	_____

College

Graduate School or Tech. Training

Other

**13. Employment History** (Please include all employment for the last five years.)

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Your last job title			
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

**NOTE:** Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

\_\_\_\_\_  
(Employer's Name)

\_\_\_\_\_  
Reason

\_\_\_\_\_  
(Employer's Name)

\_\_\_\_\_  
Reason

**14. Schedule of Availability**

a. Would you be available for part-time or full-time employment \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

**Please describe your work availability.**

If your application receives favorable consideration, when will you be available to begin work?		
Do you have any objection to working overtime?	Yes	No
Can you work overtime without prior notice?	Yes	No
Can you travel if required by this position?	Yes	No

Please place an "NA" in those time boxes that you are not available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
NOON							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							
Midnight							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							

**15. References**

**Please list three references. Please do not include relatives.**

1. \_\_\_\_\_  
Name Years Known  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Occupation Telephone

2. \_\_\_\_\_  
Name Years Known  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Occupation Telephone

3. \_\_\_\_\_  
Name Years Known  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Occupation Telephone

**Additional information from you regarding your quality of life:**

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, please explain:

**Information to the applicant:** As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

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

\_\_\_\_\_  
Date