Employment Application

Applicant Information

Full Name: _____
          Last   First   M.I.

Address: _____
         Street Address   Apartment/Unit #

_____
City   State   ZIP Code

Phone: _____   Email: _____

Date Available: _____   Desired Salary: _____

Position Applied for: **Direct Support Professional (DSP)** _____

Are you a citizen of the United States?   YES   NO   If no, are you authorized to work in the U.S.?   YES   NO

Have you ever worked for this company?   YES   NO   If yes, when? _____

Have you ever been convicted of a felony?   YES   NO

If yes, explain: _____

Education

High School: _____   Address: _____

From: _____   To: _____   Did you graduate?   YES   NO   Diploma: _____

College: _____   Address: _____

From: _____   To: _____   Did you graduate?   YES   NO   Degree: _____

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Other: _____   Address: _____

From: _____   To: _____   Did you graduate?   YES   NO   Degree: _____

References

Please list three professional references.

Full Name: _____   Relationship: _____

Company: _____   Phone: _____

Address: _____

Full Name: _____   Relationship: _____

Company: _____   Phone: _____

Address: _____

Full Name: _____   Relationship: _____

Company: _____   Phone: _____

Address: _____

Previous Employment

Company: _____   Phone: _____

Address: _____   Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____   To: _____   Reason for Leaving: _____

May we contact your previous supervisor for a reference?   YES   NO

Company: _____   Phone: _____

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Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?   YES   NO

Referral Information

How did you hear about us?_____

Who referred you to us? _____

Military Service

Branch: _____ From: _____ To: _____

Rank at
Discharge: _____ Type of Discharge: _____

If other than honorable,
explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signatur
e: _____ Date: _____

Work Preferences

DSP Name: _____

What level of care are you comfortable with?   High functioning _____   High needs _____

How many hours per week would you like to work? _____

Is there an age preference that you would like to work with? _____

How far are you willing to drive to work with a new client? _____

When would you like to start working? _____

Please complete your availability below:

Preferred Shedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon/Evening							

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