

Application for Employment Direct Service Professional (DSP)

NOTE: Prior to employment, if your application is accepted for a position, you will be required to successfully complete 16 hours of pre-service training and a competency evaluation to include various background checks as required by State Regulation prior to receiving a start date and providing services in the home.

PLEASE PRINT CLEARLY:

Date of Application:		Expected hourly rate of pay:		Date Available for Work	
First Name	Middle Name	Last Name		DOB	
Physical Address		City	State	Zip	
Mailing Address		City	State	Zip	
(Area Code) Home Phone		(Area Code) Cell Phone		Alternate Contact Phone #	
Social Security Number		Driver's License #		State	
Emergency Contact Name:		(Area Code) Cell Phone		Relationship	

Have you ever worked for the agency before? Yes No If yes, please list dates and reasons for leaving:

Have you ever been convicted of a crime? Yes No If yes, please specify the date (s) nature and disposition of the crime (s) to include if you are currently on probation/parole:

Do you have a High School Diploma GED 5 years of work experience in this field?

Do you currently have any condition that will prevent you from standing for long periods, kneeling, stooping, bending or lifting/transferring of individuals? Ex. Knee, back, neck, or wrist injuries) Yes No Please explain:

Do you have a current Driver's License? Yes No Do you have current auto insurance? Yes No

Do you have your own transportation to get to and from work and to assist you transporting the clients within the community? Yes No

What type of employment are you interested in? Full time Part time PRN

Would you consider any of the following (check all that apply): Live in Back up Staffing Over Night

List any certifications and/or licenses which may pertain to the position for which you are applying:

List any interests, hobbies, and/or activities or clubs:

Employment References: (Starting with the most recent or current employment.)

Company/Name:	(A C) Phone Number:
Address:	Contact Person:
Position:	Employed to
Reason for leaving:	
May we contact the employer?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:

Company/Name:	(A C) Phone Number:
Address:	Contact Person:
Position:	Employed to
Reason for leaving:	
May we contact the employer?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:

Company/Name:	(A C) Phone Number:
Address:	Contact Person:
Position:	Employed to
Reason for leaving:	
May we contact the employer?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:

Company/Name:	(A C) Phone Number:
Address:	Contact Person:
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Reason for leaving:	
May we contact the employer?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:

Company/Name:	(A C) Phone Number:
Address:	Contact Person:
Position:	Employed to
Reason for leaving:	
May we contact the employer?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:

If you are currently employed, will you be required to give your current employer a notice of resignation? Yes No (If yes, how much time will you be required to give your current employer? _____)

Direct Care Experiences:

Have you worked with the elderly or disabled before? Yes No If yes, how? Check all that apply: Cerebral Palsy Muscular Dystrophy Multiple sclerosis Quadriplegia Paraplegia Traumatic Burn Injury Seizures Behavior Management Diabetes Hypertension Down Syndrome Arthritis CVA Autism

Please check all the areas you have experience working with:

- Males Females Adults Children Bed Bath Shower/Tub Bath
- Washing Hair Grooming Oral Care Dental Care Applying Cosmetics
- Dressing/Undressing Upper body Lower Body Toileting External Catheter
- Urinal Urinary Catheter Bowel Assist Bed Pan Diaper Changes adult/children
- Ambulation Hoyer Lift Stand and Pivot Lift Change of bed linen with an occupied bed
- Slide board Positioning clients in a bed Active ROM Inactive ROM
- Meal preparation Grocery shopping Medication Administration in the home (If yes, have you completed 16 hours of Medication Administration Training with the State of Louisiana's Curriculum?) Yes No

Are there any tasks which you would be unable to perform? Yes No If yes, please explain: _____

References: (Professional references only)

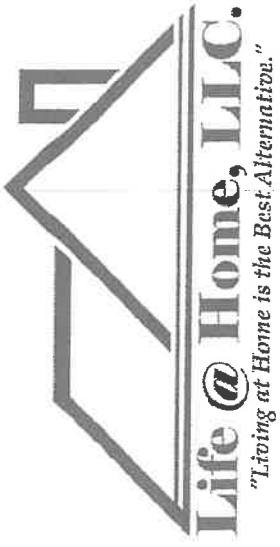
List employment related references only. Friends and family will not be considered. Upon submitting your job application, you must include the required three (3) Professional References Letters and Employment Reference Form before you can begin the required pre-service training.

Name	Address	(AC) Phone Number	How do you know this person?

I understand that the information provided in this application will be used only for employment purposes. I authorize the agency to release and furnish the information required in this application to potential individuals requiring support. Furthermore, I agree that the information provided is accurate and truthful to the best of my knowledge. I understand that any false and/or omitted information is grounds for denying me consideration for employment and/or termination.

Applicant Signature

Date



736 N. Pine St. DeRidder, LA 70634
Office - (337) 463-3595 or Fax - (337) 463-3919

Employment Reference

To Whom it May Concern:

The individual listed below has authorized Life @ Home, LLC. To contact you as an employment reference. Please complete Section 2 of this form and return it by fax to the issuing agency. Your time and prompt return of this form is greatly appreciated.

Section 1: To be completed by Applicant

Applicant Name: _____ Date: _____
Social Security #: _____ D.O.B: _____

I authorize the following person and /or organization to provide the information requested below. I further agree to hole Life @ Home , LLC. and referencing entity harmless of any information they either request , release, or imply regarding my previous employment and/or performance.

Applicant Signature _____ Date _____

Section 2: To be completed by Employment Reference

Note to the applicant: Please leave this section blank. Your previous employer will complete this section upon request.

Name/Organization: _____
Address: _____

This applicant was employed: _____ to _____ Position held: _____
Is this applicant eligible for re-hire? Yes _____ No _____

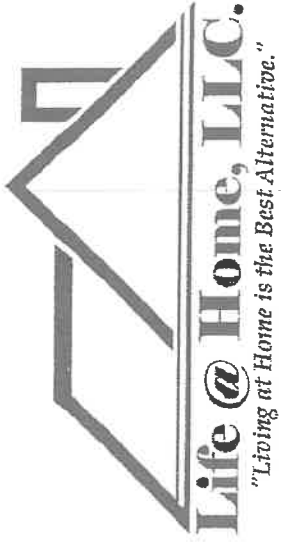
Please rate the applicant in the following areas:

	Excellent	Good	Fair	Poor
Attitude, cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance, reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Signature of Person completing the form and Title _____

Date _____



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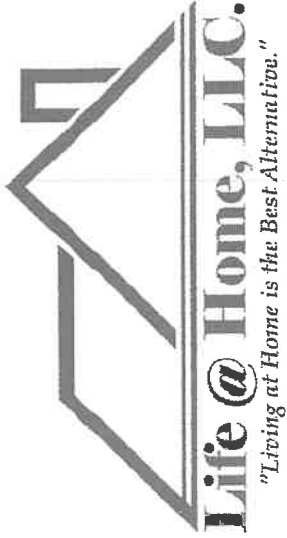
Please rate the applicant in the following areas:

	Excellent	Good	Fair	Poor
Attitude, cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance, reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Signature of Person completing the form and Title _____

_____ Date _____



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Name/Organization: _____
Address: _____

This applicant was employed: _____ to _____ Position held: _____
Is this applicant eligible for re-hire? Yes _____ No _____

Please rate the applicant in the following areas:

	Excellent	Good	Fair	Poor
Attitude, cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance, reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Signature of Person completing the form and Title _____ Date _____



Ernest Freeman, DPH., Authorized Agency
And its Designated Law Enforcement Agency

LIFE @ HOME LLC- DERIDDER
736 North Pine Street
DeRidder, LA 70634
Phone: 337.463.3595
FAX: 337.463.3919

Email to backgroundchecks@efresearch.net or
Fax to (225) 293-7099

PRE-EMPLOYMENT BACKGROUND CHECK SCREEN AUTHORIZATION

Select the screen(s)::

- Non-Licensed Background Check Motor Vehicle Record

By my signature below, as a perspective employee, I understand that a thorough background check will be obtained in accordance with applicable Federal, State and / or other government regulatory agencies. The investigation may include a review of any record of past criminal activities, a security check through the United States Department of Justice's National Sex Offender Public Registry for sexually violent convictions, Department of Motor Vehicle Records and /or other required or requested records by regulatory agencies and / or Employer.

Also, Follow up investigations may be made into the available records of courts or other governmental jurisdictions, i. e. local, parish/county, other states and/or the Federal government, if necessary, to obtain files to complete an accurate history as required by State or Federal regulatory agencies or Employer. I hereby authorize such an investigation and further give permission to authorized law enforcement agencies and / or courts to release all information maintained in their files which may confirm or deny my eligibility for employment with Employer to Ernest Freeman, DPH., Authorized Agency. The Authorized Agency will relay this information to the Employer.

Also, it is my understanding that the results of the investigation will remain confidential and that if any inaccurate information is found to exist, I will be provided an opportunity to refute, correct or otherwise clarify such information as outlined in the Federal FCRA guide, "A Summary of Your Rights Under the Fair Credit Reporting Act".

Also, I understand that this consent gives permission for Employer to conduct additional reports during my term of employment. I acknowledge that it is a crime to provide false information to the Employer.

INFORMATION BELOW MUST BE CORRECT AND PRINTED CLEARLY

Applicant's First, Middle (Maiden), Last Name- (Print Exactly As Written on Social Security Card-or --Driver's License/ State ID) _____

Social Security Number _____ Driver's License Number or State ID Number _____ State _____ Job Title _____

Race _____ Sex M / F _____ Date of Birth (mm/dd/yyyy) _____ Phone Number _____

Current Address _____ Street Address _____ City _____ State _____ Zip Code _____

Previous Address _____ Street Address _____ City _____ State _____ Zip Code _____ / _____ to _____ Dates (Month / Year) _____

I hereby agree to indemnify and hold Employer and Authorized Agency, their agents, representatives, employees, any law enforcement agency and court contacted by Authorized Agency to conduct the herein authorized investigation of my criminal history and sex offender convictions harmless from any and all damages, of whatever type or nature including court costs and reasonable attorney fees suffered by any person, including the undersigned, as a result of the investigation into my criminal history and sex offender convictions authorized to be conducted herein. I understand and agree that the investigation will be based upon a review of the State of Louisiana's Criminal History Records Database, the United States Department of Justice's National Sex Offender Public Registry, and the databases of law enforcement agencies and court systems identified above; it will not include an investigation into the criminal records of the Federal Bureau of Investigation's Identification Division Files.

Applicant's Signature _____ Date _____

Signature of Administrator or Designated Representative (Witness) _____ Date _____