



Application

Today's Date: _____

Name: _____ DOB: _____

Address: _____

Street _____ City _____ State _____ Zip _____

Phone numbers: Home: _____ Cell: _____

Work: _____ Permission to call work # Yes ____ No ____

Email address: _____

Social Security Number: _____

Are you lawfully eligible to work in the United States? Yes ____ No ____

Are you able to provide at least five years of criminal investigation background information with the United States? Yes ____ No ____

If no, please explain:

List all the States you have lived in for the past 25 years besides Colorado.

Is there anything that may be discovered on your background check you would like to disclose now?

Yes ____ No ____

Have you or ever been arrested for violations of the law other than minor traffic violations? Yes ____ No ____

If yes, please explain:

Have you ever been convicted of a felony or misdemeanor? Yes ____ No ____ If yes, please explain:

*A positive response will not necessarily disqualify an applicant. A criminal investigation will be conducted prior to entering into a contract.

Are you currently on parole/probation? Yes ____ No ____

Note * A background check is required of all adults (18 years and older) working in the PCA/Host Home.

Do you have any communicable disease? Yes ____ No ____

Please provide your Availability schedule, and any other commitments you have.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							

Would you like to share any other information to be taken into consideration when being hired?

Describe any experience you have relating to the DD field. (Foster Care, Host home, Nursing home):

In your opinion, what skills do you possess that would make you a successful PCA/Host home Staff?

Is there any type of individual that you do not feel comfortable working with?

List any trainings or certifications that you currently have:

The position requires yearly training and paperwork. Do you understand you will be required to take annual training and turn in required paperwork? ☐ Yes ☐ No

In addition, you will need to follow strict documentation for the individuals being served medical issues and medications, behaviors, daily contact notes, incident reports (if needed), etc. cleaning and meal preparation. Do you feel you can accurately report information on a daily and as needed basis in a clear and understandable way? ☐ Yes ☐ No

Are you willing to transport individuals to appointments, Empowering Ability Today LLCs events & functions, and other functions and events important to the person in the company vehicle? ☐ Yes ☐ No

If no, please explain:

Have you ever been notified by the Office of the General Inspector that you may not participate or be employed by agencies involved with Medicaid or Medicare benefits?

Yes ____ No ____

List Three Personal References (Name, Address and Contact Number)

1) _____

2) _____

3) _____

PCA/Host Home Staff Applicant

Signature

Date