**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 |  |