



## ***Mission Statement***

Opportunity Village is a not-for-profit organization that serves people within our community with intellectual disabilities to enhance their daily lives and the lives of their families.

*Please fax Employment or Volunteer application to:*  
702-259-1044

Or

*You may send a resume to:*  
[recruitment@opportunityvillage.org](mailto:recruitment@opportunityvillage.org)

[www.opportunityvillage.org](http://www.opportunityvillage.org)

**Thank you for your interest in Opportunity Village**

# APPLICATION for EMPLOYMENT

## MISSION STATEMENT



**Opportunity Village Arc is a community based, not-for-profit agency that serves people with mental retardation to improve the quality of their lives and the lives of their families.**



### AN EQUAL OPPORTUNITY EMPLOYER

*Opportunity Village prohibits discrimination on the basis of race, color, religion, national origin, citizenship, marital status, age, sex, sexual orientation, physical or mental disability or any other basis protected by law*

## I. PERSONAL

Name:	Date of Application:
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Address:

City:	State:	Zip:
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Home Phone:	Cell Phone:	
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Other name(s) under which you have been employed or which education records exist:

## II. EMPLOYMENT INTERESTS

Position applied for:	Salary Expectations:
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Available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Date available to start work:
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Are you over 18 years of age?  Yes    No

Do you have the legal right to work in the United States?  Yes    No

Have you ever applied for a position or worked at Opportunity Village before:  Yes    No

If yes, what position?	Specify dates: From: _____ To: _____
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Do you have relatives who work for Opportunity Village?  Yes    No

If yes, name(s) and relationship:

## III. EDUCATION

	Name and Address of school	Major	No. of years Completed	Did you Graduate?
High School				
College				
Other (specify)				
Other (specify)				

## IV. EMPLOYMENT HISTORY

Please list your present and past work experience for the last 10 years, beginning with your current job.  
You may include volunteer activities. If you require additional space please ask for an attachment.

Name of Employer:	From:	To:	Starting Pay:
Address:	Telephone:		Final Pay:
City:	State:	Zip:	
Position:	Supervisors Name/Position:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Duties:			
Reason for Leaving:			

Name of Employer:	From:	To:	Starting Pay:
Address:	Telephone:		Final Pay:
City:	State:	Zip:	
Position:	Supervisors Name/Position:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Duties:			
Reason for Leaving:			

Name of Employer:	From:	To:	Starting Pay:
Address:	Telephone:		Final Pay:
City:	State:	Zip:	
Position:	Supervisors Name/Position:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Duties:			
Reason for Leaving:			

Name of Employer:	From:	To:	Starting Pay:
Address:	Telephone:		Final Pay:
City:	State:	Zip:	
Position:	Supervisors Name/Position:		

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:
Reason for Leaving:

**IV. EMPLOYMENT HISTORY cont.**

*Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities. If you require additional space please ask for an attachment.*

Name of Employer:	From:	To:	Starting Pay:
Address:	Telephone:		Final Pay:
City:	State:	Zip:	
Position:	Supervisors Name/Position:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Duties:			
Reason for Leaving:			

Name of Employer:	From:	To:	Starting Pay:
Address:	Telephone:		Final Pay:
City:	State:	Zip:	
Position:	Supervisors Name/Position:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Duties:			
Reason for Leaving:			

Name of Employer:	From:	To:	Starting Pay:
Address:	Telephone:		Final Pay:
City:	State:	Zip:	
Position:	Supervisors Name/Position:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Duties:			
Reason for Leaving:			

Name of Employer:	From:	To:	Starting Pay:
Address:	Telephone:		Final Pay:
City:	State:	Zip:	
Position:	Supervisors Name/Position:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Duties:			
Reason for Leaving:			

## V. GENERAL INFORMATION

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If necessary, please indicate what type(s) of reasonable accommodations are needed:	
Have you ever been convicted of a felony or misdemeanor (exclude convictions that have been sealed, expunged or statutorily eradicated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain, giving dates, locations, offense and outcome. (A conviction will not necessarily disqualify you from employment)	
Are you a veteran of the United States military service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state Branch of service:

## VI. DRIVER'S LICENSE/DRIVING HISTORY

Driver's License information:	Expiration Date:	State:	Class:
Number:			
Have you ever had a driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when and why:			
List moving violations for which you were convicted, posted bail, entered guilty or no contest plea:			

## VII. REFERENCES

List three people we may contact who are qualified to evaluate your skills or work performance (do not include relatives).

Name	Telephone	Occupation	Years Known

## VIII. CERTIFICATION

I certify that all answers or statements I have made on this application are true and correct without omissions. I understand that any false statement or misrepresentation given on my application, resume or during the interview process will be cause for refusal to hire or for immediate dismissal from employment.

I authorize Opportunity Village to contact any employers (except as otherwise indicated), educational institutions, references, any public or private agencies that have issued me a job-related professional certification or license (including driver license) and I authorize all of these parties to furnish any information concerning my previous employment, education or certification. I release the parties furnishing such information and Opportunity Village from all claims and liabilities of any nature arising from such investigations or the supplying of information from such investigations. During or after my employment I release Opportunity Village from all claims and liabilities for information provided by Opportunity Village to other employers or organizations.

I authorize and consent to Opportunity Village and/or Employer Lynx, Inc. performing a thorough background investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand this criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment.

I understand that my employment is at will and for no definite period of time and may be terminated at any time by Opportunity Village or myself, with or without cause. I understand that my at-will employment can be altered only by my supervisor and only if such is in writing.

I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added by the company at any time, at the company's sole discretion and without prior notice to me.

I agree not to disclose confidential company information to anyone outside the company and copyrighted materials generated by me in the course of my employment are the sole property of Opportunity Village.

I have no objections to submitting to drug and/or alcohol screening at the expense of the company if a job offer is made and conditioned upon successful completion of such testing. If the drug and/or alcohol screening is positive, I understand that I will not be considered for employment. I also understand that I have the right to refuse to participate in this testing and that such refusal or failure to cooperate will result in removal from consideration for employment by the company.

My initials below verify that I:

\_\_\_\_\_ will consent to an alcohol and/or drug screening if requested

\_\_\_\_\_ refuse to consent to an alcohol and/or drug screening

Further,

\_\_\_\_\_ I do give consent for the release of test results and all pertinent information to Opportunity Village

\_\_\_\_\_ I do not give consent for the release of test results and all pertinent information to Opportunity Village

If hired, I will be required to submit proof of U.S. citizenship or other verification of my legal right to work in the United States.

I have read and understand the foregoing statements and accept them as conditions of my employment.

Signature of  
Applicant:

Date:

**VOLUNTARY AFFIRMATIVE ACTION DATA RECORD**

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran's status, sexual orientation or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a confidential file and are not part of your application or personnel file.

Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decisions.

(PLEASE PRINT)

Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

**Office Use Only**

- (1) Manager
- (2) Professional
- (3) Tech
- (4) Sales
- (5) Clerical
- (6) Craftsmen
- (7) Operators
- (8) Laborer
- (9) Service Worker   
(Direct Care)

Ethnic Origin:

White \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_

Black or African American \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_

Asian \_\_\_\_\_ Two or more races \_\_\_\_\_ N/A \_\_\_\_\_

**Office Use Only**

- B
- H
- W
- API
- AI/AN

Check If Applicable:

Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Handicapped Individual \_\_\_\_\_

Referral Source:

Review Journal \_\_\_\_\_ Career Builder \_\_\_\_\_ UNLV/CCSN \_\_\_\_\_ Employee \_\_\_\_\_

Relative \_\_\_\_\_ Friend \_\_\_\_\_ Job Connect/BVR \_\_\_\_\_ Walk-In \_\_\_\_\_

Other \_\_\_\_\_



## **Authorization for Employment Verification**

### **Applicant's Authorization**

I hereby authorize Opportunity Village to obtain any information concerning my previous employment history which is on record or otherwise and do hereby release any individual, company, or institution from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

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Print Name

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Signature

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Date

# Contract Provider Employee Application Supplemental Questionnaire

**Opportunity Village** is a certified and/or approved contract provider of the:

Nevada Developmental Services (DS) Regional Center. The Nevada DS Regional Centers require that all employee applicants complete the following questions:

- 1) Have you ever worked with any agency which contracts with the State of Nevada Developmental Services Regional Centers (Desert, Rural or Sierra Regional Center)?      Yes      No
  
- 2) Have you ever worked for an agency, either within or outside, of the State of Nevada that serves a vulnerable population e.g. children, seniors or developmentally disabled?      Yes      No
  
- 3) Have you ever been the accused (placed on re-assignment/administrative leave) in an abuse, neglect or exploitation complaint and/or investigation?      Yes      No

If so, were the accusations confirmed or substantiated?      Yes      No

If yes, what was the out come? (*Check all that apply.*)

Termination    Suspension      Retraining      Other

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Opportunity Village contracts with various state, local and federal agencies; as it relates to the employment of individuals with developmental disabilities.

As such we are obligated to comply with all rules and regulations governing employment hiring practices.

Please be advised if it has been determined that said contractor or agency recommends termination of your employment; Opportunity Village will be obligated to comply.



I declare that the information provided to the above questions is true and complete.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date