



Personal Information Sheet

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Alt

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

Number of hours willing to work per week: \_\_\_\_\_

Position applied for:

- \_\_\_\_\_ Community Integration Counseling
- \_\_\_\_\_ Positive Behavior Interventions & Support Specialist
- \_\_\_\_\_ Independent Living Skills Trainer
- \_\_\_\_\_ Home and Community Support Services (HHA/PCA)
- \_\_\_\_\_ Structured Day Program
- \_\_\_\_\_ Service Coordination
- \_\_\_\_\_ Administrative

How did you hear about RES Home Care?

\_\_\_\_\_

\_\_\_\_\_



## APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

The Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, military status, or any other legally-recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on the Company. Please inform the Company's Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.

### GENERAL INFORMATION

Full Name _____	Date _____
FIRST                    MIDDLE                    LAST	
Address _____	
STREET                    CITY                    STATE                    ZIP CODE	
Phone Number (____) _____	Date available for work _____
Alternate Phone Number (____) _____	E-mail _____
Have you previously worked for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when? _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required consistent with federal law. Please provide Immigration ID if not a citizen)	
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If under the age 18, please state your age: _____ (The primary reason for this question is to address any child labor laws.)	
Do you own your own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No      Does your vehicle have active auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### POSITION INFORMATION

Position applied for? _____	Salary range expected (required) _____
Applying for: <input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal



## EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study or Major
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational or Trade School				
Graduate School				
Other (including military training)				

List any work-related certifications or licenses you currently possess:

Please provide professional license and paraprofessional certification including expiration date:

## BACKGROUND INFORMATION

The agency will request information regarding your background including work and personal references and a criminal background check.

Have you ever been discharged, suspended or asked to resign from any position?

Yes  No If "Yes," please explain. \_\_\_\_\_

Have you ever been convicted of a crime that has not been expunged, sealed, pardoned or annulled?

Yes  NoRecord

Have you ever been bonded/refused bond?  Yes  NoRecord

If you checked "Yes," please explain below. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## EMPLOYMENT RECORD

List all employment experience for the past 10 years, starting with the most recent or present employer. The agency may contact your past supervisors for professional references. Using a separate section for each position, describe in detail all work experience, including periods of unemployment. You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.

Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____  Primary responsibilities _____ _____	Phone _____ From _____ Month                    Year To _____ Month                    Year Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____  Primary responsibilities _____ _____	Phone _____ From _____ Month                    Year To _____ Month                    Year Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____  Primary responsibilities _____ _____	Phone _____ From _____ Month                    Year To _____ Month                    Year Reason for Leaving _____ _____
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Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____  Primary responsibilities _____ _____	Phone _____ From _____ Month                    Year To _____ Month                    Year Reason for Leaving _____ _____
Employer _____ Phone _____	



Geographic Location _____ Your Position _____ Supervisor's Name/Title _____  Primary responsibilities _____ _____	From _____ Month                                Year To _____ Month                                Year Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____  Primary responsibilities _____ _____	Phone ( ) _____ From _____ Month                                Year To _____ Month                                Year Reason for Leaving _____ _____
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____  Primary responsibilities _____ _____	Phone ( ) _____ From _____ Month                                Year To _____ Month                                Year Reason for Leaving _____ _____

### PROFESSIONAL REFERENCES

List three professional references whom we may contact (in addition to past supervisors listed within your experience):

Name _____	Telephone No. ( ) _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. ( ) _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. ( ) _____
E-mail Address _____	Type of Acquaintance _____



### LICENSES/CERTIFICATIONS (if applicable)

PROFESSIONAL LICENSE:		
Profession:	License #:	Expiration Date:
Verified(for office use only): Yes <input type="checkbox"/> No <input type="checkbox"/>		
PROFESSIONAL LICENSE:		
Profession:	License #:	Expiration Date:
Verified(for office use only): Yes <input type="checkbox"/> No <input type="checkbox"/>		
PARA-PROFESSIONAL CERTIFICATION:		
HHA <input type="checkbox"/> PCA <input type="checkbox"/> School/Training Program:		
Verified(for office use only): Yes <input type="checkbox"/> No <input type="checkbox"/>		
PARA-PROFESSIONAL CERTIFICATION:		
HHA <input type="checkbox"/> PCA <input type="checkbox"/> School/Training Program:		
Verified(for office use only): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other:		

### ADDITIONAL COMMENTS

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. Note any special coursework, honors, activities, special projects or any other data that will assist us in considering your application for employment. (You may exclude any activities that would reveal any classification protected by federal, state, and local laws and ordinances, including, but not limited to, race, color, or religious belief.)



**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE  
SIGNING**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.  
\_\_\_\_\_ Initials

I understand, where permissible under applicable state and local law, I may be subject to a drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with the Company.  
\_\_\_\_\_ Initials

I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.  
\_\_\_\_\_ Initials

I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.  
\_\_\_\_\_ Initials

**I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law.**  
\_\_\_\_\_ Initials

**I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or his/her authorized representative.**  
\_\_\_\_\_ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

I understand an offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

**MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.**

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_



**Disclosure to Applicant and Consent to Request Consumer Report Information**

**APPLICANT'S CURRENT INFORMATION**

Last Name(s) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_ *If less than 7 years, list previous address below*  
Phone \_\_\_\_\_ cell \_\_\_\_\_  
Your name *AS IT CURRENTLY APPEARS* on Drivers License \_\_\_\_\_  
Social Security# \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PREVIOUS NAMES AND ADDRESSES**

Name(s) \_\_\_\_\_ Dates you lived there \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_  
Name(s) \_\_\_\_\_ Dates you lived there \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_  
Name(s) \_\_\_\_\_ Dates you lived there \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_  
Name(s) \_\_\_\_\_ Dates you lived there \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_  
Name(s) \_\_\_\_\_ Dates you lived there \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

I understand that **RES Home Care** will/may utilize the services of part of the procedure for processing my application for employment. I also understand if my application for employment is granted, **RES Home Care** may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment. Upon request, I will be informed whether a report was requested from a consumer reporting agency and provided with the name and address of the consumer reporting agency.

I understand a consumer reporting agency's investigation may include obtaining information regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgments, liens, and criminal conviction record consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before the Company takes any adverse action, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the federal Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify **RES Home Care** within five business days of my receipt of the report that I am challenging the accuracy of the information with the Consumer Reporting Agency.

I hereby consent to this investigation and authorize **RES Home Care** to procure reports on my background as stated above from a consumer reporting agency.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)





REFERENCE REQUEST

To: \_\_\_\_\_ Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Reference Contact Number: \_\_\_\_\_

Reference Contact Email: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Release of Information: I hereby release from all liability the company, institution or person named above and authorize them to release all information regarding my employment with them.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The person identified above has applied for a position at RES Home Care. Would you kindly complete the reference information below and return the reference information? This information will be kept confidential. Thank you.

Position held at your organization: \_\_\_\_\_

Reference's relationship to applicant: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Would you re-employ?  Yes  No If no why? \_\_\_\_\_

Table with 4 columns: Applicant's Work Record, Satisfactory, Unsatisfactory, Unable to Evaluate. Rows include Quality of Work, Productivity, Attendance, Punctuality, Initiative, Cooperation, Dependability, Accepts constructive Criticism, Professionalism.

Additional Comments: \_\_\_\_\_

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**REFERENCE REQUEST**

RES Home Care VALIDATION: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_



REFERENCE REQUEST

To: \_\_\_\_\_ Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Reference Contact Number: \_\_\_\_\_

Reference Contact Email: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Release of Information: I hereby release from all liability the company, institution or person named above and authorize them to release all information regarding my employment with them. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The person identified above has applied for a position at RES Home Care. Would you kindly complete the reference information below and return the reference information? This information will be kept confidential. Thank you.

Position held at your organization: \_\_\_\_\_

Reference's relationship to applicant: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Would you re-employ?  Yes  No If no why? \_\_\_\_\_

Table with 4 columns: Applicant's Work Record, Satisfactory, Unsatisfactory, Unable to Evaluate. Rows include Quality of Work, Productivity, Attendance, Punctuality, Initiative, Cooperation, Dependability, Accepts constructive Criticism, Professionalism.

Additional Comments:

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



REFERENCE REQUEST

RES Home Care VALIDATION: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_



**EMPLOYEE VERIFICATION OF QUALIFICATIONS**  
**HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER**  
**Traumatic Brain Injury (TBI)**

\_\_\_\_\_  
Employee to provide the Waiver Service

\_\_\_\_\_  
Service Provider Name

\_\_\_\_\_  
Waiver Service you are applying for

\_\_\_\_\_  
Address

\_\_\_\_\_  
Waiver Service Position, if applicable

\_\_\_\_\_  
Telephone

I have submitted my resume and supporting documents which accurately reflects my education and work experience.

\_\_\_\_\_  
Employee Signature Date

This individual has met the eligibility criteria for this position in the following manner:

Education: A copy of this individual's \_\_\_\_\_ diploma or official sealed transcript  
\_\_\_\_\_ license is attached to this form.

Experience: \_\_\_\_\_ This individual's experience, relevant to this position, is highlighted on his/her  
attached resume. (***\*\*Please circle this person's relevant experience on  
the attached resume for quick reference for the interviewers).***)

I have interviewed this individual and reviewed his/her resume. I verified his/her education, required licensures and work experience. Per waiver eligibility criteria, this individual is qualified to provide waiver services in the above named position and has been hired as an employee of our agency.

\_\_\_\_\_  
Service Provider Representative Title Signature Date