

FamilyTree Alternative Family Services, Inc

Application for Employment as a Paraprofessional/Direct Care Provider

Name of Applicant ()
Area Code Telephone

Street Address Apartment # City/Town State Zip Code

County

Due to the need to protect the health and welfare of the Individual, FamilyTree Alternative Family Services, Inc. has established the following standards for employment of Paraprofessionals/ Direct Care Providers.

Minimum Qualifications of Employment as a Paraprofessional/ Direct Care Provider:

- Be 18 years of age or older
- High school diploma or GED
- Valid Driver's License and minimum auto insurance coverage
- Copy of Social Security Card
- Have the required skills to perform services as specified in the consumer's Individual Service Plan (ISP)
- Possess basic math, reading, and writing skills
- Be willing to submit to a criminal records check, health care registry and driving record check
- Demonstrate the capability to perform health and safety maintenance activities required by the Individual and/or specified in the Individual's ISP and willing to participate in training in performance of the specified health maintenance activities
- Certification in CPR, First Aid and Blood Borne Pathogens.

Attach copies of any of the above requirements to the back of the application.

The applicant's signature on the line below acknowledges that you have been provided the above information and have read the qualifications for employment as a Paraprofessional/Direct Care Provider.

Applicant signature: _____ Date: _____

Are you seeking: Full Time: _____ Part Time: _____

Please indicate the hours each day that you can work in the morning, afternoon or evening- for example 8:00am to 12 noon on Monday. Indicate for all the days you're available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are you available to work in a back-up capacity- for example: filling in for a regular paraprofessional/direct care worker? Yes _____ No _____

Are you willing to work any holiday? Yes _____ No _____

List your last three (3) places of employment:

Company: _____ Supervisor: _____
 Duties Performed at work: _____
 Address: _____ Telephone # _____
 Years of Employment: _____ Reason for leaving: _____

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 Duties Performed at work: _____
 Address: _____ Telephone # _____
 Years of Employment: _____ Reason for leaving: _____

List any certifications, in-services or previous experiences that you would like to share with FamilyTree:

Please list three (3) personal or professional references:

- Name: _____ Telephone # _____

- Name: _____ Telephone # _____

- Name: _____ Telephone # _____

The answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application of employment as may be necessary in arriving at an employment decision.

Applicants Signature: _____ Date: _____

Applicants are considered for all positions without regard to race, color, religion, national origin, martial or veteran status, or the presence of a non-job related medical condition or disability