



INSTRUCTIONS FOR COMPLETING APPLICATION

Application Form: Please complete all sections on this form. Please be specific about your availability. Generally, shifts at our residential facilities are 3pm to 10pm and 10pm to 8am Monday through Friday and all day on Saturdays and Sundays. Shifts at our vocational facilities are generally 8am to 4:30pm Monday through Friday. Always sign and date the application.

General Release Form: This form allows DSN to obtain general information from previous employers, schools, law enforcement agencies, and the Central Registries of Nebraska.

Nebraska Central Registry and Sex Offenders Registry Forms: These forms must have a witness signature. You may have someone witness the signature or complete the signature when you drop off your application.

We will review your application for the position(s) that you applied for. To be considered an applicant for a position, all sections of the application need to be complete. You must also meet the minimum qualifications and be available to work the scheduled hours of the position. Please read through the instructions carefully. If you have applied for more than one position, we will review your application for the position that best fits your skill set, hours and shift that you are available to work.

Interviews will be scheduled with those applicants that best meet the requirements for the position. You will be contacted by phone if you are selected for an interview. Many applications are received for each position and not all individuals are selected for interviews. Your patience is appreciated.

REQUIRED HIRING DOCUMENTATION

If you are hired by DSN the following documentation will be required at the time you complete your new hire paperwork.

Drivers License- current and valid,

Proof of Auto Insurance- current and valid for your personal vehicle

Education Documentation- high school diploma or GED; or a college level degree (Associates, Bachelors, Masters, Doctorate, etc.)

Second Form of Identification- social security card, passport, birth certificate, or any current and valid INS document for registered aliens

Payroll Direct Deposit Documentation- All DSN employees are required to have their paychecks directly deposited. Checking or savings accounts at most banking or credit unions are acceptable. For checking accounts a blank check will be needed. For a savings account either an account card or deposit slip with both the account and transit numbers will be needed. (A transit or routing number can be obtained from your bank).

SUBMISSION

You may mail, fax, or email completed applications to the following people.

Lincoln: Attention: Brad Fuchs

Mail: Developmental Services of NE, 201 SW 25th Street, Lincoln, NE 68522

FAX: 402-325-8575

Email: bfuchs@dsnonline.org

Omaha: Attention: Christina Albertson

Mail: Developmental Services of NE, 10425 J Street Suite B, Omaha, NE 68127

FAX: 402-827-7654

Email: calbertson@dsnonline.org

Kearney: Attention: Jamie Bentz

Mail: Developmental Services of NE, 1709 West 39th Street, Kearney, NE 68845

FAX: 308-237-9085

Email: jbentz@dsnonline.org



Mission

DSN supports persons, both children, and adults, with mental health issues and/or developmental disabilities gain skills, knowledge, and experience to increasingly use and benefit from the resources and settings available to all citizens in our community.

Principles

To fulfill its mission, the agency relies on seven principles:

- Every person has value.
- Every person will be treated with dignity and respect.
- Every person is capable of growth and learning through community experiences.
- Every person will experience life in the most natural and normal of settings.
- Every person has the right to be the primary decision maker in his/her own life and carries the responsibility for the direction it takes.
- Every person is protected by full weight of the U.S. constitution and its Amendments.
- Every person will be considered for participation in the program without regard to race, color, national origin, marital status, religion, creed, handicap, age, sex, or sexual orientation.

Goals

* The agency will strive to provide the nature and caliber of services that are requested by our consumers and their families.

*The agency will facilitate the use of community resources and promote individual empowerment thereby reducing reliance on agency provided services and facilities.

* The agency will encourage people to make informed decisions and experience the resulting outcomes.

* The agency will strive to be a vehicle, which enables individuals with developmental disabilities to fully participate in all areas of interest to them.

* The agency will maintain a service delivery system that is responsive and accountable to people with developmental disabilities and to the public.

* The agency will not rely exclusively on traditional service models when developing systems and procedures, but will attempt to provide services designed specifically to meet the needs, interests and desires.



Please Print

Last Name	First Name	MI	Social Security Number
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone Number ()	Referred by	Email	

Position Desired	Date Available To Start	Salary/Wage Desired
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Where?	When?

General Information

List areas of special study/research, and/or special training/skills related to the positions for which you have applied

Are you at least 19 years of age or older? Yes No

Do you have a valid Drivers License? Yes No If yes, which state?

Do you have current auto insurance with state minimum coverage? Yes No

Do you have reliable transportation which can be used to safely transport individuals in services? Yes No

Can you provide documentation proving your eligibility to work in the U.S.? Yes No

Do you have an active checking or savings account for direct deposit? Yes No

If "No" to any of the above, please explain

Please list any minor traffic violations in the last three (3) years:

Have you ever been convicted of a felony? Yes No Misdemeanor? Yes No (A conviction record will not necessarily bar employment.) If you answered "yes", please fully describe the criminal conviction(s), listing the nature of the offense, disposition and date of disposition, your age at the time of the offense, and your rehabilitation since the conviction(s)

Have you completed High School \ GED: Yes No

Have you completed AA degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, course of study:	If applicable, expected completion date:
Have you completed BA degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, course of study:	If applicable, expected completion date:
Have you completed MA degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, course of study:	If applicable, expected completion date:

References: Please give the names of two or more persons (not relatives or former employers) who have known you for one year or more, and whom we can contact.

Name	Address		Name	Address	
City, State, Zip	Years Known	Phone ()	City, State, Zip	Years Known	Phone ()

Are you seeking Full-Time or Part-Time employment?

When are you available to work? Overnights Awake Overnights Asleep

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
From	From	From	From	From	From	From
To	To	To	To	To	To	To

You will be required to attend training Monday - Friday. Pre-service training must be completed within 90 days of hire. Training times will vary but may occur in the morning, afternoon or evening hours. Do you have a conflict that would prevent you from attending these specific training times? Yes No If yes, please explain:

Applicant Name _____

Former Employers: List below all present and past employment beginning with your most recent, accounting for all time since leaving High School, or the last seven years. Please **DO NOT** leave the phone number blank.

Company Name	Address	City	State
Phone ()	Position Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties			
Employment Start Date	Employment End Date	Starting Salary	Ending Salary
Supervisor Name	Reason for Leaving		
Shaded Section is for Office Use Only Verified <input type="checkbox"/> Is this employee eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Comments:			
If completed by phone, name of contact person		Title of contact person	
DSN representative completing reference			Date

Company Name	Address	City	State
Phone ()	Position Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties			
Employment Start Date	Employment End Date	Starting Salary	Ending Salary
Supervisor Name	Reason for Leaving		
Shaded Section is for Office Use Only Verified <input type="checkbox"/> Is this employee eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Comments:			
If completed by phone, name of contact person		Title of contact person	
DSN representative completing reference			Date

Company Name	Address	City	State
Phone ()	Position Title	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties			
Employment Start Date	Employment End Date	Starting Salary	Ending Salary
Supervisor Name	Reason for Leaving		
Shaded Section is for Office Use Only Verified <input type="checkbox"/> Is this employee eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Comments:			
If completed by phone, name of contact person		Title of contact person	
DSN representative completing reference			Date

AUTHORIZATION: "I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL." "I AUTHORIZE INVESTIGATIONS OF ALL STATEMENTS CONTAINED IN THE APPLICATION AND THE REFERENCES AND AUTHORIZE EMPLOYERS LISTED ABOVE TO GIVE YOU AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND UTILIZATION OF SUCH INFORMATION." "I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

Signature of Applicant	Date
------------------------	------



By signing below I am stating that I understand the following:

If I am offered a position by Developmental Services of Nebraska, Inc., any offer of employment is contingent upon the following; including but not limited to:

Department of Motor Vehicles driving record check
Adult Protective Services Central Registry Check
Child Protective Services Central Registry Check
Sex Offender Registry Check
FBI and Nebraska State Patrol Criminal History Record Check
Office of Inspector General Check
Excluded Parties List System
Required training is completed within prescribed timeline

I authorize my employer to obtain criminal history record information checks from any law enforcement agency, including the Federal Bureau of Investigation. If I so choose I may obtain a copy of the results directly from my employer.

Print Name

Date

Signature

Witness Signature

Date



This form must be completed in its entirety. Enter NA for any items that may not be applicable.

- I, _____, agree to give Developmental Services of Nebraska, Inc.
print or type name
 (hereafter referred to as DSN) permission to request and receive information about me from the Nebraska State Central Registry of Child Abuse and Neglect, the Nebraska State Central Registry of Adult Abuse and Neglect, Nebraska Department of Motor Vehicles, Nebraska State Patrol, Federal Bureau of Investigation, Office of Inspector General, Excluded Parties List System and the Nebraska Sex Offenders Registry. Copies of any information or reports, if any exist, may be released to DSN.
- I authorize each and every former employer, school, individual agency, organization, or law enforcement agency to release any information requested by DSN in connection with the position for which I am applying. I herewith hold such persons harmless for releasing such information that is within their knowledge or records.
- The following information is required for identification purposes only*

List any other names used by you under which records may be filed (print or type)		
Date of Birth (m/d/y)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
Signature		Date

To persons providing requested information, please send to:

Central Office

Lincoln

Omaha

Kearney

Developmental Services of Nebraska, Inc
 Attention: Human Resources
 5701 Thompson Creek Blvd, Suite 200
 Lincoln, NE 68516
 Phone (402) 435-2800
 Fax (402) 435-8801

Developmental Services of Nebraska, Inc
 Attention: Human Resources
 201 SW 25th Street
 Lincoln, NE 68522
 Phone (402) 325-8555
 Fax (402) 325-8575

Developmental Services of Nebraska, Inc
 Attention: Human Resources
 10437 J Street
 Omaha, NE 68127
 Phone (402) 827-7652
 Fax (402) 827-7654

Developmental Services of Nebraska, Inc
 Attention: Human Resources
 1709 West 39th Street
 Kearney, NE 68845
 Phone (308) 234-6834
 Fax (308) 237-9085



Developmental Services of Nebraska, Inc. requests information on the individual below for initial and ongoing employment.

PLEASE PRINT INFORMATION:

Full Name (Print): (First, Middle, Last)

Any other names used, including nicknames:

Current Address: (Street, Apt #) (City, State, Zip Code)

Phone #: ()

Social Security #: Date of Birth: (Month, Day, Year)

My signature below certifies that the information contained on this sheet is accurate and as complete as possible. I understand that any misinformation or omissions may be grounds for dismissal. My signature also authorizes Developmental Services of Nebraska, Inc. to receive information about substantiated reports of Sex Offender/Office of Inspector General Exclusions by me, and/or information on the Nebraska State Patrol Sex Offenders Registry/Office of Inspector General Exclusions list concerning me.

Signature: Date:

Checked NSP SOR Listing NO RECORD FOUND

Checked OIG Exclusions List NO RECORD FOUND

Checked EPLS Exclusions List NO RECORD FOUND

Initials: Date:

Initials: Date:

Initials: Date:



AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: Developmental Services of Nebraska, Inc. (866) 862-3694

Please do not use abbreviations

Address and Phone Number: 5701 Thompson Creek Blvd Ste 200 Lincoln, NE 68516 (402) 435-2800

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.



Demographic Information Survey

In order to comply with federal equal employment opportunity recordkeeping and reporting requirements, DSN is required to survey our applicants for certain demographic information. Accordingly, we ask that you provide the following information. Self-identification of your race/ethnicity is voluntary. If you choose not to self-identify, you must check the box indicating that you have reviewed the form and elected not to identify your race/identity. Declining to self-identify will not subject you to any adverse treatment, nor will self-identifying result in favorable treatment. The information will be used only in accordance with the provisions of applicable laws, regulations and executive orders, including those that require information to be summarized and reported to the government.

In completing the Race and Ethnicity portion of the form, first indicate if you identify yourself as Hispanic or Latino. If you do so identify yourself, you should stop at that point. If you do not identify as Hispanic or Latino, then check the appropriate box to identify the race/ethnicity with which you do identify. If you identify with two or more races, please check the "two or more races" box, and also list the single race/ethnic group with which you most closely identify.

First and Middle Names	Last Name	Location	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Signature	Date		
Race and Ethnicity	<p>A. <input type="checkbox"/> Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p>B. Not Hispanic or Latino:</p> <p><input type="checkbox"/> White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><input type="checkbox"/> Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five racial/ethnic groups. If you check this box, please list the single racial/ethnic group above with which you most closely identify:_____.</p>		
	<input type="checkbox"/> If you choose not to self-identify your race or ethnicity, please check box.		