



EMPLOYMENT APPLICATION

Thank you for your interest in employment with Mountain Regional Service, Inc. (MRSI). Our organization is committed to providing quality care to people we serve. If you have internet access, I would invite you go to MRSI's website, <http://www.mrsi.org>, and review the information contained there. This will give you an idea of who we are and what we do.

Please review and complete the attached information. In order for you to be considered for employment, it is necessary for each form to be thoroughly completed including signatures and dates. To assist you with this process, we have included a Check Off List on the back of this letter. Check off each item as you complete it and return with this application.

As part of the process, you will be required to submit to a pre-employment drug screen. This test will screen you for illegal as well as prescription substances. A positive drug screen may disqualify you from further employment consideration. If you are under 18 years of age, your parent or guardian will need to sign the attached Drug/Alcohol Screen Consent Form.

Once you have completed and submitted your application, it will be reviewed and you may be contacted for an interview. If you have any questions regarding this process, please feel free to contact the Human Resource Department.

Date Application Was Received by MRSI Official: _____

Initials of MRSI Official Receiving Application: _____



CHECK OFF LIST OF ITEMS NEEDED TO APPLY
FOR A POSITION AT MRSI

Please check off each item that you are submitting with this application. All of the items requested are ***REQUIRED*** before an interview will be granted. Applications that are submitted without the requested information will not be accepted.

- Completed and signed application.
- Three signed authorizations for MRSI to do a background check.
- Completed and signed "Letter of Understanding."
- Completed Community Scenario.
- Signed Drug/Alcohol Screen Consent Form.
- Signed US Dept. Of Justice Drug Free Workplace form.

NOTE: In the event that you are selected for employment after going through the interview process (not at the time of application submission), your employment will be contingent upon you providing us with two forms of identification as outlined by the Federal Government to satisfy I-9 documentation requirements. If you have any questions regarding the required documents, please contact us at (307) 789-3710.

Applicant's Signature

Date: _____

Human Resource Department

AN EEO/ADA EMPLOYER



Position applied for: _____

How did you hear about us? (Check one) Newspaper Advertisement Social Media Employment Agency/Workforce Services

Individual who works here: (please print name) _____

Other: (please explain) _____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

Email Address: _____ If you are under 18 years of age, give birth date: _____

Social Security Number: _____ Drivers License Number: _____ State: _____

Accidents in last 5 years (dates): _____

Moving violations in last 5 years (dates): _____

Home telephone number: (____) _____ Cell or Message phone number: (____) _____

Check type of employment you are seeking: Full Time Part Time Either Date available for work: _____

Do you have any relatives employed by MRSI? Yes No If yes, please specify individual(s) and your relationship: _____

Are you aware of any potential conflicts of interest that may exist if employed by MRSI? Yes No If yes, please specify: _____

If you were previously employed by MRSI (formerly UCRC) please give date(s) of employment: _____

If you have ever been employed or attended school under other names, list name(s) and dates of use: _____

Have you even been decertified under Chapter 45, Section 30 of the Department of Health's Medicaid Rules? Yes No Have you ever been charged/convicted of any offense in a court of law other than minor traffic violations? Yes No Have you ever been charged/convicted of any offense against person or family (see attached list)? Yes No Do you appear on the WY Department of Family Services (DFS) Central Registry as "substantiated"? Yes No If you answered "yes" to any of the three previous questions, give dates, details and penalties for each occurrence on an attached piece of paper. **Background checks are required for all employees who may have unsupervised access to minors or adult with disabilities or acquired brain injury. Individuals who are listed on the DFS Central Registry or convicted of crimes against person or family are not eligible for employment with Mountain Regional Services, Inc. in this capacity.**

Do you have a high school diploma or GED certificate? Yes No Name of High School/Location: _____

College or Vocational School and Location	Dates		Sem Hours	Qtr. Hours	Major	Minor	Degree Earned	Date of Degree
	From	To						

List other job related special qualifications and skills. Include computer skills, skills with machines, typing speed, memberships in professional associations, awards, publications, licenses or registrations (Give numbers and expiration dates), etc. Please check off the ones listed that you have had:

Spreadsheets Word Processing Multi-line Phone Systems CPI ARJO Lift Transcriber Sign Language Cindy Lift CPR

First Aid Blood Borne Pathogens Training Tuberculosis Training THERAP Other (please specify below): _____

WORK HISTORY: List jobs in reverse order starting with your present or last job. Include any job-related military service assignments and volunteer activities. This section must be accurate and complete. **DO NOT SUBSTITUTE A RESUME IN THE PLACE OF THIS APPLICATION OR ANY OF ITS PARTS!** If additional space is needed, attach additional sheets in the same format including your name & social security number. (Extra sheets can be made by photocopying this page or ask the front desk person for additional copies of this page.)

Employer:	Address:		
From: Mo/Yr	To: Mo/Yr	Hours per week:	Your Title:
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone:
Number and type of employees you supervised if any:			
Reason for leaving:			
Duties:			

Employer:	Address:		
From: Mo/Yr	To: Mo/Yr	Hours per week:	Your Title:
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone:
Number and type of employees you supervised if any:			
Reason for leaving:			
Duties:			

Employer:	Address:		
From: Mo/Yr	To: Mo/Yr	Hours per week:	Your Title:
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone:
Number and type of employees you supervised if any:			
Reason for leaving:			
Duties:			

*****NOTICE: SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SHOW PROOF THAT THEY ARE ELIGIBLE TO WORK IN THE UNITED STATES UNDER U.S. LAW, AND PASS A PRE-EMPLOYMENT DRUG SCREEN, AND MEET OTHER PRE-EMPLOYMENT REQUIREMENTS.***** I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **"at will"** nature. This means that the employee may resign at any time, and the employer may discharge the employee at anytime with or without cause. It is further understood that this **"at will"** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentations or falsifications may result in removal from employment consideration or dismissal. I give MRSI permission to verify any job-related information given in connection with this application.

Signature of Applicant _____

Date _____

Revised: June 09, 2021

The following Articles from the Wyoming Statutes are what the Developmental Disabilities Division uses to determine whether or not an individual meets the background criteria to provide services for the Adult and ABI Waivers. Please share this information with the individual in charge of background checks in your organization.

Crimes against Person or Family as taken from the Wyoming State Statutes Title 6

OFFENSES AGAINST THE PERSON

Article 1- Homicide

- Murder in the First Degree
- Murder in the Second Degree
- Manslaughter
- Homicide by vehicle
 - Aggravated Homicide by vehicle
- Criminally negligent homicide
- Drug induced homicide
- Sentencing enhancement for the homicide of a pregnant woman causing the involuntary termination of the pregnancy

Article 2- Kidnaping and related offenses

- Felonious restraint
- False imprisonment
- Interference with custody

Article 3- Sexual Assault

- Sexual Assault in the First Degree
- Sexual Assault in the Second Degree
- Sexual Assault in the Third Degree
- Sexual battery
- Sexual Abuse of a minor in the First Degree
- Sexual Abuse of a minor in the Second Degree
- Sexual Abuse of a minor in the Third Degree
- Sexual Abuse of a minor in the Fourth Degree
- Soliciting to engage in Illicit sexual relations

Article 4- Robbery and Blackmail

- Robbery
 - Aggravated Robbery
- Blackmail
 - Aggravated Blackmail
- Intimidation in furtherance of the interests of a criminal street gang

Article 5- Assault and Battery

- Simple assault
- Aggravated assault and battery
- Child Abuse
- Reckless endangerment
- Terroristic threats
- Stalking
- Abuse, neglect, abandonment, intimidation or exploiting of a vulnerable adult
- Assault and battery of a corrections or detention officer
- Strangulation of a household member

Article 6- Human Trafficking

- Human trafficking in the first degree
- Human trafficking in the second degree
- Forced labor or servitude
- Sexual servitude
- Sexual servitude of an adult/ and or minor

Similar laws of any other state or the United States relating to these crimes.

OFFENSES AGAINST MORALS, DECENCY AND FAMILY

Article 4- Offenses Against the Family

Bigamy

Incest

Abandoning or endangering children

Violation of order of protection

Endangering children; controlled substances

Similar laws of any other state or the United States relating to these crimes.

***** Also any individual on the Department of Family Services Central Registry does not meet DDD Criteria**

Reviewed: June 09, 2021



LETTER OF UNDERSTANDING

I understand that Mountain Regional Services, Incorporated serves a population wherein there are shifts 24 hours per day and seven days per week which need to be filled. I understand that because of this I may be required to work various shifts and on weekends. No one will be required to work more than forty hours per week. No one will be required to work more than one consecutive shift. In the beginning of employment I may be placed as “part time” staff. In this case I will be required to fill out a calendar each month showing the scheduling department what days and shifts I will be available to work. Because MRSI does need people twenty-four hours per day, seven days per week, I understand as a new employee that I may be required to work any shift and will be required to work at least two weekends per month (4 weekend shifts).

I understand the following are the shifts at MRSI that I may be required to work:

- | | |
|-------------------------|-------------------------|
| 7:00 a.m. to 3:00 p.m. | Sunday through Saturday |
| 3:00 p.m. to 11:00 p.m. | Sunday through Saturday |
| 11:00 p.m. to 7:00 a.m. | Sunday through Saturday |

PLEASE CHECK ONE OF THE FOLLOWING THREE BOXES:

- I will be available to work all of the above shifts and on weekends as outlined above.
- I have another job and/or other commitments and will be working here only part time. I would be available to work only on the following days and for the shifts I have outlined here:

- I am not applying for a front line staff position and therefore working these shifts does not apply to me.

Signature of Applicant

Date

(Print Name of Applicant here)

Revised: May 29, 2020



Name: _____ Date: _____

Communication skills involving both reading and writing, are an important aspect of the duties of a Direct Support Staff. This is due to the need for documentation regarding client behaviors as well as completion of billing logs, etc. It is also necessary to read communication memorandums and Individual Plans of Care allowing you to provide the best possible care to our people we serve. As a result of this, we ask all applicants to read and complete this form.

Following is a situation which has the potential of occurring during day to day operations at Mountain Regional Services Inc. Please read the scenario then write your answer to the questions in the space provided.

COMMUNITY SCENARIO

You're on a community outing with a person served at a restaurant. While assisting this person served in placing his/her order the person becomes frustrated and begins yelling obscenities at you.

How would you react to this situation?

What are two possible causes for this outburst?

How would this make you feel?

US DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE CONTROLLER
CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS
GRANTEES OTHER THAN INDIVIDUALS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988.28 CFR part 67, Subpart F. The regulations, published in the January 31, 1989 Federal Register, require certification by grantee, prior to award, that they will remain a drug-free workplace. The certification set out below is a material representation or violation of the suspension or debarment (see 28 CFR Part 67, Section 67.615 and 67.620).

The grantee certifies that it will provide a drug-free workplace by:

- (A.) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- (B.) Establishing a drug-free-awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace.
 - (2) The grantee's policy of maintaining a drug-free workplace.
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs, and
 - (4) The penalties that may be imposed upon employees for drug-abuse violations occurring in the workplace.
- (C.) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (A).
- (D.) Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant the employee will:
 - (1) Abide by the terms of the statement and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such convictions.
- (E.) Notifying the agency within ten days after receiving notice under subparagraph (D) (2). From an employee or otherwise receiving actual notice of such convictions.
- (F.) Taking one of the following actions, within 30 days receiving notice under subparagraph (D) (2), with respect to any employee who is convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, or
 - (2) Requiring such employees to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purpose by Federal, State or local health, law enforcement, or other appropriate agency.
- (G.) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraph (A), (B), (C), (D), (E), and (F).

Place(s) of performance: The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant

50 Allegiance Circle, Evanston, WY 82930
118 Evelyn, Cheyenne, Wyoming, 82003

Mountain Regional Services, Inc.

Organization Name

John Knopf, President

Name and Title of Authorized Representative

Signature of Authorized Representative

Signature of Employee

Date

Human Resource Department



50 Allegiance Circle
P.O. Box 6005
Evanston, WY 82931
(307) 789-3710
Fax: (307) 789-0823

DRUG/ALCOHOL SCREEN CONSENT FORM

I, _____, freely consent to being screened for alcohol or other drugs. This consent form will be in effect for one year from the date signed.

Signed: _____ Date: _____

Witness: _____ Date: _____

If under the age of 18, your guardian must authorize by signing below.

Guardian: _____ Date: _____

Reviewed: June 09, 2021

I am not currently taking any medication.

I am currently taking the following medication: _____



Preliminary Results Form

Panel/Dip | Drugs of Abuse Test Device

Account #: 22354

Collection/Test Date: ___/___/___

Account Name: Mountain Regional Services

Test Type: M-AMP/BZO/COC/OPI/THC

Donor Name: _____

Expiration: _____

ID Number/SSN: _____

Negative Example

CTL Test **NEG**

Diagram above shows a negative sample.

Positive Example

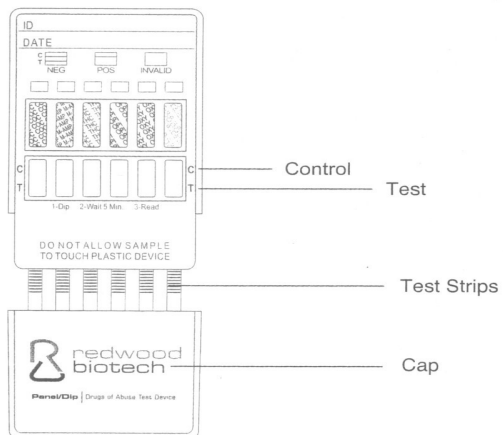
CTL Test **POS**

Diagram above shows a positive sample.

Invalid Example

CTL Test **INVALID INVALID**

Diagram above shows an invalid sample.



DRUG NAME	DRUG CODE	NEGATIVE	POSITIVE*	INVALID
Amphetamine	AMP	[]	[]	[]
Barbiturates	BAR	[]	[]	[]
Benzodiazepines	BZO	[]	[]	[]
Cocaine	COC	[]	[]	[]
Ecstasy	MDMA	[]	[]	[]
Marijuana	THC	[]	[]	[]
Methadone	MTD	[]	[]	[]
Methamphetamine	M-AMP	[]	[]	[]
Opiates	OPI	[]	[]	[]
Oxycodone	OXY	[]	[]	[]
Phencyclidine	PCP	[]	[]	[]
Tri-Cyclic Antidepressants	TCA	[]	[]	[]

Test Performed By: _____ Date: _____

Positive specimen sent to lab for GC/MS confirmation: [] Yes [] No Date: _____

* Presumptive positives should be confirmed by GC/MS.

CERTIFICATION INFORMATION (Must be signed by Donor and Collector)

I certify that I collected the specimen provided by the Donor named above and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were within acceptable range.

Collector ID _____ Collector Signature _____ Date _____ Time _____

I certify that the specimen provided is my own and was not substituted or adulterated. I freely consent to the testing of my urine specimen for drugs/metabolites.

Donor Signature _____ Date _____ Time _____

I hereby authorize personnel of Mountain Regional Services, Inc., to conduct a reference check and background investigation into my work history, training, and education. The purpose of this inquiry is to seek job-related information which will be used to determine by qualifications and suitability for employment with Mountain Regional Services, Inc.

This will be kept in strict confidence and will be available only to agency personnel who are involved in the hiring decision. I further understand information disclosed will not be made available to me. A copy of this document is also acceptable to release information. This will release from any liability all individuals and organizations who provided information to Mountain Regional Services, Inc. in good faith and without malice concerning my competence, character, ethics, and other qualifications.

X _____
Applicant's Signature

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X _____
Applicant's Signature
