***THE DEPARTMENT OF DEVELOPMENTAL SERVICES IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER***

**Please complete one application for all of the opportunities**

|  |  |
| --- | --- |
| **Employee ID:** |       |
| **Last Name:** |       |
| **First Name** |       |
| **Present Work Location:** |       |
| **Work Telephone No.** |       |
| **Work Email:** |       |
| **Home Address:** |       |
| **Personal Contact No.** |       |
| **Personal Email:** |       |
|  |
| Please view the accompanying **DDS DS Case Management Opportunities List**. Below, check the box beside each opportunity for which you are interested in being considered, and write in your order preference in the space provided. |
| **Opportunity Number** | **Order of Preference** |  | **Opportunity Number** | **Order of Preference** |  | **Opportunity Number** | **Order of Preference** |
| [ ]  001 |       |  | [ ]  010 |       |  | [ ]  019 |       |
| [ ]  002 |       |  | [ ]  011 |       |  | [ ]  020 |       |
| [ ]  003 |       |  | [ ]  012 |       |  | [ ]  021 |       |
| [ ]  004 |       |  | [ ]  013 |       |  | [ ]  022 |       |
| [ ]  005 |       |  | [ ]  014 |       |  | [ ]  023 |       |
| [ ]  006 |       |  | [ ]  015 |       |  | [ ]  024 |       |
| [ ]  007 |       |  | [ ]  016 |       |  | [ ]  025 |       |
| [ ]  008 |       |  | [ ]  017 |       |  | [ ]  026 |       |
| [ ]  009 |       |  | [ ]  018 |       |  |  |  |
|  |
| Below, please list all positions held (including titles and work locations) that you wish to be considered toward meeting the qualifications/job requirements stated in the posting *(if additional space is needed, please attach another page).* |
|       |

**CERTIFICATION**

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I do give permission for the release of any information needed by DDS for the sole purpose of employment verification.

Applicant’s Signature Date