



*Serving Adults With Intellectual
and Developmental Disabilities*

4580 North Mumford Road

Macon, Georgia 31210

478-471-3711 phone

478-471-0655 fax

Wesley Glen Ministries serves adults with intellectual and developmental disabilities in residential and day programs.

Applicants should be 25 years of age or older. To be considered for employment, please complete the attached Application for Employment and submit it along with the following documents:

Applicant Name: _____

Date of Application: _____

Required documentation prior to interview:

_____ Criminal background check documentation (from City Hall or Central Records Department)

_____ Seven-year Driving History Report (MVR);
Website for Georgia DDS <https://online.dds.ga.gov/onlineservices/mvrintro.aspx>

_____ Copy of driver's license

_____ Copy of Social Security card

_____ Copy of high school diploma or equivalency certificate

_____ Completed Application (Attached)

Additional documentation (not required for position but may lead to priority consideration):

_____ Copy of CPR/First Aid certification card

_____ Copy of TB test results

_____ Copy of CNA license or other credentials



EMPLOYMENT APPLICATION FOR Residential Direct Support Professional And

Cornerstone Day Services Direct Support Professional

Please print clearly.

Please answer all questions. Résumés are not a substitute for a completed application but may be attached.

Wesley Glen Ministries is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice.

Name _____

Telephone number (____) _____ - _____ Email address _____

Address _____ City _____ State _____ ZIP _____

How long have you lived at this address? _____ / _____ Years/Months

Hours available for Residential Direct Support Professional (DSP) positions:

Full-time:	PRN:
<input type="checkbox"/> Monday – Sunday 6:00AM to 6:00PM	<input type="checkbox"/> Monday – Friday
<input type="checkbox"/> Monday – Sunday 6:00PM to 6:00AM	<input type="checkbox"/> Saturday and Sunday

*Full- time DSP positions are 12-hour shifts, in which you work 7 shifts in a 14-day period with every other weekend off. Please specify which shift(S)for which you would like to be considered. If applying for a PRN position, please specify how many hours a week you can work, which shift and on what days.

Hours available for Day Services Direct Support Professional (DSP) positions:

Part-time:	Full-time:
<input type="checkbox"/> Monday, Wednesday and Friday 8:30AM to 4:30PM	<input type="checkbox"/> Monday – Friday 8:30AM to 4:30PM
<input type="checkbox"/> Tues and Thursday 8:30 AM to 4:30PM	

Desired hourly rate _____ Willing to work overtime? Yes No

How did you hear about employment with Wesley Glen Ministries? _____

Do you have any family or friends currently employed with Wesley Glen Ministries? Yes No

If yes, who: _____

If Applying for a part-time position will you also be employed elsewhere? Yes No Where? _____

Have you previously applied for employment with Wesley Glen Ministries? Yes No When? _____

Have you ever been employed by Wesley Glen Ministries? Yes No

If yes, provide dates of employment, position, and reason for separation from employment: _____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see résumé."

Employer

Name	Address	Type of Business
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Telephone number (____) _____ - _____ Dates employed: from ____/____/____ to ____/____/____

Job title _____ Duties _____

Supervisor's name _____ May we contact? Yes No If no, why not? _____

Wages start _____ Final _____ Reason for leaving? _____

What will this employer say was the reason your employment terminated? _____

Were you ever disciplined? If so, for what? _____

How much notice did you give when resigning? If none, explain. _____

Employer

Name	Address	Type of Business
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Telephone number (____) _____ - _____ Dates employed: from ____/____/____ to ____/____/____

Job title _____ Duties _____

Supervisor's name _____ May we contact? Yes No If no, why not? _____

Wages start _____ Final _____ Reason for leaving? _____

What will this employer say was the reason your employment terminated? _____

Were you ever disciplined? If so, for what? _____

How much notice did you give when resigning? If none, explain. _____

Have you ever been terminated or asked to resign from any job? Yes No If yes, how many times? Has
your employment ever been terminated by mutual agreement? Yes No If yes, how many times? Have
you ever been given the choice to resign rather than be terminated? Yes No If yes, how many times? _____

If you answered yes to any of the above three questions, please explain the circumstances of each occasion.

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and education record. For example, change of name, use of an assumed name, nickname, etc.

Education	School Name and Location (City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

REFERENCES

Please list the names of additional **work-related references** we may contact. Applicants with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship (supervisor, co-worker)	Telephone

Please list the names of **personal references** (not previous employers or relatives) we may contact.

Name	Occupation	Address	Telephone	# of Years Known

DRIVING INFORMATION – In order to be employed at Wesley Glen, you must have 2 points or less on your 7-year MVR.

Do you have a current valid driver’s license? Yes No License ever suspended or revoked? Yes No

If yes, explain:

Please list all moving traffic violations in the last five (5) years.

Offense	Date	Location	Comments

APPLICANT CERTIFICATION

I understand and agree that because driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside.

I understand that Wesley Glen Ministries, Inc. (WGM) may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of WGM, pursuant to WGM's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with WGM's policies and applicable federal, state, and local law.

If employed by WGM, I understand and agree that WGM, to the extent permitted by federal, state, and local law, may exercise its right, without warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal. I authorize WGM or its agents to confirm all statements contained in this application and/or résumé as it relates to the position, I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state, and/or local law.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to WGM or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability WGM and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize WGM to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by WGM, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by WGM. I also understand WGM employs only individuals who are legally eligible to work in the United States.

I certify that all the information that I have provided on this application is true, accurate, and complete.

Applicant signature _____ Date ____/____/____