

Charis Support Services Application for Employment

PERSONAL INFORMATION

DATE: _____

Referred by: _____

Name: _____
 Last First Middle SSN

Address: _____
 Street City State Zip Code

Home #: _____ Work #: _____ Cell #: _____

Position: _____ Date Available: _____

Are you seeking: Full-time Part-time Relief staff Any Available

What days and hours are you available to work? _____

If you are applying for a Direct Support Professional position, In which city you wish to work:
 Va. Beach Norfolk Chesapeake Portsmouth Any

EDUCATION OR TRAINING: Please indicate your education and/or training background that is relevant to the job you are applying for:

Name & Location of School	# Years Attended	Did You Graduate?	Subject Studied
High School			
College			

Certifications and Trainings _____

Are you a licensed Driver? Yes ___ No ___ Driver's License #: _____ State: ___

Have you ever been charged with or convicted of a crime other than minor motor vehicle violations?
 Yes ___ No ___ If yes, Explain _____

Do you have a history of substance abuse? Yes ___ No ___ If yes, Explain on a separate sheet of paper.

FORMER EMPLOYERS (List below last three employers, starting with most recent)

Date/Month/ Year	Name and Phone # of Former/Current Employee	Salary	Position	Reason for leaving

REFERENCES: Give names of three persons: two professional and one personal

Name	Business & Address	Phone Number	Years Acquainted

These positions will require tasks such as lifting, running, kneeling or performing CPR during emergencies. You may also be required to use physical intervention techniques during episodes of aggressive individual behavior. Do you have any limitations that may affect your ability to perform these tasks? Yes No
If yes, please explain

Have you ever been convicted of a crime other than a traffic violation? Yes No
If yes, please explain

These positions will require that we are able to contact you in the event of an emergency or shift change. Do you have a current, active telephone number? Yes No

If I am hired by Charis Support Services for Direct Support Professional:

- I understand that the needs of the clients and programs come first; therefore I may be assigned a different shift or location to meet those needs.
- I will provide the information and releases required to complete CPS and criminal history checks
- I will submit verification of automobile insurance coverage within the first fifteen days of my employment.
- I will obtain and submit the results of a tuberculosis (TB) test within the first fifteen days of employment.
- I understand that I will be required to have a vehicle available to use on a regular basis, during all shifts worked.
- I understand that during the course of my employment I must meet all of the standards of HHS-OIG as a non-excluded provider.

I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages and/or salary be terminated at any time without prior notice and without cause. I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application will be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above give you any all information concerning my previous employment and any pertinent information they may have, and release all parties from liability for any damage that may result from furnishing the same to you.

SIGNATURE

DATE

ADMINISTRATION USE ONLY

Date: _____

INTERVIEWED BY: _____ **TITLE:** _____

REMARKS: _____

NEATNESS: _____

ABILITY: _____

HIRED: YES ___ **NO** ___

IF YES, WHAT POSITION: _____ **PROGRAM:** _____

SALARY/WAGE: _____ **DATE REPORTING TO WORK:** _____

APPROVED BY ADMINISTRATOR: YES ___ **NO** ___ **DATE:** _____

OTHER COMMENTS: _____
