



Provider Application

Provider Information

Date: _____

Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security Number: _____ Date of Birth: _____ Occupation: _____

Education: _____ Gender: _____

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? _____

Education

High School: _____ Address: _____

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

College: _____ Address: _____

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

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: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Previous Experience Working with Adults with Disabilities

Criminal History: Have you ever been convicted, arrested, or received deferred prosecution, and/or deferred judgement for any of the following? Check all that apply.

Felony Abuse Crime of Violence Domestic Violence Sexual Offense Drug Offense

If you checked any of the above, please describe in full the date of arrest or conviction, type of conviction, and city or state this offense occurred below:

Secondary Caregiver Information:

Last Name

First Name

Date of Birth

Address: _____

Phone Number: _____ Email: _____

Social Security Number: _____ Gender: _____ Education: _____

Are there any other adults over the age of 18 in the household? If so, please list name, age, and relationship below.

Are there any children in the household? If so, please list name, age, and relationship.

Placement History:

Have you ever applied to become a provider before? _____
Have you been certified to provide care for others in your home? _____
Have you ever been denied certification? _____

Please list all agencies you have previously and/or currently work with:

Placement Preferences:

Male _____ Female _____

List all behaviors you have delt with and are comfortable working with:

Residence Detail:

Do you live in a: House _____ Apartment _____ Townhome/Condominium _____?

Please provide the layout of the home:

2 story _____ Ranch _____ Split Level _____ Bedroom location: _____

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.

Signature: _____ Date: _____