



Application for Employment

You are required to attend a pre-employment orientation session. This is an informational session as well as an interview. This is at our office at 215 Smelter Ave NE. There are different sessions based on what you are applying for.

** If you are applying to work with adults with developmental disabilities, the group session is held each week on Tuesday at 10 a.m.

** If you are applying to work with children with developmental disabilities, an interview session will be scheduled after receipt of the application.

Pre-employment orientation is mandatory prior to employment with this agency.

Former QLC employees applying for rehire must complete the following:

*Complete the attached application

*Submit a written explanation of why you would like to be rehired

*You may be required to attend a pre-employment orientation session depending on the length of time since last employed at QLC.

Thank you for your interest in employment with our agency.

Quality Life Concepts is an Equal Opportunity Employer.

Quality Life Concepts is dedicated to making sure that every individual we are honored to serve enjoys a quality life and continues to "Discover Choices in Life."

Our Mission is to:

- Provide creative supports and choices that stimulate lifelong growth and development.
- Support children and adults with developmental needs within their home and the community.
- Provide a supportive and safe environment so individuals may attain their maximum level of personal achievement.
- Empower and support families.

Our Vision is to:

- Diversify and make a positive difference in the lives of people.
- Create a family atmosphere for our staff and those we assist.
- Generate awareness of our mission in the communities we serve.
- Maintain a highly trained, compassionate staff.
- Provide the best supports and services we can.

Our Values are:

- Choices in life
- Collaborative and cooperative partnerships
- Compassionate care
- Education
- Family
- Financial efficiency and stability
- Independence
- Respect for diversity

215 Smelter Ave NE, PO Box 2506 ♦ Great Falls, MT 59403

(406) 452-9531 ♦ FAX (406) 453-5930

A Private Non-Profit Corporation

Application for Employment

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: _____ Email Address: _____

Date available: _____

Position applying for: _____ Hourly rate expected: _____

Will you accept part-time (less than 40 hours/week)? Yes No

Do you have a valid Montana Driver's license? Yes No

If no Montana license, which state? _____

If hired can you show proof of authorization to work in the U. S.? Yes No

(Verification will be required.)

Have you been employed here before? Yes No If yes, give dates: _____

Education: (All education listed will be confirmed with the school(s).)

High School or GED: Please circle one.

Name & Location _____

Course of Study _____ Graduate? Yes No

College/University

Name & Location _____

Course of Study _____ Graduate? Yes No

Business/Vocational

Name & Location _____

Course of Study _____ Graduate? Yes No

Graduate/other:

Name & Location _____

Course of Study _____ Graduate? Yes No

Describe any other training (workshops/seminars) you have completed that will help to qualify you:

Employment Experience: Start with your present or last job and go back for five (5) years, listing former employers. You may include military service assignments and volunteer activities.

1. Employer: _____ Phone: _____

Address: _____

Job Title: _____ City _____ State _____ Zip Code _____
Supervisor: _____

Reason for leaving: _____

Rate of pay: starting: _____ final: _____ Employed from _____ to _____

Work performed: _____

2. Employer: _____ Phone: _____

Address: _____

Job Title: _____ City _____ State _____ Zip Code _____
Supervisor: _____

Reason for leaving: _____

Rate of pay: starting: _____ final: _____ Employed from _____ to _____

Work performed: _____

3. Employer: _____ Phone: _____

Address: _____

Job Title: _____ City _____ State _____ Zip Code _____
Supervisor: _____

Reason for leaving: _____

Rate of pay: starting: _____ final: _____ Employed from _____ to _____

Work performed: _____

4. Employer: _____ Phone: _____

Address: _____

Job Title: _____ City _____ State _____ Zip Code _____
Supervisor: _____

Reason for leaving: _____

Rate of pay: starting: _____ final: _____ Employed from _____ to _____

Work performed: _____

Professional References: (Most recent supervisors or instructors are required. Do not list friends or relatives.)

1. Name: _____ Phone: _____

Address: _____
Street City State Zip Code

2. Name: _____ Phone: _____

Address: _____
Street City State Zip Code

3. Name: _____ Phone: _____

Address: _____
Street City State Zip Code

Can you perform all the essential functions of the position for which you are applying with or without a reasonable accommodation?

Yes: _____ No: _____

Please explain: _____

I hereby authorize Quality Life Concepts to inquire as to my record with any or all of my former employers with no liability arising therefrom. I hereby certify that all information above is true and complete to the best of my knowledge. I am aware that falsification or misrepresentation of required information is grounds for dismissal or disqualification from employment with Quality Life Concepts.

I understand that if I am employed by Quality Life Concepts, the agency may change wages, benefits, and conditions at any time and that there is no guarantee of permanent employment.

Signature _____

Date _____

Please list any additional comments or special qualifications you would like to be considered: _____



ADDITIONAL INSTRUCTIONS

These next three (3) pages are various background checks. Please fill these out completely.

- Page 1 is to check your background check with Montana Department of Justice. It also has supplemental background questions. Please complete this page in full.
 - Do not leave anything blank. If you answered “YES” to any questions, please use the space to explain.

- Page 2 is to check your driving record with Montana Department of Justice, Division of Motor Vehicles.
 - On the front of this page, please complete **ONLY box #3** with your full name, date of birth, and driver license #. **DO NOT complete anything else on this page.**
 - Please **do not** sign at the bottom of the front page.
 - You **do not** need to pay for this. QLC pays for the background check.
 - **COMPLETE** the back of that page and to sign and date it.
 - If your license is from another state, please still complete the form and list the state your license is from.
 - **Even if you do not have a driver’s license, this page must still be completed. Please write “none” where it asks for the driver’s license number.**

- Page 3 is to check for any record of abuse or neglect thru the Department of Public Health and Human Services. This form must be completed in entirety, including full middle name, no initials. Any deletions may result in a delay of processing.
 - Please complete sections A-C.
 - Section E—This form **MUST** be notarized. QLC’s main office, at 215 Smelter Ave NE, has staff members who are notaries, and they will be happy to witness and notarize you signing the form. Please have a picture ID with you. **Please do not sign this form until the Notary Public is present.**

Thank you for completing these forms as instructed. Please feel free to call Brenda in Human Resources at 406-452-9004 ext 240 or 1-800-761-2680 if you have any questions. Please return these forms with the rest of your application. If there are signatures missing or if the third page is not notarized, it may delay the timely processing of your application.



Background Check Information and Release (please print clearly)

Name: _____ Birth Date: _____

Birth Name and any other names used: _____

Social Security #: _____

1. Have you ever been convicted of any criminal offense, either misdemeanor or felony?

_____ NO _____ YES (If yes, please explain)

2. Do you have any tickets on your driving record?

_____ NO _____ YES (If yes, please explain)

Supplemental Background Check Information

3. Have you ever been convicted for neglect or abuse, sexual abuse, or other acts of violence?

_____ NO _____ YES (If yes, please explain)

4. Are you currently being investigated for neglect or abuse of any kind?

_____ NO _____ YES (If yes, please explain)

5. Have you ever been terminated from any job for any reason other than a layoff?

_____ NO _____ YES (If yes, please explain)

I give Quality Life Concepts my permission to conduct a background investigation. I hereby authorize any law enforcement agency and/or child protection agency to release any records they have regarding me to Quality Life Concepts. I understand that my potential employment is contingent upon these reports. A photocopy of this form is as valid as the original.

I authorize Quality Life Concepts to obtain a copy of my motor vehicle record to evaluate my insurability or for other permissible uses related to my application. If I am hired for employment by Quality Life Concepts, I hereby authorize Quality Life Concepts to procure these records on a periodic basis or as deemed necessary to evaluate my continuing insurability.

Applicant Signature _____

Date: _____



Driving Record Request

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816

Office Use	<p>1. Requested Information</p> <p><input type="checkbox"/> A. Your Driving Record – Complete Sections 2, 3, 4, and 5.</p> <p><input type="checkbox"/> B. Another Person's Driving Record – Complete Intended Use and Sections 2, 3, 4, and 5.</p> <p>Intended Use: To be completed if you checked B above.</p> <p>[1] <input type="checkbox"/> For use by a federal, state, or local government agency, including a law enforcement agency or any individual acting on behalf of the agency in carrying out its functions. You must complete "Consent to Release Driving Record to Another Person or Entity" on next page.</p> <p>[2] <input type="checkbox"/> For use by a business or its agents, employees, or contractors in their normal course of business to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. If the submitted information is not correct or no longer correct, to obtain the correct information for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.</p> <p>[3] <input type="checkbox"/> With written consent of the individual(s) who is the subject(s) of this search - A signed and dated Personal Information Express Consent form must be attached.</p> <p>[4] <input type="checkbox"/> For use as part of a civil, criminal, administrative, or arbitative proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, pursuant to an order of any court.</p> <p>[5] <input type="checkbox"/> For use by an insurer, insurance support agency, or self-insured entity in connection with the investigation of claims, antifraud activities, ratemaking, or underwriting.</p> <p>[6] <input type="checkbox"/> For use by a licensed private investigator or security service for any purpose authorized under Montana law.</p> <p>[7] <input type="checkbox"/> For use by an employer or its agent to verify information related to a holder of a commercial driver license required under federal or Montana law.</p> <p>[8] <input type="checkbox"/> For use in providing notice to the owners of towed, abandoned, or impounded vehicles.</p> <p>[9] <input type="checkbox"/> For use by a parent of a child under 18 years of age.</p> <p>[10] <input type="checkbox"/> For any other use that is specifically related to the operation of a motor vehicle or to public safety and is authorized under Montana law. Describe Other Use _____</p>
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2. Requestor Information

Name of Requestor: _____

Employer/Company: (if applicable) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Residential Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: (____) _____

3. Search Information: This section must be complete.

Full Name: _____

Date of Birth: _____

Driver License #: _____

4. Driving Records Fees
Make checks payable to: Motor Vehicle Division

Driving Record = \$4 per record

Faxing of Record = Additional \$3 per record
 Fax # (____) ____-____

Certified Driving Record = \$10 per record *Cannot Be Faxed*

Mailing of Record = Additional \$3 per mailing (unless self-addressed, stamped envelope is included)

Total = \$ _____

5. Certification

I certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities):

- I have read the Montana Driver Privacy Protection Act, §61-11-501 through 61-11-516, Montana Code Annotated, and understand that I can only use the information in this driving record for limited purposes.
- I am the person listed as the requestor.
- If I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.

Signature of requestor: _____

Printed Name: _____ Date: _____



Consent to Release Driving Record to Another Person or Entity

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816

This form authorizes the Department of Justice, Motor Vehicle Division, to release my driving record to another person or entity.

Name on Driving Record: _____

Driver License #: _____

Date of Birth: _____

Residing at: _____

I hereby authorize the Department of Justice to release my driving record to the following individual or entity:

Name: _____

Address: _____
Street City State Zip

I certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities):

- I have read the Montana Driver Protection Act, § 61-11-501 through 61-11-516, Montana Code Annotated, and understand that I can only use the information in this driving record for limited purposes.
- I am the person listed as the requestor.
- If I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.

Signature: _____
This is my legal signature

Printed Name: _____ Date: _____



**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**

STATE OF MONTANA

**- RELEASE OF INFORMATION -
For Registered and Licensed Child Care Providers
Criminal / Protective Service / Motor Vehicle
Background Checks**

PERSONAL INFORMATION

Section A – Current Information

Phone # _____

Legal Name: _____
(First) (Middle) (Maiden) (Last)

Aliases/Other Names Used: _____

Residential Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Sex: Male Female Date of Birth: _____ Social Security # _____

Section B – Past Residences

Within the last five (5) years, have you...

1. ...lived in another state? Yes No

2. ...lived on or do you now live in an area designated as an Indian reservation? Yes No

If you answered yes to the any of the above questions:

- Please state where you have lived since turning 18 in the table below.
- You will need to obtain an out of state background check or a tribal background check at your cost.

City	County	Reservation	State	Dates of Residency (From – To)

Section C – Prior Caregiver Approvals

Have you been...
 ...registered / licensed to care for children before? Yes No
 ...approved, in any capacity, to provide care in a child care facility? Yes No

IF YES: Please give the Director / Facility Name and the Dates at the facility.

(Director / Facility Name) (Dates)

(Director / Facility Name) (Dates)

PLEASE COMPLETE BOTH SIDES OF THIS FORM

FACILITY INFORMATION

Section D – Employment Status

The facility that I am working / living at is:

Provider #: _____

Director Name / Facility Name: _____

Facility Mailing Address : _____

My ROLE with this facility is (please check all that apply):

Center Use Only:

- | | |
|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Substitute Provider |
| <input type="checkbox"/> Primary Caregiver | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Aide | <input type="checkbox"/> Non-Provider Staff |

Family and Group Only:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Director | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Adult Child |
| <input type="checkbox"/> Non-Provider Staff | <input type="checkbox"/> Other Adult |
| <input type="checkbox"/> Substitute Provider | <input type="checkbox"/> Volunteer |

My START DATE at this facility is: _____

Section E – Authorization Statement and Signature

I, _____ (applicant name), am aware that _____ (provider or its authorized representative), has requested confidential information from the Montana Department of Public Health and Human Services, in accordance with 41-3-205(3)(o), MCA as part of a review of my personal background in connection with my status as a current or prospective employee of or volunteer for that entity.

I am aware that CFSD, DMV, and DOJ records may contain information that could adversely affect my employment or volunteer status and/or approval as outlined in ARM 37.95.161 and ARM 37.95.176. These records will relate to criminal history records, motor vehicle records as well as any report(s) of child abuse or neglect in Montana that indicates a risk to children. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that shows that a child in the care of the person was adjudicated by a court as a youth in need of care, and/or a history that shows that the person has had their caregiver rights to a child terminated. As a household member, I understand that I am also subject to the above requirements.

I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidential nature, DPHHS has no ability or authority to ensure that confidentiality is maintained after this information is released by DPHHS.

In full acknowledgement of the above information and notice, I authorize CFSD to provide the requested confidential information to the provider or its authorized representative identified above, and **I hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.**

NOTE: Any deletions or oversights may result in the denial of your application.

Signed: _____ Date: _____

(To be signed in front of a notary)

TO BE COMPLETED BY A NOTARY PUBLIC:

Taken, sworn, and subscribed before me this _____ day of _____ A.D. _____

Notary Public for the State of Montana

Residing at: _____

My commission expires: _____