

Family Outreach, Inc.
Direct Service Provider Application
PLEASE PRINT LEGIBLY

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

I. Applicant Information:

Name: _____ Social Security #: _____
 Last First M.I.

Address: _____
 Street City State Zip

Mailing address: _____
 (if different) Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

e-mail address: _____

Signature *: _____ Date signed: _____

How did you hear about us? _____
 *My signature certifies all information on or attached to this application is true and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I understand falsifications or misrepresentations may disqualify me from consideration, or if hired, may be grounds for termination. I understand former employers may be contacted as references. I understand temporary job assignments may end at any time with or without cause.

II. Employment History:

List all your employment and volunteer experience within the last 10 years with an emphasis on experience that is relevant to the position for which you are applying. **Begin with your present or most recent experience.** Attach additional sheets if necessary. If you respond on a separate sheet, ensure all questions are answered, the same format is followed, and that you write your name and the job title for which you are applying on each sheet.

Employer name and complete address	_____ _____ _____
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Your job title and duties: _____

Dates employed: _____ to _____	Total time employed: _____ (years/months) <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
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Supervisor: _____
 Name Phone Mailing address

Reason for leaving: _____

Employer name and complete address	_____ _____ _____
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Your job title and duties: _____

Dates employed: _____ to _____	Total time employed: _____ (years/months) <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
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Supervisor: _____
 Name Phone Mailing address

Reason for leaving: _____

II. Employment History (continued):

Employer name and complete address	_____				
Your job title and duties:					
Dates employed: _____ to _____			Total time employed: _____ (years/months) <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		
Supervisor: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name Phone Mailing address </div>					
Reason for leaving:					
Employer name and complete address	_____				
Your job title and duties:					
Dates employed: _____ to _____			Total time employed: _____ (years/months) <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		
Supervisor: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name Phone Mailing address </div>					
Reason for leaving:					

III. Education and training: Describe in detail your education and training with an emphasis on that which is directly applicable to the position for which you are applying. If you respond on a separate sheet(s), ensure you write your name and the job title for which you are applying on each sheet.

High school name and address: _____
 Did you receive a diploma or equivalency? Yes No - if no, enter highest grade completed: _____

College, university, or technical school, or training name and location	Dates attended	Degree or certificate earned	Degree or certificate date	Major/minor field	Credits earned

IV. Current professional licenses, registrations, or certifications (include CPR & First Aid):

Licensing agency name/location	Type of License	Endorsement/restriction	Date licensed & expiration

V. Other experience, training, or skills related to working with individuals with disabilities:

VI. Preferences and availability:

Are you willing to work with persons who:

Have behavioral problems

Require total physical care

Functioning levels:

Mild

Severe

Moderate

Profound

Prefer working in: my home home of client

Prefer working with: babies children teens adults

Availability:

Please indicate all shifts you are willing to work (some apply to respite provider only)

- Fulltime Part Time # of hours wanted _____
- Days only Evenings Weekends Overnights
- Willing to provide short-term placement (1 day - 3 weeks)

Limitations on availability: _____

Transportation:

Do you have your own transportation? Yes No

Is it insured? Yes No List insurance company: _____

Please attached copy of current car insurance card.

License number (plate): _____ State licensed in: _____

Do you have a valid Montana driver's license? Yes No

Traffic tickets (exclude parking violations): _____

Please list relevant personal hobbies and interests: _____

Would you be interested in becoming a foster parent? Yes No

Personal references: Please list at least four personal references that you have known one year or longer (other than relatives or former employers):

NAMES	COMPLETE MAILING ADDRESSES	PHONE NUMBER

Family Outreach, Inc.
Reference Information and Criminal History and Background Check Release

FOR OFFICE ONLY:

IF YOU PROVIDE CARE IN YOUR HOME:

Please list below the names, ages, and your relationship to all persons currently living in your home. Direct provider services may involve bringing clients into your home, so the agency must conduct background checks on all individuals clients may be exposed to under your care. Attach an additional sheet if needed.

<u>Name</u>	<u>Birth Date</u>	<u>Social Sec. #</u>	<u>AKA (if applicable)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or anyone in your home ever been investigated, arrested, or convicted of DUI, theft, neglect, abuse, assault, drug related offence, or any other acts of violence? yes no:

If YES, explain: _____

REGION IV FAMILY OUTREACH, INC

THE FOLLOWING MAY BE RELEASED FOR INFORMATION GATHERING PURPOSES:

I have provided the names of former employers, co-workers, personal references, and other individuals to Family Outreach, Inc., as references. I understand the agency will be conducting reference and background checks as part of the selection process for Direct provider services.

I hereby give permission for these individuals to provide any pertinent information to Family Outreach, Inc. I also give permission to provide the agency the names of additional individuals who can provide information pertinent to my application for direct provider services.

My signature below indicates that I authorize individuals whose names I have provided to the agency to provide pertinent information. I also authorize the agency to contact additional individuals who can provide pertinent information, and authorize these individuals to provide that information.

I also release Family Outreach, Inc. to conduct criminal history and background checks including inquiries with the Montana Departments of Justice and Public Health and Human Services. I understand that the agencies to be contacted include employers, courts (juvenile and adult), police, social services, and other agencies or persons I have had contact with. Any information obtained may become part of a confidential personnel file.

I authorize Family Outreach, Inc. to release my name to and log-on information from, the College of Direct Support (CDS). I understand that if I work 20 or more hours that I am required to complete assigned lessons. I also understand that my information will be used for entering me into the training, monitoring my lesson completion and log-in purposes only.

Signature: _____ Date: _____

Name: _____
(Please print FULL NAME - including middle)

Male Female:

Please print any other names you have used such as nicknames, maiden name, etc (FULL NAME):

Social Security Number: _____

Birth Date: _____