



Progressive Community Services

1025 N. 22nd St.-St. Joseph MO 64506

MAIN OFFICE PHONE: 816-364-3827

SERVICE COORDINATION FAX: 816-671-1190

RESIDENTIAL SVCS. FAX: 816-364-0470

HR AND FINANCE DEPTS. PHONE: 816-279-9242/FAX: 816-279-9792

pcs@sb40pcs.com E-mail

www.progressivecommunityservices.com

To fund, provide and advocate for quality person-centered supports for individuals with developmental disabilities.

Welcome to Progressive Community Services (PCS). We provide a wide variety of services to individuals with developmental disabilities, including direct support and service coordination. For that reason, PCS employees may need to possess a range of skills, educational requirements, certifications, licenses and a clear criminal and driving record.

Please take a moment to review the below items before applying for a position with us, to ensure you qualify. If you do not qualify at this time, please return the application to the PCS receptionist or HR Representative. You are welcome to apply again when you feel you have met these requirements.

If you are eligible for employment with PCS and we have open positions that you have indicated an interest in, a series of background checks will be completed. This process could take up to two weeks. Once you have passed these checks, we will contact you to schedule an interview.

Items you will need before starting with PCS:

- **Current & Non-Restricted Drivers License – must have possessed for at least 5 years**
- **Clear Driving Record**
- **Clear Criminal Record**
- **Proof of Legal Authorization to work in the U.S.**
- **Proof of High School Graduation or GED**
- **Ability to be flexible with your work schedule. Note: If you are only available days Monday through Friday, please speak with the HR Representative to see if there are open positions during this timeframe before completing the application.**
- **Ability to provide three positive work related references.**
- **Are in good standing with the Family Care Safety Registry.**

Thank you for the interest you have shown in our Agency.

Progressive Community Services

EOE

PROGRESSIVE COMMUNITY SERVICES APPLICATION FOR EMPLOYMENT

Progressive Community Services is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, age, religion, disability, national origin, ancestry, sex, genetic information or veteran status or any other characteristic protected under Federal or State Law.

Personal Information	
Name (Last, First, Middle)	Date of Application
Home Address (Street, City, State, Zip)	
Home Phone	Cell Phone
Position Applying for	
Salary Requirements:	

General Information		
Please check yes or no:	Yes	No
Have you ever filed an application with us before? If yes, provide date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If yes, provide date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
Can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel if a job requires it?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked under another name? If yes, please provide: _____	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, are you willing to relocate?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know anyone associated with our programs?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes:		
Name: _____		
Relationship: _____		
Name: _____		
Relationship: _____		
Do you have a valid Missouri Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>
Has your Driver's License been suspended or revoked within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of an alcohol related or major traffic violation within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently driving on a hardship license?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a felony within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		
<i>Note: A conviction record is not an automatic bar to employment. A conviction will be considered only in relation to specific job requirements. An applicant shall be notified if an adverse decision was based on conviction data.</i>		

Indicate what prompted you to apply for employment with our agency: (Check the appropriate box)

Referral: Friend Agency Representative Missouri Division of Employment Security

Advertisement: News Press St. Joseph Telegraph Cablevision Banner or Flyer (Please specify location) _____

Other: (Please specify) _____

Progressive Community Services provides support and direct service to individuals with developmental disabilities 365 days per year, 24 hours per day. Please indicate your interests in how you would like best to become part of our team.

Check those types of employment you would consider:

Full-Time _____ Part-Time _____ On-Call _____

Please mark or shade the times in which you would consider working:

	Night				Morning				Noon				Evening				Night							
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
SUN																								
MON																								
TUE																								
WED																								
THU																								
FRI																								
SAT																								

Training and Skills

U.S. Military skills, experience or training related to the position applied for:

Special training, skills (such as CPR, 1st Aid, PDT, Abuse and Neglect, Positive Behavior Support, Med. Level 1, etc.), or experiences related to the position applied for which you feel may especially qualify you for work with our company:

Education and History *

Name	Location and Telephone	Course	Graduat	Degree
High School/GED			Yes / No	
College			Yes / No	
Post Graduate			Yes / No	

* To be completed only if the position applied for requires a particular education level.

Work Experience (Most Recent)

Name of Employer	Address of Employer	Date Employed
Telephone of Employer	Supervisor's Name and Title	From: _____ To: _____
Position or Title	Reason for Leaving	Rate of Pay
		Start: _____ Finish: _____
Description of Duties		

Next Previous Employer		
Name of Employer	Address of Employer	Date Employed From: To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start: Finish:
Position or Title	Reason for Leaving	
Description of Duties		

Next Previous Employer		
Name of Employer	Address of Employer	Date Employed From: To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start: Finish:
Position or Title	Reason for Leaving	
Description of Duties		

Next Previous Employer		
Name of Employer	Address of Employer	Date Employed From: To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start: Finish:
Position or Title	Reason for Leaving	
Description of Duties		

Business References			
Name	Company	Describe Relationship	Telephone Number
Name	Company	Describe Relationship	Telephone Number
Name	Company	Describe Relationship	Telephone Number
Name	Company	Describe Relationship	Telephone Number

READ CAREFULLY BEFORE SIGNING BELOW

(Signature is required in order to be considered for employment.)

1. I understand that Progressive Community Services will consider any requests for accommodations of physical or mental disabilities by an otherwise qualified person at any time before or after employment begins. I understand that the company would appreciate as much advance notice as possible regarding request for accommodation, and that documentation of the need for accommodation might be required.
2. Depending on the position I am applying for, I understand that I may be required to submit to skills assessment(s) as a condition of my employment. Satisfactory completion of these assessments is required.
3. If I am offered employment, I agree to submit to a drug and alcohol test before starting work. If employed, I also agree to submit to a drug and alcohol test at any time deemed appropriate by the Company and as permitted by applicable law. I consent to such tests, and I request that the results of such tests be disclosed to the Company, which the Company shall keep confidential. I understand that my employment or continued employment, to the extent permitted by applicable law, is contingent upon a negative drug and/or alcohol test.
4. I understand that a background check may be performed as a condition of employment. I authorize Progressive Community Services and or its agents to thoroughly request, receive and verify all statements and information contained in my application or resume. I release Progressive Community Services from all liability for any damages that may result from doing so. I authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information to Progressive Community Services. I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.
5. I certify that the information provided by me in this application (and accompanying resume, if any) is true and complete. I understand that any misstatement, falsification, omission or misrepresentation on this application or in any interview is grounds for refusal to hire, or if I am hired and the same is discovered thereafter, I will be separated. I understand that all information provided by me on this application or in any interview is subject to verification.
6. I acknowledge that if I am employed by the company, my employment will be at-will, that I will be required to follow all rules and regulations of the company and that my employment may be terminated with or without cause, with or without notice, at the option of myself or the company. No one other than the president has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.
7. I certify that I have read or have had read to me, items 1, 2, 3, 4, 5, 6 and 7 above. I understand the contents and hereby acknowledge receipt of this information.

Signature of Applicant

Date

IMPORTANT INFORMATION

No interview will be granted if applicant fails to bring in a record of their Driving History. Applicants may obtain a "Driving History" record (Motor Vehicle Record) at the License Bureau.

PROGRESSIVE COMMUNITY SERVICES

ACKNOWLEDGMENT AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with your application for employment with Progressive Community Services you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies. A consumer report containing injury and/or medical information may be obtained after a tentative offer of employment has been made.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports for Progressive Community Services and any other company with which they contract for your services. By signing below, you hereby authorize without reservation and release from liability, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your continued employment or contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

Applicant's Printed Name: _____
(Last) (First) (Middle)

Date: _____

Social Security #: _____

Date of Birth: _____

Current Address: _____

City State Zip

DL #: _____ **State:** _____

If you were previously employed under a different name(s), please specify: _____

Failure to complete this form will cause your application to not be considered for employment.

Signature: _____

Date: _____

Motor Vehicle Report Authorization Form

As an employee or a prospective employee of _____, please be aware a Motor Vehicle Report (MVR) will be requested to review your past driving history. This review is part of our employment screening process to ensure eligibility under our commercial insurance program in the event your job responsibilities would include operating company vehicles.

Your signed consent is required under the Federal Fair Credit Reporting Act when accessing Motor Vehicle Reports for employment purposes. Please be advised _____, will initialize the MVR for employment purposes, including hiring and promotion decisions, only if written consent is received.

Section 604 of the FCRA contains a list of the permissible purposes under law in which we may use a Consumer Report (MVR). To obtain a copy of the FCRA complete report, please contact the Federal Trade Commissioner (website at <http://www.ftc.gov>). A summary of Consumer Rights under the Fair Credit Reporting Act will be provided to _____ with every MVR that is obtained for employment purposes. Please advise if you wish to receive a copy of this report.

I Hereby Agree, I have read and understand the above information regarding the formality of using Motor Vehicle Reports for employment purposes, including hiring and promotional decisions by _____.

Therefore, I authorize _____ to request a Motor Vehicle Report for the above stated purposes. However, if employment is denied based on Adverse Action due to the information obtained from the MVR, I understand I am entitled to oral or written notification within 30 days from _____.

Signed: _____ Date: _____
Name as appears on License: _____
License Number: _____ State of License: _____
Date of Birth: _____

Employment Background Authorization & Release

I understand that a consumer report or an investigative consumer report (hereinafter referred to as "Report") may be procured at any time during my candidacy for employment and/or during my employment, contract work or volunteer work. I understand the Report may include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by Company policy, information may be obtained from public and private sources and may include information related to: social security number verification, criminal records, credit history, driver/motor vehicle records, employment, education, credentials and personal references. I also understand that the information I provide regarding my sex, race and date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law.

Personal Information (List all names used)

Last	First	Middle
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____

Home Address _____ City _____ State _____ Zip _____

SSN _____ Date of Birth _____ Sex _____ Race _____

Drivers License Number _____ State Issued _____ Expires _____

I state that my personal information provided above is accurate to the best of my knowledge. I hereby authorize without reservation the procurement of a Report. Furthermore, I authorize any organization, person or agency to furnish information about me and I release any organization, person, agency and Company from any liability arising out of the request or release of the information contained in the Report. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature _____ Date: _____

California, Minnesota and Oklahoma Residents only:

I understand that under State law, I have the right to receive a copy of the Report at no charge to me.

Yes, I wish to receive a copy of the Report (check box).

Report processed by:

Background Investigation Bureau, Inc.
9710 Northcross Center Court
Huntersville, North Carolina 28078
Toll Free: (877) 439-3900

PROGRESSIVE COMMUNITY SERVICES

AFFIRMATIVE ACTION SURVEY

Data provided below is voluntary and is not required in order to submit an Application for Employment. This data will assist the agency in analyzing affirmative action statistics. This portion of the application form will be removed and retained separately from the application files.

Name _____ Social Security Number _____
(Last) (First) (M.)

Date Completed _____ Date of Birth _____

Sex: Male _____ Female _____

Race/Ethnicity:

- _____ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- _____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- _____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- _____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- _____ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- _____ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Check any applicable:

- _____ **Vietnam Era Veteran**
Any part of military service which was during the period of August 5, 1964, through May 7, 1975, with active duty service of more than 180 days and discharged or released with other than a dishonorable discharge or was discharged or released from active duty because of a service-connected disability.
- _____ **Disabled Veteran**
Discharged or released from military service because of service-connected disability or rated 30% or more disabled or rated 10% to 20% disabled under 38 U.S.C., Section 1506, to have a serious employment handicap.



RESET

WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102.

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

- Adoptive Parent (Agency Name: _____)
- Child Care
- Foster Parent/Family Member of Foster Parent (County Office: _____)
- Hospital
- Long Term Care/Personal Care (Please choose subcategory at right →.)
- Mental Health/Psychiatric Hospital
- Voluntary (Select voluntary if no other registration type applies.)

Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.)

- Adult Day Care
- Assisted Living Facility
- Hospice
- Hospital LTAC/Swing Bed
- Mental Health – Residential Facility/ICF
- Nursing Facility/Skilled Nursing
- Personal Care – Home Health
- Personal Care – In-Home Services
- Personal Care – Consumer Directed Services/Center for Independent Living
- Personal Care – HCY/PDW/DDD/Other

A one-time registration fee of \$10.00 applies to all categories except Foster Parents. Foster Parents must list the agency or county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call, toll free, 866-422-6872.

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

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PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (if applicable.)
OTHER NAMES USED (if applicable. Include other last names, other first names, nicknames.)		DATE OF BIRTH (mm/dd/yyyy)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

CONTACT INFORMATION

STREET ADDRESS (Must be different from Employer Street Address.)

ADDRESS LINE 2 OR PO BOX (if applicable. This line of the address must reflect where you receive your mail.)

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE () -	EMAIL (Optional)	COUNTRY (Complete only if U.S. territory or outside U.S.)	

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

<input type="checkbox"/> My current/potential child care, long term care or mental health care employer is:	<input type="checkbox"/> No Employer, because I am a(n):		
EMPLOYER NAME	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)		
EMPLOYER STREET ADDRESS			
EMPLOYER CITY		STATE	ZIP
EMPLOYER TELEPHONE () -		EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requestor of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT (Must be signed in blue or black ink.) _____

DATE OF SIGNATURE (Must be within six months of submission.) / /

This Employer Participates in E-Verify

E-Verify™

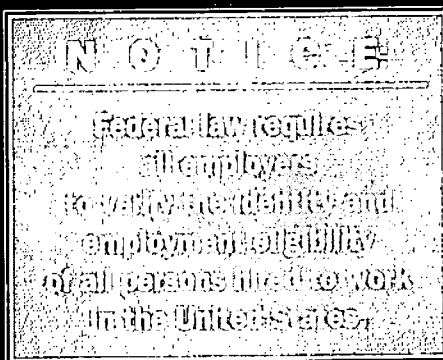


This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.



If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA