



# UNION FOR HELPING AND SUPPORTS RESPECT - SUPPORTS - RIGHTS

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: **Direct Support Professional**

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? ? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

I am interested in the following area(s):

1)Day Program (services and supports provided Monday-Friday ,generally between 8am-4pm , providing opportunities for socialization, leisure, and recreational activities on-site and in the community; provide habilitative services/supports for developing communication , social, employment, and other skills; medication administration; assisting with ADLs such as hand washing, restroom, etc...) Y N

2) Residential Services( may include providing habilitative services/supports in a 24 hour setting, a family home or an individual's own home and in the community. Hours vary depending upon the needs of the individual(s).

Please list the days and hours you are available as this will help us in matching you with the best possible setting.

Y N

Availability:

Monday\_\_\_\_\_ Tuesday:\_\_\_\_\_ Wednesday:\_\_\_\_\_ Thursday:\_\_\_\_\_

Friday:\_\_\_\_\_ Saturday:\_\_\_\_\_ Sunday:\_\_\_\_\_

Would you be available for overnights at a 24 hour residence Y N

3) In Home Respite Services (non-habilitative services provided in a family's home, hours and days vary depending upon needs but are often afternoon/evening and/or weekend hours)

Y N

Availability:

Monday\_\_\_\_\_ Tuesday:\_\_\_\_\_ Wednesday:\_\_\_\_\_ Thursday:\_\_\_\_\_

Friday:\_\_\_\_\_ Saturday:\_\_\_\_\_ Sunday:\_\_\_\_\_

4) Out of Home Respite Services (non-habilitative services/supports provided in your home, must have private bedroom available to provide overnight respite, hours and days vary depending upon needs but are often afternoon/evening hours and/or weekends)

Y N

Availability:

Monday:\_\_\_\_\_ Tuesday:\_\_\_\_\_ Wednesday:\_\_\_\_\_ Thursday:\_\_\_\_\_

Friday:\_\_\_\_\_ Saturday:\_\_\_\_\_ Sunday:\_\_\_\_\_

Interested in providing overnight respite Y N

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain:

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*All employment offers are contingent upon applicant's ability to pass a background check for abuse/neglect and criminal offenses.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_