



DREAMS WITH WINGS

Application For Employment

Please print all information except signatures.

Non-Discrimination Policy: Dreams With Wings is committed to the principle of equal opportunity in education and employment. Dreams With Wings Inc. does not discriminate against applicants or employees on the basis of sex, race, religion, national origin, ancestry or age. Dreams With Wings Inc. does not discriminate against qualified individuals with disabilities.

GENERAL INFORMATION

Date _____

Position Applied For:

Res DSP CLS Transportation

Date available to begin work _____

ADT DSP FHP Teen & Young Adult

Are you willing to work a flexible schedule? YES NO

Respite SE Summer Camp

Have you ever applied with DWW before? YES NO

Work Preference Full-Time Part-Time

If yes, please provide date _____

First Name _____ Last Name _____ Middle Initial _____

Social Security Number _____

Street Address _____ City _____

State _____ Zip _____

Phone _____ Email _____

- Are you over 18 years of age? YES NO
- Are you a United States citizen? YES NO
- If no, do you have a valid work permit? YES NO

(Proof of citizenship or immigration status may be required upon employment)

DRIVER'S LICENSE/PERSONAL ID

Do you have a valid Driver's License? YES NO Do you have Auto Insurance? YES NO

Are you applying for a position which will require driving? YES NO

Do you have adequate transportation? YES NO

ID/Driver's License # _____ State of Issue _____ Expiration Date _____

***Some positions at DWW require driving and a Motor Vehicle Driving Record Check will be conducted.**

EDUCATION

YOU WILL BE ASKED TO SUBMIT DOCUMENTATION OF HIGHEST LEVEL OF COMPLETED EDUCATION

	Name	Location	# of Years Completed	Graduated	Major
High School					
College					
Other					

Credentials YES NO If yes, please provide type _____

MILITARY

Are you a veteran of the United States military service? YES NO If yes, what branch? _____

Date Entered _____ Date Discharged _____

Describe any special skills or training acquired while in the enlisted _____

WORK EXPERIENCE

Please list your last three (3) work experiences beginning with your **most recent**

Employer Name & Address	Dates of Employment	Job Title	Work Performed/Duties	
	Supervisor			Reason for Leaving
Rate of Pay: \$				

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Please list your last three(3) work experiences beginning with your **most recent** job.

Employer Name & Address	Dates of Employment	Job Title	Work Performed/Duties	
Rate of Pay: \$				
	Supervisor			Reason for Leaving

Dreams With Wings will be performing a background check on all applicants. If you would like to disclose a possible finding please do so here:

REFERENCES application **MUST** be returned with **(one) 1 completed reference**, page 4. **ONLY PROFESSIONAL REFERENCES—SUPERVISOR OR HR DEPT.**

Name _____	Position _____
Relationship to Applicant _____	Phone/Email _____
Name _____	Position _____
Relationship to Applicant _____	Phone/Email _____
Name _____	Position _____
Relationship to Applicant _____	Phone/Email _____

I certify that all facts contained in the application are true and complete and acknowledge that Dreams With Wings Inc. is relying on the accuracy of the information provided. I authorize DWW to verify the accuracy of the information provided herein, and I authorize former employer, educational institutions and credit agencies to release information concerning me to DWW. I also authorize DWW Inc. to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation, or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may regardless of the date of payment, and wages be terminated at any time without previous notice and without reason at the will of either myself or DWW Inc. I also understand and agree that no one has authority to promise me job security or continued employment, except the Executive Director of the agency in a formal written agreement signed by both of us.

Applicant **Signature** _____

Printed Name _____

Date _____

My Availability

Name _____

Application Date _____ Date Available to Start Work: _____

Please fill in the box next to your availabilities ... Thank you...

Sunday	
12am - 8am	<input type="checkbox"/>
8am - 4pm	<input type="checkbox"/>
4pm - 12am	<input type="checkbox"/>

Monday	
12am - 8am	<input type="checkbox"/>
8am - 4pm	<input type="checkbox"/>
4pm - 8am	<input type="checkbox"/>

Tuesday	
12am - 8am	<input type="checkbox"/>
8am - 4pm	<input type="checkbox"/>
4pm - 12am	<input type="checkbox"/>

Wednesday	
12am - 8am	<input type="checkbox"/>
8am - 4pm	<input type="checkbox"/>
4pm - 12am	<input type="checkbox"/>

Thursday	
12am - 8am	<input type="checkbox"/>
8am - 4pm	<input type="checkbox"/>
4pm - 12am	<input type="checkbox"/>

Friday	
12am - 8am	<input type="checkbox"/>
8am - 4pm	<input type="checkbox"/>
4pm - 12am	<input type="checkbox"/>

Saturday	
12am - 8am	<input type="checkbox"/>
8am - 4pm	<input type="checkbox"/>
4pm - 12am	<input type="checkbox"/>

Upcoming Plans for Time Off
Vacations, Medical Appointments/Surgeries, etc... Please no specifics ... just date ranges to be considered as unavailable

HR/DIR Use For Placement