**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.***

## 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 |[ ]  Language other than English:  |  |
|[ ]  Communication devices |[ ]  Lifting devices |
|[ ]  CPR certification |[ ]  First Aid certification |
|[ ]  Child & Dependent Adult Abuse Reporting certification |
|[ ]  Other: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Date |  |