***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