



**CREST SERVICES**

Jeff Wilson-Quality Improvement Coordinator  
3015 Merle Hay Road-Suite 6  
Des Moines, Iowa 50310  
Phone (515) 331-1200 Ext. 31  
Fax (515) 331-1220

Dear Applicant,

Thank you for your interest in Crest Services. We appreciate you taking the time to fill out the attached application, along with the pre-interview questions. By doing so, we can learn a little more about your work history, along with the current skills you possess as they relate to the job duties of the position for which you are applying.

There are a few things I want to make you aware of before you take the time to fill out the packet.

First, most of our positions require transporting of members with either a company vehicle or your personal vehicle. Therefore, you must have a valid driver's license and auto insurance per Iowa state law. Our company auto insurance also requires you to be at least 21 years of age. If you are not yet 21, this does not automatically disqualify you from employment with Crest Services, it just greatly limits available positions.

Secondly, on page 1 of the Pre-Interview Questions of the application; it is very important that you complete your availability of days and times you can work. When a position opens up, active applications are reviewed to determine who is capable of working the necessary schedule. If the hours you give do not reflect your availability, your application will not be considered. We keep applications for no less than 6 months.

Thirdly, please be as complete and thorough as possible in answering all questions. This includes writing in full sentences. It is also imperative that you complete the application by yourself without the assistance of family members or friends. If you have questions, please direct them to an office employee of Crest Services.

Finally, Crest Services Community Administrators and Program Directors are directly responsible for the hiring of staff in their departments. When a position becomes available, I provide the appropriate person with applications that meet the availability and skills required for the position. Please list any skills you think would be helpful for us to know, such as Med Manager, CNA, first aide, CPR, etc. The Community Administrator or Program Director will then contact the applicants personally and set up the interviews. Please be patient when following up on your application. We do not have high turn over and many more applicants than available positions. Your thoroughness on the application will assist us greatly when assessing how your skills will best be utilized at Crest Services. A resume may be attached as supplemental information.

Again, thank you for your time and effort in applying at Crest Services.

***Jeff Wilson***

Quality Improvement Coordinator/  
Employee Services Representative

***Crest Services***

**3015 Merle Hay Rd #6**

**DSM, IA 50310**

**515-331-1200 Ext 31**

**515-331-1220 fax**

**[www.crestservices.org](http://www.crestservices.org)**



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Applicant Last Name, First Name, MI

# Crest Services

## Employment Application Form

### Our Mission

American Baptist Homes of the Midwest, embracing our Christian Heritage and Mission, seeks to create and encourage caring communities offering health care, housing, and supportive services to people of many ages, cultures and conditions. We endeavor to provide environments which nurture self-worth, hope and dignity.

American Baptist Homes of the Midwest is a Drug-Free Workplace.



# Employment Application Form

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of American Baptist Homes of the Midwest (ABHM) to afford equal opportunity for employment. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, veteran status or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

## General Information

*Please answer every question. Use ink. PLEASE PRINT.*

Job applied for \_\_\_\_\_ Today's date [Click here to enter a date.](#)

What are you seeking?	<input type="checkbox"/> Full time employment	<input type="checkbox"/> Part time employment	<input type="checkbox"/> Temporary employment	What date can you start? <a href="#">Click here to enter a date.</a>	
Are you willing to work:		Day shift <input type="checkbox"/> Yes <input type="checkbox"/> No	Evening shift <input type="checkbox"/> Yes <input type="checkbox"/> No	Night shift <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends/Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No
Last name		First name	Middle initial	Phone #	Cell or Secondary #

Current street address (no PO Box) \_\_\_\_\_ Apt # \_\_\_\_\_

City	State	Zip code	County
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Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.)  Yes  No

If hired, can you furnish proof that you are eligible to work in the United States?  Yes  No

Have you ever applied here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Date to Date
Were you ever employed here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Date to Date

Job Title:	Reason for leaving:	If yes, Name:
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Are you related to anyone currently employed by ABHM?  Yes  No

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state? 63.11(3) c. (Include any plea of "guilty" or "no contest." Exclude minor traffic violations.)  Yes  No

If yes, give details. (A conviction will not necessarily disqualify an applicant for employment.)

For driving jobs **only**: Do you have a valid driver's license?  Yes  No

Driver's license #	Class of license	State issuing license
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Has your driver's license been suspended or revoked in the last 3 years?  Yes  No

If yes, give details.

## Education

List name and address of Schools	# Years completed	Diploma/Degree	Subjects studied
High school or GED			
College or University			
Vocational or Technical			

Have you worked or attended school under any other names? If yes, please specify.

What licenses, certifications and/or additional training do you have that relate to the job for which you are applying?

Type:	Organization or State Issued:	Date Issued:	Number:	Verified by: _____
Type:	Organization or State Issued:	Date Issued :	Number:	Verified by: _____

What machines or equipment can you operate, that relate to the job for which you are applying?

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## Work History

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List names of employers in consecutive order, with the PRESENT or MOST RECENT employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you have additional employers in the last 10 years, please attach additional pages with the information. Note: A job offer may be contingent upon acceptable references from current and former employers. **A material misstatement or omission of fact is the basis for immediate termination and for refusing employment.**

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1 NAME OF EMPLOYER		Job title and duties	
Address	Dates of employment:	From: Mo/Yr	To: Mo/Yr
City, State, Zip code	Pay rates:	Start \$	Final \$
Supervisor's name and title	Phone #	Reason for leaving	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain:			

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2 NAME OF EMPLOYER		Job title and duties	
Address	Dates of employment:	From: Mo/Yr	To: Mo/Yr
City, State, Zip code	Pay rates:	Start \$	Final \$
Supervisor's name and title	Phone #	Reason for leaving	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain:			

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3 NAME OF EMPLOYER		Job title and duties	
Address	Dates of employment:	From: Mo/Yr	To: Mo/Yr
City, State, Zip code	Pay rates:	Start \$	Final \$
Supervisor's name and title	Phone #	Reason for leaving	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain:			

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4 NAME OF EMPLOYER		Job title and duties	
Address	Dates of employment:	From: Mo/Yr	To: Mo/Yr
City, State, Zip code	Pay rates:	Start \$	Final \$
Supervisor's name and title	Phone #	Reason for leaving	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain:			

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Are you presently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why do you desire to change your position?	
Have you ever been fired from a job, or asked to resign?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	

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## References

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Give two professional references, NOT RELATED to you, other than your immediate supervisors, to whom we can refer.

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Name	Address	Daytime Phone #
Occupation	Years Known	
<hr/>		
Name	Address	Daytime Phone #
Occupation	Years Known	

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***Please read each statement carefully before signing this application form, because your signature constitutes your agreement thereto in return for the consideration of your application.***

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I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize American Baptist Homes of the Midwest (ABHM) and any employees or agents thereof, to make whatever inquiries it deems necessary of any person, educational institution or organization to verify any of the information given in my application for employment and to determine my qualifications and abilities. I hereby release and hold harmless ABHM and all persons or companies supplying such information from all liability and responsibility in connection with the furnishing of that information.

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**I understand that ABHM requires successful passing of a pre-employment drug screening as a condition of employment, and consent to such screening, if made an offer of conditional employment.** I understand further that I may be required to successfully pass a drug screening examination at a later date, if required due to reasonable suspicion by ABHM. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, as required.

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**I understand that nothing contained in this employment application or granting of an interview is intended to create an employment contract between ABHM and myself for either employment or the granting of benefits.** I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the administrator of the organization has the authority to enter into an agreement of employment for any specified period of time or to assure any benefits or terms and conditions of employment.

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**I understand that if I am employed by ABHM my employment will be at-will. I understand and agree that I have the right to terminate my employment at any time with or without cause and that ABHM retains a similar right.** If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason, with or without notice.

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I understand and agree that if I am employed by ABHM I will provide proof of my ability to work in the United States of America within three (3) days of my date of employment.

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I understand and accept that business needs may make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday, Sunday and/or holidays.

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**I hereby acknowledge that I have read, understand, and by my signature consent to these statements.**

**Signature**

**Date**

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Thank you for completing this application form and for your interest in employment with American Baptist Homes of the Midwest. If you are not contacted within thirty (30) days, this application will be placed in an inactive file unless you request it to be kept active.



# Crest Services

## Employment Application Form

### Voluntary Self Identification Form

Name:	Date:
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Position for which you are applying: \_\_\_\_\_

American Baptist Homes of the Midwest (ABHM) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants and employees to voluntarily self-identify their race or ethnicity. Submission of this information is strictly voluntary. Failure to provide it will not subject you in to any adverse treatment. Please be assured that there will be no penalties if you do not provide the information as requested. ABHM is an equal opportunity employer and does not discriminate on the basis of race, color, sex, national origin, religion, age, disability or veteran status in admission or access to, or treatment or employment in, its programs and activities.

- I agree to voluntarily supply the information below.
- I do not wish to supply the information below.

#### Applicants Identifying Their Sex and Race or Ethnicity

Indicate Gender:     Male     Female

Indicate Race or Ethnicity (select only one):

Selection	Race and Ethnic Identification	Description
<input type="checkbox"/>	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
<input type="checkbox"/>	White (Not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
<input type="checkbox"/>	Black or African-American (Not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa
<input type="checkbox"/>	Asian (Not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	American Indian or Alaskan Native (Not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
<input type="checkbox"/>	Two or More Races (Not Hispanic or Latino)	All persons who identify with more than one of the above five races

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AMERICAN BAPTIST HOMES OF THE MIDWEST**

**DRIVER'S EXPERIENCE AND QUALIFICATIONS – ADDENDUM**

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STATE	LICENSE NO.	TYPE	EXPIRATION DATE
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**DRIVER LICENSES** \_\_\_\_\_

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- A.** HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTER VEHICLE?      YES \_\_\_\_\_      NO \_\_\_\_\_
- B.** HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?      YES \_\_\_\_\_      NO \_\_\_\_\_

**IF THE ANSWER TO (A) OR (B) IS YES, ATTACH STATEMENT GIVING DETAILS:**

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

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LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

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WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM \_\_\_\_\_

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ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SEPARATE SHEET IF MORE SPACE NEEDED) \_\_\_\_\_

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DATES	NATURE OF ACCIDENT HEAD-ON, REAR END, ROLLOVER	FATALITIES	INJURIES
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**LAST ACCIDENT:** \_\_\_\_\_

**2<sup>nd</sup> TO LAST:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_



CREST SERVICES

## PRE INTERVIEW QUESTIONS

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the following pre-interview questions.

What date could you start? \_\_\_\_\_

What hours would you be available for work?

DAY	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
START TIME							
END TIME							

2. How did you hear about Crest Services?

- a. Newspaper
- b. Friend
- c. A Crest employee, Who \_\_\_\_\_
- d. Other \_\_\_\_\_

3. Do you have a relative currently working for Crest Services?

- a. YES
- b. NO

If yes, please tell us who the relative is \_\_\_\_\_

4. How would you rate your driving record?

- a. Outstanding
- b. Only 1 violation
- c. 2-4 violations in the last 3 years
- d. More than 5 violations in the last 3 years
- e. I don't have a license to drive.
- f. I don't know what my driving record says.

5. How would your last or current employer rate your job performance? Why?

- a. Outstanding
- b. Excellent
- c. Good
- d. Fair
- e. Poor

6. Have you worked with people with developmental disabilities before?

- a. YES
- b. NO

7. If you circled yes for #6, what is your experience?
  - a. Less than 6 months
  - b. 6 months to a year
  - c. 1-3 years
  - d. 3-5 years
  - e. More than 5 years
  - f. More than 10 years
  
8. What kind of choices should people with developmental disabilities be able to make?
  - a. When to eat, go to bed
  - b. What activities they would like to do
  - c. They should not be given the opportunity to make choices
  - d. The same choices that all individuals have.
  
9. What do you feel your responsibility would be to the individual making a choice?
  - a. Controller
  - b. Teacher
  - c. Mom figure
  - d. Dad figure
  - e. Care giver
  - f. Supportive
  - g. I wouldn't take responsibility for the choice made by an individual with developmental disabilities.
  
10. How would you define stealing from an agency?
  - a. Taking money
  - b. Taking property from Crest just to borrow without permission
  - c. Borrowing money from a consumer
  - d. Coming to work late, but recording your scheduled shift as work time.
  - e. All of the above
  - f. Other \_\_\_\_\_
  
11. In the last year, how many unexcused or unscheduled days of work have you missed?
  - a. 0
  - b. 1-3 days
  - c. 3-5 days
  - d. 1 week
  - e. More than a week
  
12. How would you rate your verbal and written communication skills?
  - a. Great
  - b. Okay
  - c. I could use a brush-up course
  - d. Poor

13. You witness a co-worker taking a box of cereal from the group home. How would you respond?
  - a. Call the on-call person/supervisor immediately
  - b. Ask the co-worker why he/she is doing this
  - c. Think about the situation, and then call my supervisor if I see the person do it again
  - d. Not a thing. It's none of my business.
  
14. A consumer is visiting with you and says, "Burt, a staff, wrote a check for me, but he took the money." What would you do?
  - a. The consumer is just a complainer, I would ask him if he just lost the money somewhere.
  - b. I would ignore the consumer.
  - c. I would tell Burt what the consumer said.
  - d. Burt is my best friend, and I wouldn't want to jeopardize his job.
  - e. None of the above.
  - f. Other (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
15. Describe a time when you assisted someone with making a decision that resulted in a positive solution.
  
  
  
  
  
  
  
  
  
  
16. Do you have auto insurance?
  - a. YES
  - b. NO
  
  
  
  
  
  
  
  
  
  
17. Do you have reliable transportation to get to and from work?
  - a. YES
  - b. NO
  
  
  
  
  
  
  
  
  
  
18. Sometime, you may be asked to use your vehicle for transporting the consumers to an activity (mileage is reimbursed). Would this be okay with you?
  - a. YES
  - b. NO
  
  
  
  
  
  
  
  
  
  
19. A consumer is in his apartment. He calls you at 2:00 am, and says his grandma just died. How would you respond to the consumer right now.
  - a. Tell him to call me later in the morning.
  - b. Ask him why he is calling so early in the morning.
  - c. Tell the consumer "I can't do anything about it. We talk later.
  - d. Listen to the consumer, give him words of support, and tell the consumer you will talk to him later.
  - e. Meet the needs of the consumer at this time.
  
  
  
  
  
  
  
  
  
  
20. How often do you need recognition for doing your job well?
  - a. Daily
  - b. Weekly

- c. Monthly
- d. A “thank you” once in awhile would be okay.
- e. I don’t need recognition.

21. Would you be willing to come back for an interview with consumers you may be working with?

- a. YES
- b. NO

22. Why do you want to work for Crest Services?

23. What qualities do you look for in a supervisor?

24. A consumer returns from a shopping trip. he/she took 3 twenty dollar bills. The total of the purchase was \$43.47. How much money should he/she return with?

25. You have just deposited a check into the bank for \$434.00 and \$25.00 in cash. How much was your total deposit?

26. A consumer’s checkbook has a balance of \$155.97 on December 1, 1999. On December 2, the consumer asks to purchase gifts at the mall. When you are at the register, to pay for the purchase, the total comes to \$160.00. What will you do now?

27. Describe your cooking skills.

28. A consumer’s goal is to cook supper. The menu is scrambled eggs with ham. How would you assist the consumer in preparing this?

29. You arrive to an apartment to provide services to a consumer. The consumer opens the door, and says, "I didn't know you were coming today. I have other plans." How would you respond to the consumer?

30. Some of the consumers may be aggressive towards staff and other consumers. How would you respond?

- a. It would scare me.
- b. I don't know. I have not had an experience with an aggressive person.
- c. I would remain calm
- d. Call my supervisor for help.
- e. Other: please explain: \_\_\_\_\_

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31. Your supervisor instructs you to take a consumer to the doctor for an appointment. What information should you have to accomplish this task?

32. What would be a good reason to cancel an appointment to meet with a consumer at his/her apartment?

33. You arrive to your shift at 10:30 PM. Your co-worker, who is scheduled to leave at 10:30, still has some counters to wipe up in the kitchen, and says, "I didn't have time to help Scott with his shower this evening. Would you mind doing it in the morning?" How would you respond to the employee?

34. You arrive to a consumer's home. Your plan today is to prepare a grocery list, go to the grocery store, prepare a dish, and budget for this week's expenses? How would you arrange your time to get everything accomplished in 1.5 hours?

35. How would you include a consumer in planning individual activities?

36. You arrive to your scheduled shift. You find a toilet that is plugged up. What would you do?

40. **CREST SERVICES** offers educational opportunities for support staff on a monthly or bimonthly basis. These in-services are typically held on a Friday between 11:00 a.m. & 1:00 p.m., when employees come into the office for their paycheck. For those who are unable to attend the Friday in-services, repeat in-services are provided. Would you be available to attend these in-services?

a. YES

b. NO

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[EMAIL TO CREST](#)