



www.childdevcenter.org

3335 LT. MOSS RD.
MISSOULA, MT 59804
800-914-4779
406-549-6413
406-542-0143 FAX

612 E. MAIN ST. STE. D
BOZEMAN, MT 59715
406-522-4059
406-522-4140 FAX

1725 MONTANA HWY 35
KALISPELL, MT 59901
886-755-2425
406-755-2425
406-755-2426 FAX

Child Development Center (CDC) Application Instructions

Thank you for your interest in joining the Child Development Center (CDC) to provide services to children and teens with autism or other developmental disabilities. Enclosed is an "Employment Application" and a "Release of Information" form that will be used as a Child Protective Services, Criminal Records and Motor Vehicle Records background check.

You may complete your application packet in neatly handwritten or typed form. To enter your information electronically, use "Save As" in order to save the document to your computer *before* you begin; otherwise, your information will be lost. *All signatures must be done in pen.*

When completing your Employment Application, please fill it out as accurately and detailed as possible. Make sure to include any applicable experience or training you may have that relates to the position for which you are applying. If you are attaching a resume, make sure it includes the same information requested on the employment application.

When filling out the Release of Information, there are several things to which you should pay particular attention:

- Your *complete* middle name must be on the form, not just your middle initial.
- At the bottom of the front side of the form, Section B, you will need to list each city, county, state, and approximate dates you have lived in each since the age of 18.
- The form must also be notarized, which can normally be done at any bank. Make sure to *not* sign the back page until you are in front of the notary.

Both forms in the application packet are required for anyone interested in applying to become a Behavior Technician (BT) or a Direct Support Professional (DSP). You may submit your application packet through the mail, fax, email, or in person at the Missoula or Kalispell office, depending on your desired work location.

Child Development Center, Missoula
Attn: Teresa Beeton
3335 LT Moss RD
Missoula, MT 59804
Fax: (406)542-0143
Email: tbeeton@childdevcenter.org

Child Development Center, Kalispell
Attn: Teresa Beeton
1725 MT HWY 35
Kalispell, MT 59901
Fax: (406)755-2426
Email: tbeeton@childdevcenter.org

If you have any questions, please feel free to contact our Director of Human Resources, Teresa Beeton, at 406- 549-6413 ext. 131 or tbeeton@childdevcenter.org.



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Child Development Center (CDC) Employment Application

Applicant Information:

Name: _____
Last First M.I.

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone: _____
Home Work Cell

E-Mail Address: _____

Employment Desired:

Position for which you are applying: _____

Type of work hours you desire:

- Full Time Part Time Temporary (90 or less days)

Date Available for work: _____

Shift Availability:

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

*Should your availability change during the course of your employment, it may impact your employment status based on business needs. While we may be able to accommodate your availability limitations upon hire, we do not guarantee that we will be able to support these limitations in the future. Should our business needs change, we may require an adjustment in your availability in order to maintain employment status.

Have you worked for our company before? Yes No

If yes, please state where, when, final position, and reason for leaving: _____

Do you have any relatives now employed by our company? Yes No

If yes, please identify by name, position, and location: _____

Were you referred by a current CDC employee? Yes No

If yes, who? : _____

Education:

High School: _____
Name of School City State

Did you receive a diploma or equivalency? Yes No

If no, highest grade completed: _____

Name & Location of Technical School, College/University, or other education (please list all, even if degree was not obtained)	Major/Minor Field of Study	Degrees/ Certification	Degree Obtained?

May we contact your schools to verify the above information? Yes No

Employment History:

Please give accurate and complete information. Start with present or most recent employer, including self-employment, part-time work, military employment and any work performed on a volunteer basis. Account for your entire employment history, including any significant gaps in employment. **All information must be included, even if you are attaching a resume.**

Employer Name: _____ Telephone Number: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Dates Employed:
From: _____ To: _____

Work Performed: _____

Employer Name: _____ Telephone Number: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Dates Employed:
From: _____ To: _____

Work Performed: _____

Employer Name: _____ Telephone Number: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Dates Employed:

From: _____ To: _____

Work Performed: _____

Employer Name: _____ Telephone Number: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Dates Employed:

From: _____ To: _____

Work Performed: _____

Employer Name: _____ Telephone Number: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Dates Employed:
 From: _____ To: _____

Work Performed: _____

Please attach an additional sheet if necessary.

Certifications and Training:

Please list any current professional licenses, registrations, certifications (i.e. First Aid/CPR), or pertinent trainings.

Licensing Agency Name and Location	Type of license/certificate/registration/training	Expiration Date (if applicable)

Transportation:

Do you have your own transportation? Yes No

If yes, does the above transportation have the minimum insurance coverage mandated by Montana law? Yes No *Please attach a copy of vehicle insurance and registration

Do you have a valid driver's license? Yes No

References:

Please provide name, relationship type, email address (if available) and current telephone numbers of two professional and two other references.

Relationship Type	Name	Telephone Number	Email Address
Professional			
Professional			
Personal			
Personal			

May we contact your references? Yes No

Relevant Experience:

Describe any experience you have had working with individuals with developmental disabilities. Include volunteer, practicums, education, training, and life experience. Be as specific as possible.

licensed or approved

Section D (Authorization Statement and Signature)

As part of the initial and subsequent annual application process for youth care or application for employment/ volunteer of a Child Placing Agency, I am aware that _____ (provider or its authorized representative) has requested confidential information from Montana Department of Public Health and Human Services in accordance with 41-3-205(n)and(o), and 52-2-622MCA as part of a review of my personal background in connection with my status as a prospective resource parent, or member of household, employee or volunteer of that entity.

I am aware that this release pertains to 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 a child in their care 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. This release also pertains to any criminal history records and motor vehicle records and may contain information that could adversely affect my approval/licensure as outlined in ARM 37.51.216 or employment/ volunteer status as outlined in ARM 37.93.110 and ARM 37.93.204.

I understand and agree that this signed and notarized release of information remains valid for criminal and Motor Vehicle background checks conducted annually by the Department for purposes of licensure renewal.

I hereby authorize any law enforcement, motor vehicle or protective services agency to release all records they have regarding me to the State of Montana, Department of Public Health and Human Services. I hereby authorize release of such information by the Department to any Licensed Child Placing Agency (if applicable) in the State of Montana. A copy of this form is as valid as the original

(Agency Name and Address)

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 confidentiality, DPHHS cannot assure that confidentiality will be maintained after this information is released by DPHHS. I hereby 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:

State of _____

County of _____

Signed and acknowledged before me on _____ day of _____ A.D. 20 _____

_____ Residing at: _____
Notary Public for the State of _____

Printed Name: _____ My Commission expires: _____

The Department of Public Health and Human Services (DPHHS) does not discriminate on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin. If you believe you have been subjected to discrimination contact the DPHHS Human Resources Division at (406) 444-3136 or the Montana Human Rights Bureau at 1-(800)-542-0807, or relay service at 711.