

EASTERSEALS REHABILITATION CENTER SERVICES



Easterseals 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:

<p>Easterseals Rehabilitation Center 3701 Bellemeade Avenue Evansville, Indiana 47714</p> <p>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.</p> <p>Split Shift: Full-time (35 or more hours) and Part-time (29 hours or less) 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.</p>	<p>Phone 812-479-1411 Fax 812-437-2634 E-mail : hr@evansvillerehab.com</p>
<p>Early Learning Center 621 South Cullen Avenue Evansville, Indiana 47715</p> <p>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.</p> <p>Full and Part-time Shifts available. Hours: Monday-Friday 6:30 AM-5:30 PM</p>	<p>Phone 812-474-2244 Fax 812-474-2242 E-mail: afeldhaus@evansvillerehab.com</p>
<p>Community Living Services 621 South Cullen Avenue Evansville, Indiana 47715</p> <p>Work with adults with disabilities in a community setting. Some responsibilities include transporting clients on community outings (e.g. shopping, dining out, banking, medical appointments, etc.); administering medications; personal care; household management; and behavioral needs.</p> <p>Full-time and Part-time positions available on First, Second, or Third shifts. Days off are between M-F. Working weekends is required.</p>	<p>Phone 812-471-2214 Fax 812-437-2637 E-mail: jtorres@evansvillerehab.com</p>
<p>Easterseals Posey County Rehabilitation Services, Horizon Industries, & New Frontiers Employment Services 5525 Industrial Road Mt. Vernon, Indiana 47620</p> <p>Horizon Industries Work Center: Assisting adults with intellectual and developmental disabilities achieve their employment goals and learn job skills at our facility based work center. Community Employment Services: Assist adults with disabilities prepare for, obtain and retain competitive community employment.</p> <p>Hours: Monday-Friday, 7:30 AM- 4:00 PM</p>	<p>Phone 812-838-0636 Fax 812-838-0571 E-mail: cimes@pcrsinc.org</p>
<p>ASPIRE Adult Day Services 3701 Bellemeade Avenue Evansville IN 47714</p> <p>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.</p> <p>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</p>	<p>Phone 812-479-1411 Fax 812-437-2636 E-mail: hr@evansvillerehab.com</p>

Please submit the following employment application to the location(s) you wish to apply.

3701 Bellemeade Avenue
 Evansville, IN 47714
 Phone: (812) 479-1411
 Fax: (812) 437-2634
www.eastersealsrehabcenter.com

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____ POSITION(S) APPLIED FOR: _____

The Easterseals Rehabilitation Center participates in the E-Verify Program for Employment Verification. E-Verify validates that the Easterseals 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. Click Job Opportunities. The posters are listed at the bottom of the page.

The Easterseals 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:

Ad (type): Newspaper Radio TV Billboard Other: _____ Employment Agency
 Walk-In Friend Relative Rehabilitation Center Employee Name: _____
 Other Referral (Please list source) _____

(Please circle one)

PLEASE PRINT

Legal Last Name	Legal First Name	Middle Name	Maiden Name	(Nickname)
Address		City	State	Zip Code
Home Number	Cell Number		Driver's License Number & State	
Email Address			Best time to contact you at home is: am/pm	

Have you ever filed an application with The Easterseals 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 Easterseals 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 Easterseals 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? <i>(Proof of citizenship or immigration status will be required upon employment.)</i>	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? <i>Conviction is not an automatic denial to employment.</i>	YES	NO					
Are there any pending charges against you? If you answered yes to any of the above 3 questions, provide details including nature of the crime, dates, and location.	YES	NO					
Are you currently employed?	YES	NO					
May we contact your present employer?	YES	NO					
Date available for work:							
Are you available to work:	Full Time	1 st 2 nd 3 rd shift					
	Part Time	1 st 2 nd 3 rd shift					
	Temporary/Seasonal						
Days/times available:	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.

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
	From	To	
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.

Personal References	Do not include family members			
Name <u>and</u> Address	Phone Number(s)	E-mail address	Best Time to Call	Relationship (ie. Friend, neighbor)
1				
2				
3				

Professional References	Examples: Co-Workers, Professors, Teachers, etc.			
Name <u>and</u> Address	Phone Number(s)	E-mail address:	Best Time to Call	Occupation
1				
2				
3				

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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 Easterseals Rehabilitation Center to conduct reference checks so that a hiring decision may be made. I understand that The Easterseals Rehabilitation Center must obtain three positive employment and/or personal references to be considered for employment. In the event that The Easterseals 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 Easterseals Rehabilitation Center that employment at The Easterseals 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 Easterseals 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 Easterseals 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 Easterseals 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 Easterseals 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 Easterseals 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 Easterseals 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 Easterseals 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.

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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.

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 Easterseals 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 Easterseals 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 Easterseals 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