



WINGS Application for SLS position, 2011

Date: _____

Name: _____

Address: _____

Home Telephone and/or Cell: _____

Date of Birth: _____

Social Security Number: _____

Colorado Driver's License Number: _____

License plate number: _____

Make and model of car/truck : _____

You will be required to pass background, reference and motor vehicle checks. Is this acceptable to you? _____

Can you work flexible hours? _____

Minimum and maximum hours you can work _____

Have you had any experiences, whether personal or professional, with a person with developmental disability? Explain: _____

Emergency Contact (name, relationship and number): _____

Employment History (most pertinent):

1) Company name: _____

Supervisor: _____

Address: _____ Phone: _____

How long did you work there? _____

2) Company name; _____

Supervisor: _____

Address : _____ Phone: _____

How long did you work there? _____

References: List 3 individuals, not related to you, who are familiar with your work related skills. Include phone #.

Before unsupervised contact you will need to show proof of vehicle insurance.

I consent to be screened and the information released to WINGS regarding a criminal background check, a driving record for the state of Colorado and a sex offender search.

Signed: _____ Date: _____

Within 90 days of hire you will be trained on the minimum training guidelines designed by the Division of Developmental Disabilities for the state of Colorado. Within 90 days you will be expected to obtain CPR and 1st aid training. (Call the Red Cross @ 970-226-5728)

I do not have, or am a carrier of a serious infectious or communicable disease, such as, but not limited to incurable, fatal or debilitating diseases, which cannot be eliminated or reduced by reasonable accommodation. A current example would include, but not be limited to tuberculosis.

Signed: _____ Date: _____