



APPLICATION

Date Received: \_\_\_\_\_

Name:

First

Last

Phone:

Home

Mobile

Address:

Email:

Brief explanation of your experience working with individuals with special needs:

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Are you CPR certified? YES / NO

If NO, are you willing to obtain within 90 days? YES / NO

Do you have a valid driver's license? YES / NO

Do you have current auto insurance? YES / NO

What is your work availability? (Days of the week and hours available)

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Please attach resume.

Complete reference information on next page.

Professional Reference – 1

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First Name

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Last Name

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Name of Business

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Title

---

Phone Number

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Email

How does this person know you? (Colleague, Manager, etc.)

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Professional Reference – 2

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First Name

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Last Name

---

Name of Business

---

Title

---

Phone Number

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Email

How does this person know you? (Colleague, Manager, etc.)

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Personal Reference – 1

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First Name

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Last Name

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Occupation

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Title

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Phone Number

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Email

How does this person know you? (Friend, Family Friend, etc.)

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### Recent Employment – 1

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Supervisor First and Last Name

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Name of Business

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Position Title

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Address

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Phone Number

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Email

Job Description

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### Recent Employment – 2

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Supervisor First and Last Name

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Name of Business

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Position Title

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Address

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Phone Number

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Email

Job Description

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### Recent Employment – 3

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Supervisor First and Last Name

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Name of Business

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Position Title

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Address

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Phone Number

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Email

Job Description

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