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|  | Employment Application |

By filling out this application you are applying for employment witth ***Complete Residential Care, LLC.*** Our company is dedicated to a policy of non-discrimination of applicants on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

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| Your Full Name | | | | Date | |
| Street Address | | City | | State | Zip |
| Home Phone | Cell Phone | SSN # | | Desired Rate  $\_\_\_\_\_\_\_\_\_\_per hour | |
| Date of Birth | Ethnicity (Optional) | | How did you hear about us? | | |

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| Position Applying For: |

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| Alternate Contact | |
| Name | Phone |
| Address | Relationship |

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| Are you currently employed / provide Care to others? If Yes, Explain.  Yes  No | | |  | | |
| Details: | | | | | |
| Have you ever been convicted of a misdemeanor/felony? If Yes, provide details.  yes  no | | | | | |
| Details: | | | | | |
| TransportationMost consumers require transportation, often using the Direct Care Worker’s vehicle: | | | | | |
| Do you have dependable transportation?  yes  no | | | Make and model car | | |
| License plate # | | Driver license # | | Auto insurance policy # | |
| Insurance company | | Insurance agent name (optional) | | Insurance agent phone (optional) | |
| Availability | | | | | |
| Appx. hours per week available: | Days/Times you **are** available. | | Days & times **not** available. | | Can you be called at the last minute in case of emergency?  yes  no |
| Select the counties that you will accept work:  **Chester**   **Philadelphia**  **Delaware**  **Montgomery**  **Bucks**  **Lancaster** | | | | | |

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| Education | | |
| High school | City/State | Diploma earned? If so, Date? |
| College | City/State | Degree earned? If so, Date? |
| Other | City/State | Degree earned? If so, Date? |
| Special skills or courses – Any skills that assist in making you qualified as a direct support professional? | | |

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| Experience |
| Name previous positions that may align with the responsibilities of the position you are applying for.  1.  2.  3. |
| What do you find most challenging when working with individuals with developmental disabilities? |

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| Skills Please indicate which of the following skills you are prepared to provide if referred to an individual (**DSP position only**) | | | | | | | |
| In home & comm. | yes  no |  | Medication reminders | yes  no |  | Oral Care | yes  no |
| Communication Skills | yes  no | Transportation | yes  no | Shaving Assistance | yes  no |
| Social Skills | yes  no | Bathing (Reg., bed, sponge) | yes  no | Assist w / P.T. Exercises | yes  no |
| Meal Prep / Clean Up | yes  no | Dressing/ Grooming | yes  no | Assist w/ Prosthesis | yes  no |
| Feeding | yes  no | Incontinence | yes  no | Companion Care | yes  no |
| Light Housekeeping | yes  no |  | Ambulation | yes  no |  | Willing to Work w/Pets | yes  no |
| Laundry | yes  no |  | Transfer assist | yes  no |  | Speak fluent English | yes  no |

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| Work History Please provide at least five years of recent, verifiable work history followed by verifiable references. | | |
| Company | From | To |
| Job title | Reason for leaving. | |
| Duties | | |
| Supervisor | Phone | |
| Company | From | To |
| Job title | Reason for leaving. | |
| Duties | | |
| Supervisor | Phone | |
| Company | From | To |
| Job title | Reason for leaving. | |
| Duties | | |
| Supervisor | Phone | |

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| **Why Do You Feel You Would Be an Asset to Our Team?** |

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| Business | Professional References (non-relative) | | | |
| Name | Email | Relationship/Years Known | Phone # |
| Name | Email | Relationship/Years Known | Phone # |
| Name | Email | Relationship/Years Known | Phone # |

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| **CERTIFICATION AND RELEASE:** I certify that I have read and understand the general requirements of Independent Care Contractors/Providers on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I completely understand that I am submitting this Application as an interested Care Provider and that by submitting this there is no guarantee for employment. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, work, criminal and credit history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. | |
| Signature | Date |