



Direct Care Professional Application

Date: _____ Position(s) Applying for: Individual Respite Group Respite CDAC
 Supported Community Living Summer Day Camp IMMT

Applicant's Name: _____ Daytime Phone #: _____
 Address: _____ Evening Phone #: _____
 City: _____ Email Address: _____
 State: _____ Zip: _____ Social Security #: _____

Do you have a particular person in mind to work with? Yes No
 If yes: Client's Name: _____
 Your Relationship to Client: _____

Are you legally eligible to work in the U.S.? Yes No Are you 18 years or older? Yes No

Do you have a health related condition that may interfere with your ability to safely and effectively perform any duties of the job for which you are applying? Yes No
 If yes, please explain: _____

Have you ever been known by any other name(s)? Yes No
 If yes, please indicate the name(s): _____

Have you ever been convicted of a felony? Yes No

Have you ever had a founded case of child or dependent adult abuse? Yes No

Please list the days and times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

How many hours per week are you interested in working? 1-10 10-20 20-30 30+

Do you own a car? Yes No Is your car insured? Yes No

Have you received any traffic violations within the past 3 years? Yes No

Are you willing to travel outside of your immediate area to provide services? Yes No

Education

Highest grade completed: 10 11 12 GED 13 14 15 16 17 18 19 20

Name and location of High School: _____

Name and location of College: _____

Major/ Minor Degrees and dates obtained: _____

List any other related experiences, qualifications or certifications not listed above, such as medical procedures/equipment, CPR or First Aid Certification, Mandatory Reporter Training, or languages. Please attach copies of First Aid, CPR, or Mandatory Reporting certification.

Employment History

Begin with your most recent position. Please complete thoroughly.

Name of Employer:	Supervisor's Name/Title:
Employer Address:	Phone #:
	Date Started:
Your Job Title:	Date Left:
Rate of Pay:	Reason for Leaving:
Brief Description of Job Duties:	

Name of Employer:	Supervisor's Name/Title:
Employer Address:	Phone #:
	Date Started:
Your Job Title:	Date Left:
Rate of Pay:	Reason for Leaving:
Brief Description of Job Duties:	

Name of Employer:	Supervisor's Name/Title:
Employer Address:	Phone #:
	Date Started:
Your Job Title:	Date Left:
Rate of Pay:	Reason for Leaving:
Brief Description of Job Duties:	

May we contact your present employer? Yes No May we contact your former employers? Yes No

References

List the name, address, phone number, and relationship of three references. Only one reference can be personal. **The people listed as references should be able to discuss your work history, character, and ability to fulfill job responsibilities.** Any delay in receiving references may result in a delay in the orientation process.

Reference Type: Professional Reference Personal Reference (only one personal reference)

Name:	Relationship:	
Phone #:	Occupation:	
Address:		
City:	State:	Zip Code:

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Signature

Date