



Quality Life  
Concepts

## Application for Employment

You are required to attend a real job preview session. This is an informational session as well as an interview. This is at our office at 215 Smelter Ave NE.

Real job preview sessions are held EVERY TUESDAY at 10 AM for the Direct Support Professional positions.

You must confirm your attendance for the real job preview session no later than the MONDAY prior at NOON.

Real job preview sessions are mandatory prior to employment with this agency as it includes the in-person interview.

### Former QLC employees applying for rehire must complete the following:

- \*Complete the attached application.
- \*Complete a rehire questionnaire. Available upon request.
- \*You may be required to attend a real job preview session depending on the length of time since last employed at QLC. Please check with HR.

Thank you for your interest in employment with our agency.

**Quality Life Concepts is an Equal Opportunity Employer.**

Quality Life Concepts is dedicated to providing specialized and individualized services and supports to individuals with developmental needs and their families. We seek to protect the sanctity of home life, and to promote personal independence and choice to the fullest extent possible.

### *Our Mission is to:*

- Support children and adults with developmental needs within their homes and the community by providing creative supports and choices that stimulate lifelong growth and development.
- 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

[www.qlc-gtf.org](http://www.qlc-gtf.org)

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 driver's license? Which state? \_\_\_\_\_ Yes  No

If hired, can you show proof of authorization to work in the U. S.? (Verification will be required.) Yes  No

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

### Education

High School or GED: Please circle one.

Name & Location \_\_\_\_\_

Do you have a High School Diploma or GED? 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:

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### 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: \_\_\_\_\_

Start date: \_\_\_\_\_ Initial pay rate: \_\_\_\_\_

End date: \_\_\_\_\_ Final pay rate: \_\_\_\_\_

Work performed: \_\_\_\_\_

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2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Start date: \_\_\_\_\_ Initial pay rate: \_\_\_\_\_

End date: \_\_\_\_\_ Final pay rate: \_\_\_\_\_

Work performed: \_\_\_\_\_

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3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Start date: \_\_\_\_\_ Initial pay rate: \_\_\_\_\_

End date: \_\_\_\_\_ Final pay rate: \_\_\_\_\_

Work performed: \_\_\_\_\_

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4. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Start date: \_\_\_\_\_ Initial pay rate: \_\_\_\_\_

End date: \_\_\_\_\_ Final pay rate: \_\_\_\_\_

Work performed: \_\_\_\_\_

\_\_\_\_\_

### **Professional References**

Most recent supervisors or instructors are required. Do not list friends or relatives.

1. Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

2. Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

3. Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ City/State: \_\_\_\_\_

### **Ability**

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Supplemental Background Information

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

\_\_\_\_\_ NO                      \_\_\_\_\_ YES (If yes, please explain)

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

\_\_\_\_\_ NO                      \_\_\_\_\_ YES (If yes, please explain)

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

\_\_\_\_\_ NO                      \_\_\_\_\_ YES (If yes, please explain)

**Please provide dates and explanations for any "YES" answers to the last three questions.**

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## Background Information Release

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

\_\_\_\_\_ NO                      \_\_\_\_\_ YES (If yes, please explain)

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

\_\_\_\_\_ NO                      \_\_\_\_\_ YES (If yes, please explain)

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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.

**The following information is needed for the background check.**

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

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

Social Security Number: \_\_\_\_\_

**AGREEMENT**

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.

I understand if I am applying for a direct care provider position in Great Falls, I must attend Quality Life Concept's real job preview session which takes place every Tuesday at 10AM at their office located at 215 Smelter Ave NE, Great Falls, MT 59404.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**COMMENTS**

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

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