

**ADvantage Program  
Consumer-Directed Personal Services and Supports (CD-PASS)**

**Personal Services Assistant  
Application for Employment**

**Employer:** \_\_\_\_\_

***Applicant Information for Personal Services Assistant***

Last Name		First	Middle
Street Address		Telephone	Other Telephone
		( ) - ( ) -	
City	State	Zip	E-mail address (if applicable)
Position Desired	Pay Expected	Social Security #	
	\$ _____ / Hour	_____ - _____ - _____	
Have you ever been employed under any other names? If yes, please list:			
In an emergency, please notify:			
Name _____		Relationship _____	
Address _____		Telephone ( ) _____ - _____	

***Applicant Availability***

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related to the Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your relationship? _____
Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you transport the Employer if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
When will you be available to begin work? _____	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Conviction will not necessarily disqualify an applicant from employment.</i>
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

***Applicant Personal History***

Special Training/Skills	Certifications _____ expiration date _____ Licenses _____ expiration date _____ CPR _____ expiration date _____ First Aid _____ expiration date _____
Have you had Universal Precautions training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ / _____ / _____	
Are there any tasks as a Personal Services Assistant that you would not want to do? (examples: driving, bowel/bladder care, lifting) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	

## **Applicant Employment History**

*Please give accurate, complete employment history, including full-time and part-time employment, starting with your present or most recent employer.*

<b>1</b>	Company Name	Telephone
	Address	Employed – (State month and year) From                      To
	Name of Supervisor	Hourly Wage Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone
	Address	Employed – (State month and year) From                      To
	Name of Supervisor	Hourly Wage Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone
	Address	Employed – (State month and year) From                      To
	Name of Supervisor	Hourly Wage Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

## **Applicant References**

*Give name, address and telephone number of three references who were your supervisor, a co-worker, or someone you supervised and who agrees to answer work reference questions regarding your previous employment.*

<b>1</b>	Name	Telephone
	Street Address	City/State Zip
<b>2</b>	Name	Telephone
	Street Address	City/State Zip
<b>3</b>	Name	Telephone
	Street Address	City/State Zip

<p><i>Employer may contact the employers listed above unless you indicate those you do not want us to contact.</i></p>	<b><i>Do Not Contact</i></b>
	Employer _____ Reason _____

## **Applicant Statement**

I understand this application is not an employment contract. I certify that all the statements made in this application are true and that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. I authorize the employer or delegate to investigate my work and personal history and verify all data given on this application, on related papers and interviews, including, but not limited to OSBI, nurse aide registries, criminal background, driving record, and licensure. I authorize all individuals, schools, and employers named to provide any information requested about me, and I release them from all liability for damage in providing this information.

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