



INITIAL APPLICATION FORM

Instructions: In order to work for an individual with Intellectual Disabilities & Elderly, an applicant must be willing to complete the specific timeline on hiring checklists must sign and complete the initial application forms.

PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Suffix _____ Aliases _____ Sex _____ Race _____ Hair Color _____

Eye Color _____ Weight _____ Height _____

Date of Birth _____ Email Address _____

Social Security # _____

COMPLETE

ADDRESS _____

Phone Number _____ Cell Phone _____

HAVE YOU LIVE IN A DIFFERENT STATE/COUNTRY IN THE LAST 5 YEARS?

YES OR NO _____ if yes where?

Please answer all the following questions truthfully and be willing to provide documentations to support your answers.

1. Are you eligible to stay permanently in the United States? ____ Yes ____ No
 2. Have you been accused of Abuse Neglect and Exploitation? ____ Yes ____ No
- IF YES, WHAT WERE YOU CHARGED WITH?

IF THE CASE (you charged with) IS CLOSED CAN YOU PROVIDE A LETTER FROM THE DCF?

____ Yes ____ No

3. Are you eligible to pass a local background check (Police Clearance) in your county where you live? ____ Yes ____ No
4. Have you done a Level 2 (Fingerprint) Background Check in the last five years?
____ Yes ____ No
5. HAVE YOU EVER BEEN ARRESTED? ____ Yes ____ No
6. IF YES, WHAT WERE YOU CHARGED WITH?

IF THE CASE (you charged with) IS CLOSED CAN YOU PROVIDE A LETTER FROM THE COURT?

____ Yes ____ No

7. ARE YOU WILLING TO TAKE DISABILITY TOPIC TRAINING IN ORDER TO HELP YOU UNDERSTAND PEOPLE YOU WILL SPEND TIME WORKING? Circle: Yes or No

IF YES, PLEASE CHOOSE THE TRAINING THAT YOU WILL BE INTERESTED IN:

_____ Intellectual Disability (MR) _____ Autism
_____ Cerebral Palsy (CP) _____ Spina Bifida
_____ Prader-Willi Syndrome _____ Down Syndrome

8. ARE YOU CURRENTLY WORKING? Circle: Yes or No If Yes, where?
9. WHAT MAKES YOU WANT TO WORK TO PEOPLE WITH DEVELOPMENTAL DISABILITY/ELDERLY?

I certify that information contained in this form is true and complete. I authorize the verification of any or all information listed above.

Signature

Date