



Employment Application

Please Print

Date _____

Last Name _____ First Name _____

Maiden/Other _____ (Middle) _____

Home Address _____ P.O. Box # _____

City _____ State _____ Zip Code _____

Home Phone (landline) # _____ Cell# _____ Alt.# _____

Email Address _____ Date of Birth _____ Age: _____

SS# _____ Male Female

If consumer delegate, please list name of consumer _____

Valid Driver's License? y / n # _____ State Issued _____

Valid Photo ID# y / n # _____ State Issued _____

EDUCATION

Did you graduate from High School? _____ Highest level of Education obtained _____

High School _____ Diploma/GED Y / N

College _____ Did you graduate? _____

Trade School _____ Did you graduate? _____

Certified Nurses Asst. Y / N Medical Asst. Y / N License Practical Nurse Y / N Reg. Nurse Y / N

LEGAL HISTORY

Have you been convicted of any offense against the law, or are you now under charges for an offense against the law? **(Failure to answer honestly will result in VFI not considering you for employment)** Y / N
(A conviction will not necessarily bar you from employment)

Please list charges _____

Have you been charged with an DUI (Driving Under the Influence) _____

Was your license suspended? Y/N Currently suspended? _____

Have you had a criminal Background Check completed in the last year? Date _____

Have you had a Child Abuse Clearance completed in the last year? Date _____

Have you had a 2-TB step within the last year? Y / N Date read _____

Have you had a Hepatitis Test in the past Year? Last Injection _____

Are you willing to drive as part of your job? Y / N

If yes, you must have a valid driver's license and the vehicles driven must have valid registration and insurance. (VFI will need proof of license, registration, and insurance before being allowed to transport consumer)

Have you worked for Voices for Independence before? Y / N (Consumer) _____

What was the reason for leaving? _____

WORK HISTORY:

Employer:	Position:
Dates of Employment: From: To:	Salary:
Supervisor:	Reason for Leaving:
Address:	
Phone:	

Employer:	Position:
Dates of Employment: From: To:	Salary:
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Employer:	Position:
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Address:	
Phone:	

I certify that the information contained in this application is correct to the best of my knowledge and understanding and that falsification of this information is grounds for dismissal. I authorize references to give you any and all information concerning my personal background/employment, and release all parties from liability for damages that may result from furnishing same to you. I understand that I should notify Voices for Independence immediately should any of my information change.

Signature

Print Name

Date

Schedule Preference – Print Name: _____

Check below to indicated the number of miles that you are willing to travel to get to a job site

5 miles		10 miles		15 miles		20 miles		25 miles		30+ miles	
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Check below to indicate the number of hours per week you are able to work

10 hours or less		10-25 hours		25 hours or more	
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Indicate which circumstances you are able to work:

Holidays		Overnight		Emergency on-call		Short Notice	
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What other languages do you speak? _____

Please check the shifts you are available for each day:

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evenings							

yes	no	Transportation	
			Do you have a valid driver's license?
			Do you rely on public transportation?
			Do you own/have use of a personal vehicle?
			Are you willing to use your vehicle on the job?
			Are you willing to drive a consumer owned vehicle?

yes	no	Other Information	
			Do you smoke?
			If you are a smoker, are you willing to smoke outside?
			Will you work with a consumer who smokes?
			Are you allergic or fearful of cats?
			Are you allergic or fearful of dogs?
			Are you willing to work in a household with cats?
			Are you willing to work in a household with dogs?
			Do you have any allergies? _____
			Are you willing to use non-scented products?

Please check if you have experience working with these health conditions, individuals, and duties

Health Skills	Experience
Alzheimer's	
Anxiety/Depression	
Arthritis	
Cancer	
Cerebral Palsy	
Closed Head Injury	
Compound Fracture	
Developmental Disability	
Diabetes	
Environmental Illness	
HIV/AIDS	
Mental Illness	
Multiple Sclerosis	
Muscular Dystrophy	
Nutritional Disorders	
Osteoporosis	
Paraplegia	
Parkinson's	
Quadriplegia	
Stroke	
Terminal Illness	
Traumatic Brain Injury	

Personal Skills	Experience
Elderly	
Female	
Male	
Bathing	
Bowel/Bladder	
Braces/Prosthesis	
Cleaning	
Cooking	
Dressing	
Exercise-ROM	
Feeding	
Hoyer Lift	
Laundry	
Medical Assistance	
Oxygen/Nebulizer	
Shopping/Errands	
Transfer-Hands On	
Transfer-Standby	
Transfer-Total Assist	
Wound Care	

Comments

Signature

Print Name

Date