



**Upper Valley Options, Inc.**  
**1120 Stocks Ave**  
**Rexburg, ID 83440**  
**208-359-3133**

**Developmental Disabilities Agency**

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal Information:**

Name (Last, First, Middle)	Telephone Number
Present Address:	Cell Phone Number
Permanent Address:	Email Address
City/State/Zip	

<b>Are you Applying For:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date you can start working:	May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Indicate Available Working Hours/ Date:**

Monday	Tuesday	Wednesday	Thursday	Friday

**Employment History- Begin With Most Recent Employment**

<b>Dates From and To:</b>	<b>Company Name:</b>	<b>City, State, Zip</b>
<b>Title and Duties:</b>		
<b>Reason for Leaving:</b>	<b>Supervisor's Name:</b>	<b>Telephone Number:</b>
<b>Dates From and To:</b>	<b>Company Name:</b>	<b>City, State, Zip</b>
<b>Title and Duties:</b>		
<b>Reason for Leaving:</b>	<b>Supervisor's Name:</b>	<b>Telephone Number:</b>



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**Education/Training- Including Technical/ Academic Achievements/ Courses**

Have you obtained a high school Diploma or GED ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>School:</b>	<b>Name and Location</b>	<b>Diploma/ Degree</b>	<b>Subject of Specialization</b>
College/University			
Specialized Courses & Training			

**Conviction Record**

Employees of Upper Valley Options Inc. are required to complete a mandatory criminal history check conducted by the Idaho Department of Health and Welfare. A conviction record may not necessarily bar employment. Individuals must complete a separate self-declaration form sign under penalty of perjury. The crime listed below will result in an unconditional denial. **Have you ever pled guilty, been found guilty or been adjudicated of one of the crimes listed below regardless of whether you received a withheld judgment, a dismissal which resulted from a plea agreement where probation or restitution was required or a sealed record?**

Yes  No

- Abuse, neglect, or exploitation of a vulnerable adult
- Arson in any degree
- Crimes against nature
- Forcible sexual penetration by use of a foreign object
- Incest
- Injury to a child, felony, or misdemeanor
- Kidnapping
- Lewd conduct with minor
- Mayhem
- Manslaughter including voluntary, involuntary or felony vehicular
- Murder in any degree or assault with intent to commit murder
- Poisoning
- Possession of sexually exploitative material

- Rape
- Robbery
- Felony Stalking
- Sale or barter of a child
- Sexual abuse or exploitation of child
- Video voyeurism
- Enticing of children
- Inducing individuals under 18 years of age into prostitution or patronizing a prostitute
- Any felony punishable by death or life imprisonment
- Forgery of any fraudulent use of a financial transaction card
- Stalking in the second degree
- Misdemeanor vehicular manslaughter
- Attempt, conspiracy, accessory after the fact, or aiding and abetting, to any of the disqualify crimes



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**Other Special Skills-** List other specific skills you have to offer for this job opening:

**Reference:** Give names of 3 persons not related to you

Name	Address	Telephone Number	Occupation

I hereby authorize Upper Valley Options Inc. to inquire as to my record with any or all my former employers or references with no liability arising therefrom and guarantee the correctness of the above statements. I understand that making any false statement herein or in supplementary materials will be sufficient cause for dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Answer the following:	Yes	No
Are you at least 17 years of age?		
Are you a United States Citizen?		
Do you have a reliable vehicle?		
Do you have automobile insurance?		
Are you willing to transport a participant in your vehicle?		
Are you CPR/First Aid Certified?		
Do you have a communicable Disease?		
Are you Assistance with Medication Certified?		

I understand that if I am hired for employment with Upper Valley Options, Inc. a background check is required by the State of Idaho. The cost of this background check will be deducted from my first two checks in the amount of one half of the fee from each check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_