

Independent Contractor/Waiver Home Employee Application

How did you hear of our agency? _____

Please send your resume with this application if you have additional information.

Check which service(s) you are interested in providing:

Respite SCL CDAC IMMT Home-Based Habilitation Waiver Home

Name _____

Maiden name, any previous married names, and any alias _____

Address _____ City/State _____ ZIP _____

Telephone (day) _____ (evening) _____ Social Security # _____

PLEASE NOTE: *Family Resource Center will request reference checks from employers and/or personal reference.*

EMPLOYMENT HISTORY. Start with present/most recent position.

ORGANIZATION _____ Dates: From _____ to _____

Address _____ City/State _____ ZIP _____ Phone# _____

Job Title _____ Supervisor _____

Duties _____

Your name at time of employment _____

ORGANIZATION _____ Dates: From _____ to _____

Address _____ City/State _____ ZIP _____ Phone# _____

Job Title _____ Supervisor _____

Duties _____

Your name at time of termination from this employment _____

ORGANIZATION _____ Dates: From _____ to _____

Address _____ City/State _____ ZIP _____ Phone# _____

Job Title _____ Supervisor _____

Duties _____

Your name at time of termination from this employment _____

PERSONAL REFERENCE (other than a family member)

Personal Reference Name _____

Address _____ City/State _____ ZIP _____ Phone# _____

Your name at time of acquaintance with this individual _____

PLEASE CHECK:

I am a citizen or national of the United States.

I am a lawful Permanent Resident.

I am an alien authorized to work.

PLEASE NOTE: *If you are offered a contract to provide services, we have the right to ask for proof of employment eligibility or citizenship.*

Last Revised 5/16

Family Resource Center, 502 W. 7th Street, Carroll, IA 51401

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PLEASE COMPLETE:

Do you have a current Iowa Driver's License? Yes No (if no, please explain)

Do you have current Automobile Liability Insurance? Yes No (if no, please explain)

Have you ever been arrested or convicted of a Criminal Offense? No Yes (if yes, please explain)

Do you give permission to Family Resource Center to obtain your Criminal background check? This information will be sent to Family Resource Center and maintained in your provider file. Yes No

(if no, please explain) _____

EXPERIENCE - Applicants must have at least one year experience with individuals who have mental and/or physical disabilities. Please describe your experience and include the dates of that experience.

SPECIAL TRAINING AND INTERESTS - Please check all that apply.

- Interested in supporting individuals with cooking and kitchen safety skills.
- Interested in supporting individuals with their money and making purchases.
- Interested in supporting individuals with budgeting funds and balancing their checkbook.
- Interested in supporting individuals with housekeeping and home safety skills.
- Interested in supporting individuals with appropriate social skills in the community and with friends.
- Interested in supporting individuals with planning and participating in community activities.
- Interested in providing respite activities and care for consumers.
 - Sign language
 - Communication devices
 - CPR certification
 - Child & Dependent Adult Abuse Reporting certification
 - Other:
 - Language other than English:
 - Lifting devices
 - First Aid certification

Name _____ Date _____