

# HOLDSWORTH INC

”A Human Services Company”

4330 W. Cheyenne Ave, North Las Vegas, NV 89032 Office (702) 364-0211 \* Fax (702)364-1142

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**Residential Training Specialist:** Holdsworth supports individuals with Intellectual Disabilities and related disorders in their homes or apartments to maintain activities of daily living. This includes but is not limited to: taking their daily prescribed medications and therapies, cleaning their homes (mopping, sweeping, vacuuming, dusting, moving furniture to clear path, washing walls, baseboards, wiping cupboards, cleaning garage/closets, etc.), doing laundry, removing garbage, accessing the community (driving agency or personal vehicles), bathing/showering, cooking, managing personal funds of individuals and responding to emergency situations (First Aid and CPR). The tasks associated with employee responsibilities includes completing these tasks side by side with the individual to ensure the tasks are completed thoroughly. Some individuals use adaptive equipment (walkers, wheelchairs, etc.) and demand physical assistance for mobility. The function of the job responsibilities is based on training individuals to complete the skills not merely just supervision.

**Physical Demands:** May involve significant climbing, balancing, stooping, kneeling, crouching, walking, reaching and active fine/gross motor skills. May involve negligible to significant standing/walking/pushing/pulling/carrying. Involves hearing and speech to communicate in person or over the phone and vision to read printed materials and view materials. The ability to drive a company vehicle. To assist individuals getting into and out of the vehicle. Ability to assist with seatbelts, wheel chairs, walkers, etc.

**Strength:** Sedentary to heavy – exert force of 10-100 pounds, occasionally. Mobility to work in a typical residential setting and use standard home appliances.

**Examples of Equipment/Supplies to Perform Tasks:** Thermometers, first aid supplies, blood glucose monitoring supplies, blood pressure monitoring supplies, telephones, fax machines, copy machine and general home appliances including but not limited to: stove, oven, microwave, vacuum cleaner, dishwasher, clothes washer/dryer, etc.

**Responding to Emergencies:** Employee must be able to respond to medical emergencies including by not limited to: accidents or illness and be able to perform skills in Standard First Aid and CPR **without** limitations.



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**EMPLOYMENT APPLICATION**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**MUST BE ABLE TO WORK SATURDAY AND SUNDAY  
PLEASE COMPLETE All Pages**

Must be at least 18 years old and have a High School diploma or GED  
Holdsworth conducts pre-employment Drug Test

DATE \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First Middle Maiden

**Present address** \_\_\_\_\_  
Number Street City State Zip

**Email Address:** \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

In Addition to working **Saturday and Sunday** what other days/hours of the week are you available to work:  
 Any \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Shifts typically available are: **Weekdays:** Swings 4pm-12am Graves 12a-8am **Weekends:** 12a-8a  8a-4p  4p-12a

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Please answer all questions completely and accurately. **False or misleading statements on this form and during the interview are grounds for terminating the application process or, if discovered after employment, terminating employment.**

HAVE YOU EVER BEEN Charged, Indicted, Arrested or Convicted of a Misdemeanor or Felony in Any State or Country?  
 Yes or No IF YES, PLEASE PROVIDE THE FOLLOWING:  
 Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Location: \_\_\_\_\_  
 Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Location: \_\_\_\_\_

DO YOU HAVE A VALID NEVADA DRIVER'S LICENSE? YES or NO  
 DO YOU HAVE A CLEAN NEVADA DRIVING RECORD? YES OR NO  
 What is your means of transportation to work? \_\_\_\_\_



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**EMPLOYMENT APPLICATION**

Name of Employer _____ Address _____ City _____ State _____ Zip Code _____ Phone Number: _____ Fax Number: _____	Supervisor's Full Name: _____ Your last job title _____ Type of Work _____ Start Date: _____ End Date: _____ Reason for leaving (be specific) _____ _____ May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Employer _____ Address _____ City _____ State _____ Zip Code _____ Phone Number: _____ Fax Number: _____	Supervisor's Full Name: _____ Your last job title _____ Type of Work _____ Start Date: _____ End Date: _____ Reason for leaving (be specific) _____ _____ _____
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Name of Employer _____ Address _____ City _____ State _____ Zip Code _____ Phone Number: _____ Fax Number: _____	Supervisor's Full Name: _____ Your last job title _____ Type of Work _____ Start Date: _____ End Date: _____ Reason for leaving (be specific) _____ _____ _____
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**EMPLOYMENT APPLICATION**

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**Applicant Note**

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, or ancestry.

**Certification and Release**

I certify that I have read and understand the Applicant Note on this form and that the answers given by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize Holdsworth to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. Holdsworth policy requires pre-employment drug test and random drug testing during employment.

I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

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

**Requirements**

- ✓ Ability to read, write and understand English
- ✓ Pass the Pre-Employment drug test
- ✓ Have a current Negative 2 part PPD Test or X-Ray
- ✓ Current CPR and First Aid Card
- ✓ Valid and unrestricted Nevada Driver License

- Clean DMV History Report
- Clean Criminal Background



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**EMPLOYMENT APPLICATION**  
**AVAILABILTY FORM**

DATE: \_\_\_\_\_

Schedules are governed by:

- 1<sup>st</sup> by the Needs of the people supported
- 2<sup>nd</sup> by Hours contracted for the people supported
- 3<sup>rd</sup> by Your availability

Please check the days of the week and the hours you are available to work  
All New Hires **will work weekends**

Weekdays: Swings 4pm-12am Graves 12a-8am      Weekends: 12a-8a  8a-4p  4p-12a

**This is my availability**

\_\_\_\_\_ Monday                      From: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Tuesday                      From: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Wednesday                      From: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Thursday                      From: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Friday                      From: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Saturday                      From: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Sunday                      From: \_\_\_\_\_ to \_\_\_\_\_

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

\_\_\_\_\_  
Signature

- 1) I understand that I **cannot change** my status within the **first 6 months** of employment.
- 2) Once I'm given my assigned schedule I cannot change it within the **first 6 months** of employment.
- 3) Any changes in my schedule will only be to the benefit of the people supported, contractual or obligations of Holdsworth, Inc.

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

\_\_\_\_\_  
Signature

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

**All applicants must complete the following:**

1. What are your expectations of responsibilities in this type of job?

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2. How would you describe yourself – as calm, anxious, or pressured when traveling/arriving at scheduled appointments?

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3. In your opinion what represents

Abuse? \_\_\_\_\_

Neglect? \_\_\_\_\_

Isolation? \_\_\_\_\_

Exploitation? \_\_\_\_\_

4. List what you understand are the Rights of people with disabilities?

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5. What training or experiences have you had that will benefit you in in a training environment?

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6. In 5 steps how would you teach a person with disabilities to cook a meal

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7. When a person with a disability is refusing to participate in an activity, do you believe it is acceptable to take away their personal items until they calm down? Yes or No? Explain your response.

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8. If you are working at an individual's home with the toilet is overflowing and water running everywhere what would you do?

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## CRIMINAL HISTSORY STATEMENT

**Statements 1-14 below refer to any criminal conviction which may be either a felony or a misdemeanor.**

1. I have never been convicted of murder, voluntary manslaughter, or mayhem.
2. I have never been convicted of assault with intent to kill or to commit sexual assault or mayhem.
3. I have never been convicted of prostitution, solicitations, lewdness or indecent exposure or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years.
4. I have never been convicted of sexual assault, statutory sexual seduction, incest, lewdness or incident exposure or any other sexually related crime that is punished as a felony (including felony prostitution)
5. I have never been convicted of a crime involving domestic violence that is punished as a felony.
6. I have never been convicted of a crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years.
7. I have never been convicted of abuse or neglect of a child or contributory delinquency.
8. Within the past seven years, I have not been convicted of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS within the immediately preceding 7 years.
9. I have never been convicted of abuse, neglect, exploitation or isolation of older persons or vulnerable persons, or any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
10. Within the past seven years, I have not been convicted of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct.
11. I have never been convicted of a violation of any provision of NRS 422.450 to 422.590, inclusive, statutory provisions relating to Nevada's State Plan for Medicaid.
12. Within the past seven years, I have not been convicted of a criminal offense under the laws governing Medicaid or Medicare.
13. Within the past seven years, I have not been convicted of any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
14. Within the past seven years, I have not been convicted of any felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon or of an attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years.

I affirm that the statements 1-14 above are true and correct. I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for it background check report.

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Signature

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Date

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PRINT NAME

Nevada Revised Statutes 449.176 through 449.188 require that applicants complete this type of statement to be employed at an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a home for individual residential care or a residential facility for groups. These statutes are available online at : <http://leg.stat.nv.us/NRS/NRS-449.html>.



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## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_ (employee name), give my permission to Holdsworth, Inc. to release or collect employment information.

The information released cannot be used or released to other people or agencies without my express consent.

I understand that I may withdraw this consent, with or without cause at any time by making a written request to do so.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Holdsworth, Inc Witness

\_\_\_\_\_  
Date



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At Will: Policy Statement

Your employment with Holdsworth, Inc. is a voluntary one and is subject to termination by you or Holdsworth, Inc. at will, with or without cause, and with or without notice, at any time. Nothing in these policies shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of Holdsworth, Inc. employees.

This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the Owner or the Director, whichever is applicable.

These personnel policies are not intended to be a contract of employment or a legal document.

\_\_\_\_\_  
Employees Signature

\_\_\_\_\_  
Employees Printed Name

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Teach

Listen

Communicate with all levels of society

Ability to read, comprehend and write in English

Ability to use/run typical home appliances

Mobility to work in a residential setting

May have to exert force of 10 to 100 lbs.

Standing

Sitting

Walking

Pushing/Pulling

Lifting

Balancing

Stooping

Kneeling

Crouching

Able to carry groceries from vehicle to house

Ability to drive agency vehicles

Respond to emergencies calmly and professionally

My signature indicates that I have read and understand the employee's Job Description and the listed tasks within the Job Description and I have the physical capabilities without restrictions, to perform the **essential functions** of the job.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTRACT PROVIDER EMPLOYEE APPLICATION  
SUPPLEMENTAL QUESTIONS**

Holdsworth, Inc. 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:

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

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Print Name

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Signature

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Date