

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

How do you prefer to be contacted? (Please choose at least one) Call Text Email

How far are you willing to travel each day for work?

This job may require you to work in home, out in the community or in center with clients with developmental and/or intellectual disabilities. **Is this something that you are comfortable with?** Yes No

- **Do you have an active drivers license?** Yes No
- **This job does require you to transport clients. Do you have reliable transportation?** Yes No
- **Are you comfortable transporting our clients in your personal vehicle?** Yes No
  - *If "No" to any above, please explain why:*

Did you send in your most recent resume? Yes No – I will send it in

**Would you prefer to work full or part time:** Full-time (30-40 hrs/wk) Part-time (less than 30 hrs/wk)

**What is your availability:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start						
End						

Let us know who you would you prefer to work with? Adults Children Both

Would you be working another job or going to school while working for us? No Yes \_\_\_\_\_

What would be your preferred start date? \_\_\_\_\_

### Experience

**Have you worked with individuals with developmental and/or intellectual disabilities?** Yes No

**If yes, how long?** \_\_\_\_\_

*Please let us know what certifications that you currently have (if any):*

CPR/First Aid, Medication Administration/ Q-Map, CPI, Other

In one word describe yourself: \_\_\_\_\_ If you were an animal what would you be: \_\_\_\_\_

Please let us know if you have any vacation time coming up (please give dates)?

---