

Name: _____ Phone #: _____

Email: _____

Address: _____

(City)

(State)

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

If you are currently not living in Colorado, when are you planning to be in the state _____

How far are you willing to travel each day for work? 10-25 miles 25-40 miles 40-50 miles 50+ miles

This job may require you to work in the clients 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
- Do you have reliable transportation? Yes No
- Are you comfortable transporting clients in your personal vehicle? Yes No
- Are you comfortable being in groups? Yes No
- You could be paired with a camper that cannot wear a mask, are you comfortable with this? Yes No

If "No" to any above, please explain why:

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 | | | | | | |

What would be your preferred start date? _____

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

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 this summer (please give dates)?

How did you hear about this position? _____