AD vantage 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			Telep	hone	Other Telephor	ie			
Other		7:	() il address (if applica	()				
City State		Zip	E-ma	ill address (if applica	ble)				
Position Desired	Pay Ex	pected	Socia	al Security #					
	\$	· 	Hour		=				
Have you ever been employed under any other names? If	yes, plea	se list							
In an emergency, please notify:									
Name			Relat	ionship					
Address			Telep	hone ()					
Applicant Availability									
Applicant Availability									
Are you currently employed?	☐ Yes	□ No	Are you related to	the Employer? r relationship?	☐ Yes	□ No			
Are you over age 18?	☐ Yes	□ No							
When will you be available to begin work?			Can you transport the Employer if requested? ☐ Yes ☐ No						
Are you legally eligible for employment in the United States?	☐ Yes	□ No	Have you ever been convicted of a felony? Yes Conviction will not necessarily disqualify an applicant from employment.			□ No			
Applicant Daysonal Histor									
Applicant Personal Histor	y		П						
Special Training/Skills									
			Licenses		<pre> expiration date expiration date</pre>				
			First Aid		expiration date				
Have you had Universal Precautions training? Yes [□ No	If yes, wh	en?/	/					
Are there any tasks as a Personal Services Assistant that you would not want to do? (examples: driving, bowel/bladder care, lifting) Solution 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.

From To Hourly Wage Start Last Last Reason for Leaving 2	1	Company Name			Telephone			
Start Last State Job Title and Describe Your Work Reason for Leaving		Address	Employed – (State month and year) From To					
Telephone		Name of Supervisor						
Address		State Job Title and Describe Your Work	Reason for Leaving					
State Job Title and Describe Your Work Reason for Leaving	2	Company Name		Telephone				
Name of Supervisor State Job Title and Describe Your Work Reason for Leaving Telephone Address Employed – (State month and yee From To Name of Supervisor Name of Supervisor State Job Title and Describe Your Work Reason for Leaving Applicant References Give name, address and telephone number of three references who were ye supervisor, a co-worker, or someone you supervised and who agrees to answork reference questions regarding your previous employment. Name Telephone Street Address City/State Zip Name Telephone Street Address City/State Zip Do Not Contact Employer may contact the employers listed above unless you indicate those you do not		Address			Employed – (State month and year)			
Company Name		Name of Supervisor			Hourly Wage			
Address		State Job Title and Describe Your Work			Reason for Leaving			
State Job Title and Describe Your Work Hourly Wage Start Last	3	Company Name			Telephone			
Start Last State Job Title and Describe Your Work Reas on for Leaving		Address			Employed – (State month and year) From To			
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want us to contact. Reason			Employer					
	wa	nt us to contact.	Reason					
Applicant Statement	Λ	nnlicant Statement						
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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 of 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.							
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