



# BUTLER VALLEY

*Serving Adults with Developmental Disabilities*

4635 Broadway, Eureka CA 95503

(707) 442-2451

## APPLICATION FOR EMPLOYMENT

(Butler Valley, Incorporated is an equal-opportunity employer.)

Last Name		1st Name		Phone	Date	
Address			City	State	Zip	
e-mail .....				Position applied for:		
					Yes	No
Do you have a driver's license?						
Have you ever been convicted of a crime? (you must pass a fingerprint background check)						
Is your citizen status such that you can work legally in the US?						
Do you have any work or volunteer experience working with people with disabilities?						
Would you prefer to work in, Arcata [ ] Eureka [ ] Either Location [ ]						

Education: Name of School (start with H.S.)	Graduated?		Major & Degree
	yes	no	

REFERENCES: NAME	ADDRESS	PHONE

Employer Name & Address:		Phone:
Position Held:	Supervisor's Name:	Employed (Month/year): From:                      To:
Describe Duties:		Reason for leaving?
		May we contact?      Yes      No

Employer Name & Address:		Phone:
Position Held:	Supervisor's Name:	Employed (Month/year): From:                      To:
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Employer Name & Address:		Phone:
Position Held:	Supervisor's Name:	Employed (Month/year): From:                      To:
Describe Duties:		Reason for leaving?
		May we contact?      Yes      No

I understand that falsification or misinterpretation of the information above could result in immediate discharge in the event that I am employed by Butler Valley, Inc. based on false information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Direct Care Staff Written Questions

Your Name : \_\_\_\_\_

Date : \_\_\_\_\_

1. What interests you about this line of work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any experience (personal/volunteer or professional) working with persons with disabilities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Do You have any experience with behavior modification? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What do you think a residential or day program for adults with intellectual disabilities should strive for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. What activities do you enjoy in your personal life that you feel you could share with our participants that may give them some enrichment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any experience working with medical issues? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any experience with gardening or farm animals? How would you encourage participants to assist you with these tasks? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Do you have a strong stomach for cleaning up after bodily accidents?  
(vomit, urine, feces) Yes\_\_\_\_\_ No\_\_\_\_\_

9. How do you feel about assisting a male or female with personal care (showering, toileting)?

\_\_\_\_\_  
\_\_\_\_\_

10. Do you consider yourself to be more of an individualist or a team player? \_\_\_\_\_

11. If we contacted your last or current supervisor, what do you think they will tell me about you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What times and days of the week are you available to work? (include awake overnights). Please be specific, include how many hours a week you are wanting to work. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_