

## EASTER SEALS REHABILITATION CENTER SERVICES

The Easter Seals Rehabilitation Center provides a wide range of services to enhance the independence of children and adults with disabilities and special needs from Southwestern Indiana, Southern Illinois, and Western Kentucky. Here are the primary locations of our programs:



### Easter Seals Rehabilitation Center

#### Easter Seals Rehabilitation Center

3701 Bellemeade Avenue  
Evansville, Indiana 47714

Phone 812-479-1411

Fax 812-437-2634

E-mail [jphelps@evansvillerehab.com](mailto:jphelps@evansvillerehab.com)

**Residential Services (Group Homes):** Work with children and adults with multiple disabilities in a group home setting. Some responsibilities include teaching daily independent living skills; running behavior strategies; and administering medications.

Split Shift: Full-time (30 or more hours) and Part-time (under 30 hours)  
Hours: 5-8 AM; 2-9 PM (M-F); and Sat./Sun. 6 AM-2 PM or 2 PM-10 PM  
Third Shift: 10 PM-8 AM or 9 PM-7 AM depending on which Group Home  
Days off are between M-F. Working weekends is required.



### MILESTONES

#### Milestones, the Easter Seals Child Development Center

621 South Cullen Avenue  
Evansville, Indiana 47714

Phone 812-474-2244

Fax 812-474-2242

E-mail [cbaker@evansvillerehab.com](mailto:cbaker@evansvillerehab.com)

**Inclusive Child Care:** Work with children of all abilities from 6 weeks to 6 years of age in a classroom setting. Assist in teaching them to work towards developmental goals at the time in their lives when they are most ready.

Full and Part-time Shifts available.  
Hours: Monday-Friday 6:30 AM-5:30 PM



### Community Living Services

#### Community Living Services

5301 Lincoln Avenue  
Evansville, Indiana 47715

Phone 812-471-2214

Fax 812-437-2637

E-mail [ddevar@evansvillerehab.com](mailto:ddevar@evansvillerehab.com)

Working to provide greater independence to adults with disabilities living within a community setting. Supports allow for, but not limited to public transportation, community access, financial training, medication management, personal care, household maintenance and behavioral needs.

Full-time and Temporary/On-call positions available.  
Second or Third Shifts: Includes working weekends.



### Posey County Rehabilitation Services

#### Posey County Rehabilitation Services, Horizon Industries, & New Frontiers Employment Services

5525 Industrial Road  
Mt. Vernon, Indiana 47620

Phone 812-838-0636

Fax 812-838-0571

E-mail [jverville@pcrsinc.org](mailto:jverville@pcrsinc.org)

**Work Center Services:** Adults with intellectual and developmental disabilities learn job skills that also benefit the community. To help individuals achieve their goals, case managers offer advocacy services and assistance in accessing community resources.

**Community Employment Services:** Assist adults with disabilities prepare for, obtain and retain competitive community employment.

Hours: Monday-Friday, 7:30 AM- 4:00 PM



#### ASPIRE Adult Day Services

3701 Bellemeade Avenue  
Evansville IN 47714

Phone 812-479-1411

Fax 812-437-2636

E-mail [jbutts@evansvillerehab.com](mailto:jbutts@evansvillerehab.com)

**Adult Day Services:** Trained, caring staff members assist each client in setting and reaching personal goals for independence at the Rehabilitation Center on a daily basis. Fitness, recreation, nutrition, socialization, and instructions in the skills of daily living are provided.

Shifts: Full-time (40 hours) Monday-Friday, 8:00 AM-4:00 PM  
Part-time (29.5 Hours) Monday-Friday, 8:30 AM-2:00 PM

Please submit the following employment application to the location(s) you wish to apply. This form may be filled out electronically using Acrobat Reader Version 11 or greater and submitted via email.

The current version of Acrobat Reader is available for free @ <http://www.adobe.com/products/reader.html>

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# APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: \_\_\_\_\_ POSITION(S) APPLIED FOR: \_\_\_\_\_

The Easter Seals Rehabilitation Center participates in the E-Verify Program for Employment Verification. E-Verify validates that the Easter Seals Rehabilitation Center has a legal workforce.

Applicants have rights under Federal Employment Laws regarding the Family Medical Leave Act (FMLA), Equal Employment Opportunity (EEO), and the Employee Polygraph Protection Act (EPPA). To view these Posters in their entirety, please go to our website at [www.eastersealsswindiana.com](http://www.eastersealsswindiana.com). Click Job Opportunities. The posters are listed at the bottom of the page.

**The Easter Seals Rehabilitation Center considers applicants for all positions without regard to race, color, religion, gender, sexual orientation, age, national origin, physical or mental disability, military status, disabled military status or any other basis prohibited by law.**

**Referral Source:  
 (Please indicate one)**

Ad (type): Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ TV \_\_\_\_\_ Billboard Other: \_\_\_\_\_  
 Employment Agency \_\_\_\_\_ Walk-In \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_  
 Rehabilitation Center Employee Name: \_\_\_\_\_ Other Referral \_\_\_\_\_

<b>Legal Last Name</b>	<b>Legal First Name</b>	<b>Middle Name</b>	<b>Maiden Name</b>	<b>(Nickname)</b>
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Number</b>	<b>Cell Number</b>	<b>Driver's License Number &amp; State</b>		
<b>Email Address</b>		<b>Best time to contact you at home is: _____ am/pm</b>		
Have you ever filed an application with The Easter Seals Rehabilitation Center or one of its affiliates (Milestones, Community Living Services, Residential Services, Posey County Rehab Services)? If yes, give date(s) and affiliate name: _____				YES NO
Have you ever been employed with The Easter Seals Rehabilitation Center or one of its affiliates (Milestones, Community Living Services, Residential Services, Posey County Rehab Services)? If yes, give date(s) and affiliate name: _____				YES NO
Do any of your friends or relatives work for The Easter Seals Rehabilitation Center or one of its affiliates? If yes, state name, relationship and location: _____				YES NO
If you are under 18 years of age, can you provide required proof of your eligibility to work?				YES NO
Are you legally eligible to work in the United States? (Proof of citizenship or immigration status will be required upon employment.)				YES NO
Have you ever been convicted of a criminal offense which means pled guilty, had a judicial finding of guilt, or pled no contest that has not been expunged/erased by a court?				YES NO
Have you ever been convicted of a felony or a misdemeanor that has not been expunged/erased by a court? Conviction is not an automatic denial to employment.				YES NO
Are there any pending charges against you?				YES NO
If you answered yes to any of the above 3 questions, provide detail the nature of the crime, dates, and location.				
Are you currently employed?				YES NO
May we contact your present employer?				YES NO
Date available for work: DD/MM/YY				
Are you available to work:		Full Time	1 <sup>st</sup>	2 <sup>nd</sup>
		Part Time	1 <sup>st</sup>	2 <sup>nd</sup>
		Temporary/Seasonal		
<b>Days/times available:</b>	Sunday	Monday	Tuesday	Wednesday
				Thursday
				Friday
				Saturday
Are you currently on "lay-off" status and subject to recall?				YES NO

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EDUCATION				
SCHOOL	Name and Address of School	Course of Study	No. of Years Completed	Please indicate if you have a Diploma or GED Or type of Degree
High School				
Undergraduate				
College Graduate/Professional				
Other (Specify)				

**Work Experience (PLEASE COMPLETE ALL SECTIONS, EVEN IF RESUME IS ATTACHED).**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender national origin, disabilities or other protected status. **Use date format MM/YY**

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
Telephone Number(s)	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact: Yes No
Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
Telephone Number(s)	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact: Yes No
Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
Telephone Number(s)	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact: Yes No
Employer	Dates Employed		Work Performed
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Address			
	Hourly Rate/Salary		
Telephone Number(s)	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact: Yes No

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**Comments: Include explanation of any gaps in employment.**


**Additional Information:**

**Summarize special job-related skills and qualifications acquired from employment or other experience.**


<b>Personal References</b>	<b>Do not include family members</b>			
Name <u>and</u> Address	Phone Number(s)	E-mail address	Best Time to Call	Relationship (ie. Friend, neighbor)
1				
2				
3				
<b>Professional References</b>	<b>Examples: Co-Workers, Professors, Teachers, etc.</b>			
Name <u>and</u> Address	Phone Number(s)	E-mail address:	Best Time to Call	Occupation
1				
2				
3				

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# APPLICATION FOR EMPLOYMENT

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**3701 Bellemeade Avenue**  
**Evansville, IN 47714**  
**(812) 479-1411 phone**  
**(812) 437-2634 fax**  
**[www.eastersealsswindiana.com](http://www.eastersealsswindiana.com)**



## STATEMENT OF APPLICATION

### Agreement

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of the attached employment application is true and complete to the best of my knowledge. I understand that any false statement provided by me will be considered as cause for an offer of employment to be rescinded or if discovered during employment possible dismissal. All results of the research into my background will be proprietary and kept confidential. The information obtained will not be provided to any parties that are not part of the hiring decision process.

I authorize The Easter Seals Rehabilitation Center to conduct reference checks so that a hiring decision may be made. I understand that The Easter Seals Rehabilitation Center must obtain three positive employment and/or personal references to be considered for employment. In the event that The Easter Seals Rehabilitation Center is unable to verify any reference stated on this application, it is my responsibility to furnish the necessary documentation.

I understand if I am employed by The Easter Seals Rehabilitation Center that employment at The Easter Seals Rehabilitation Center is "employment at will". I understand that I may terminate or modify the employment relationship at any time without prior notice or cause and that The Easter Seals Rehabilitation Center may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of The Easter Seals Rehabilitation Center, and I understand that any modification of the at-will employment relationship, oral or written, can only be accomplished by a written document signed by The Easter Seals Rehabilitation Center President or Board of Directors. If employed, I understand that my employment is for no definite period of time, and if terminated, The Easter Seals Rehabilitation Center is liable only for wages and benefits earned as of the date of termination.

I understand my employment is contingent upon a current physical showing me to be in good health and free of contagious diseases and any restrictions enabling me to carry out the job responsibilities, and that I will be available for a TB/Mantoux skin test. Also, a screening test for alcohol and illegal drug use may be required before hiring and/or during my employment.

The Easter Seals Rehabilitation Center may make inquiries or request to any governmental agency, including law enforcement agencies or departments or any other party with a legal and proper interest and/or Consumer Reporting Agency (upon signing a separate Disclosure and Release). I understand that in the event I am offered employment for any position within The Easter Seals Rehabilitation Center, Inc. the following background reports will be obtained: State Criminal History, State and County Sex Offender Registry, Office of Inspector General's (OIG) List of Excluded Individuals/Entities, and Excluded Parties List System (EPLS).

If I am offered employment with the following programs, the following additional requirements and reports are mandatory:

### All employees of the Easter Seals Rehabilitation Center

Every six (6) months - Office of Inspector General (OIG) report. This report identifies individuals and entities currently excluded from participation in Medicare, Medicaid, and other all and Federal health care programs.

Every six (6) months - Excluded Parties List System (EPLS) report. This report is a comprehensive list of individuals and firms excluded by Federal government agencies from receiving federal contracts or federally approved subcontracts and from certain types of federal financial and non-financial assistance and benefits.

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## **Medicaid Waiver Program and Adult Day Services**

Must be 18 years old or older

Limited criminal history from Indiana and any other state and county I have lived in within the past three (3) years. (This process is repeated every three (3) years thereafter) including state and county police checks for all employees.

Bureau of Motor Vehicle Search

Certified Nursing Assistant Registry (This process is repeated every year.)

## **Milestones Child Development Center**

Must be 18 years old or older

Child Abuse Registry

Fingerprinting upon hire and every (3) years thereafter

## **Residential Services**

Must be 18 years old or older

Certified Nursing Assistant Registry

Bureau of Motor Vehicle Search

## **Posey County Rehabilitation Services**

Must be 18 years old or older

Limited criminal history from Indiana and any other state and county I have lived in within the past three (3) years. (This process is repeated every three (3) years thereafter) including state and county police checks for all employees.

Bureau of Motor Vehicle Search

Certified Nursing Assistant Registry (This process is repeated every year.)

I understand that in the event I am offered employment with The Easter Seals Rehabilitation Center, Inc., I will be required to provide my date of birth and social security number for a Criminal History Report, Driver's License Search and Certified Nursing Registry Report.

Pursuant to Indiana State Regulations individuals shall not be employed by The Easter Seals Rehabilitation Center if he/she has been convicted of any of the following:

1. A Sex Crime
2. Exploitation of an endangered adult
3. Failure to report;
  - a. Battery, neglect, or exploitation of an endangered adult
  - b. Abuse or neglect of a child
4. Theft – if the person's conviction for theft occurred less than ten (10) years before the person's employment application date.
5. Murder
6. Voluntary or Involuntary manslaughter
7. Felony Battery
8. A felony offense relating to a controlled substance.
9. The Easter Seals Rehabilitation Center shall reserve the right not to hire an individual with any conviction due to the safety of the clients we serve.

I, \_\_\_\_\_, HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND THAT I VOLUNTARILY SIGN THIS STATEMENT OF APPLICATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised: 11/30/11

Revised: 7/17/12

Revised: 6/19/13

Revised: 11/26/13

Revised: 2/12/15