Employment Application
Why Not Me Services

Name: Last, First Middle

Date: _____

Address

Social Security No.

City, State, Zip

How long at this address:

Do you own or rent your home?

Cell Phone No.
( )

Are you over 21 years of age?
Yes No

Previous Address (Street, City, State, Zip) *If less than 3 years*

How long at this address:

Position you are applying for: _____

Have you ever been convicted of a felony or misdemeanor?

Yes
No

If yes please explain. A conviction will not automatically bar an applicant from consideration.

EDUCATION AND TRAINING

School Name	Location City & State	Date From To	Graduated	Major Course & Degree Received
High School				Circle Grade Completed 7 8 9 10 11 12
College/University				
Other				
Are you attending school now Yes No	School Name	Major or Trade		

Professional Certifications - Specify states of registration & license

REFERENCES

Provide the information requested below for at least three persons not related to you whom we may contact

Name	Address	Occupation	Telephone

EMPLOYMENT HISTORY

Give complete employment history, most recent employer first.

From (Mo.Yr.)	Company	Telephone ( )	Starting Salary $ per
To (Mo. Yr.)	Address: Street City State Zip		Final Salary $ per
Supervisor's Name/Title	Type of Business		May we contact this employer? Yes No
Your Position (Title)	Responsibilities		
Specific reason for leaving			

From (Mo.Yr.)	Company	Telephone ( )	Starting Salary $ per
To (Mo. Yr.)	Address: Street City State Zip		Final Salary $ per
Supervisor's Name/Title	Type of Business		May we contact this employer? Yes No
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Your Position (Title)	Responsibilities		
Specific reason for leaving			

List any other employment history below. If more space is required use back of form.

Date To From	Job Title	Company Name and Address

1) Would you agree to attend initial and ongoing orientation and in-service training? Yes _____ No _____

Required trainings include: CPR, First Aid, Med Cert & other trainings

2) As an employee of Why Not Me Services, sometimes you will be responsible to provide transportation. What types of transportation would you provide to the consumer?

Year	Make and Model
_____	_____
_____	_____
_____	_____

3) Please list the company providing insurance coverage for your automobile. A copy of the Declaration page will be required at the time that you are hired.

Auto: _____

*If you are hired, we will also need a copy of your drivers license and social security card.

Why Not Me Services will conduct a BCI (Background check/DMV checks for you. You will also need to fill out the BCI release form.

CHALLENGING BEHAVIORS INFORMATION

1) Have you ever worked with individuals who were dually diagnosed (ID/MH)?

2) Have you ever worked with individuals who have displayed any of the following behaviors?
Circle YES or NO for each category

YES	NO	Stereotypical behaviors (rocking, hand-waving, etc.)
YES	NO	Spitting
YES	NO	Pica (including feces)
YES	NO	Verbal abuse (cursing, name-calling, or other inappropriate verbalizations toward staff and/or other consumers)
YES	NO	Self-abuse
YES	NO	Physical aggression toward others
YES	NO	Property destruction
YES	NO	Inappropriate sexual behaviors
YES	NO	Lying, stealing
YES	NO	Autistic-like behaviors (sun staring, spinning, rocking, etc.)
YES	NO	Teasing
YES	NO	Running away
YES	NO	Excessive or prolonged screaming
YES	NO	Biting

3) Is there a certain behavior/physical disability that you feel you cannot tolerate at all?

Is there a behavior that you can deal with but will not allow in your home?

If yes, explain: _____

_____

PHYSICAL DISABILITIES SKILLS

1) Have you ever worked with individuals who have had any of the following?
Circle YES or NO for each category

YES	NO	Non-ambulatory (wheelchair bound)
YES	NO	Needed assistance in ambulating (walker, canes, etc.)
YES	NO	Deaf
YES	NO	Blind
YES	NO	Nonverbal
YES	NO	Prosthetic devices
YES	NO	Advanced medical needs (catheter, tube feeding, etc.)
YES	NO	Diabetic or other specialized dietary care needs
YES	NO	Seizures

2) List/Explain the training that you have had in working with any of the above physical disabilities.

3) List/Explain the training that you have had in working with any of the above physical disabilities.

4) Other:

APPLICANT'S CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that all statements set forth in my application are complete and correct. I understand that if I become an independent contractor, any false statements on this application shall be considered sufficient cause for termination of contract.

I authorize Why Not Me Services to make any inquiry deemed necessary, including former employment, personal history, etc. I understand that the results may deem me ineligible for the Host Home Support Program.

Why Not Me Services may release or verify the following items (any information requested): Please initial all verifiable items.

Past Employers _____

Salary History _____

Dates of Employment _____

Positions Held _____

Years of Education _____

Degree Obtained _____

Duties & Responsibilities _____

Reasons for Leaving _____

Eligibility for rehire _____

Utah Bureau of Criminal Investigation (BCI) Check _____

Dept of Motor Vehicle Check _____

Signature _____

Date _____

Please Print Name _____