



143 B McDonnell Blvd. Hazelwood, MO 63042 314-731-1771 Fax 314-895-4471
www.ValleyInd.net

APPLICATION COVER LETTER

Thank you for your interest in pursuing employment with Valley Industries. Please fill out the attached application and return it to our office. Submitting an application does NOT automatically place you on our waiting list. All applicants must contact Teri Wilson, at 314-731-1771 or teri_wilson@valleyind.net within 30 days of the date of application, to schedule a tour of our facility to ensure that Valley Industries would be a good fit. Thank you for helping keep our waiting list accurate.

Revised: 5/9/12

Our mission is to provide dignified, meaningful employment for adults with developmental disabilities while providing outstanding quality and service to our valued customers.



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APPLICATION FOR EMPLOYMENT

Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

City: _____ State: _____ Zip Code: _____

Phone number: Home _____, Cell _____

Type of Residence: (Circle one): Natural Home, Group Home, Supported Living, Lives alone, Other

Nature of Disability: _____

Physical limitations, ie: no standing, no lifting, etc.(physician's document required): _____

Last school attended: _____ Special Education (Y/N) _____

Place of Present Employment: _____

Place of Previous Employment: _____

List any volunteer jobs you have had: _____

Regional Case Manager: _____

Phone Number: _____

How did you hear about us? _____

Type of transportation to and from work, ie: family/staff, Metro bus, Call A Ride, Oats, drives self, etc.: _____

Signature: _____ Date: _____

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**CONSENT TO RELEASE CONFIDENTIAL INFORMATION FOR
EMPLOYMENT**

I, _____, hereby authorize the following information be disclosed to Valley Industries:

- Transcripts of Diagnosis of Developmental Disability
- Prior Employers' Reference Check
- Alcohol and Drug Check
- Background Check

Please note: Our agency attempts to make a decision on the application as quickly as possible from date of application. Your immediate response to this request for transcripts is necessary for employment.

I understand that my records (including alcohol, drug abuse, mental status information, Sickle Cell anemia, and HIV test results) are confidential and are protected by Federal Regulation and/or State law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance to the release.

I further authorize that a photocopy of this consent form be fully acceptable as an original and is to be utilized for information from multiple sources.

Applicant's Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Maiden Name (if applicable): _____

Guardian/Witness Signature: _____

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