

**Helping Hands Respite Care  
201 Hillside Court  
East Lansing, MI 48823**



**APPLICATION FOR EMPLOYMENT**

<b>Today's Date:</b>	<b>Date Available:</b>
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<b>Desired Position:</b>	<b>Care Provider</b> Administrative	Supervisor/Management Other	
<b>How did you hear about this position?</b>	<b>Friend Who:</b>	<b>Job Posting Where:</b>	<b>Other What:</b>

**PERSONAL INFORMATION**

<b>Name:</b>
<b>Address:</b>
<b>City, State, ZIP:</b>
<b>Phone including area code:</b>
<b>Email Address:</b>
<b>I am at least 18 years of age: Yes</b>

**EDUCATION**

<b>I graduated from High School: I have a GED:</b>	<b>Proof of graduation or GED is required, and must be presented before hire.</b>
<b>College:</b>	<b>Subject area:</b>
<b>Dates attended:</b>	<b>Degree obtained:</b>
<b>College:</b>	<b>Subject area:</b>
<b>Dates attended:</b>	<b>Degree obtained:</b>
<b>List other Schools, Credits, Course Work or Seminars:</b>	<b>Are you currently a student?      Yes      No</b>
<b>Will this be a second job?      Yes      No</b> Where else are you employed?	<b>Areas of Interest/Hobbies/Volunteer Work:</b>
<b>Please list any community organizations you are active in:</b>	

**HEALTH INFORMATION (NOTE: You will have to provide proof of current health and negative TB test.)**

<b>Current health condition:</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>Have you ever had a back injury?</b>	<b>Yes</b>	<b>No</b>	<b>If yes, when?</b>	
<b>Can you get up and down from the floor, lift up to 50 pounds, run, and go up and down stairs?</b>				
	<b>Yes</b>	<b>No</b>		
<b>Do you have any lifting restrictions?</b>	<b>Yes</b>	<b>No</b>	<b>If yes, what are they?</b>	
<b>Do you have any allergies or sensitivities?</b>	<b>Yes</b>	<b>No</b>	<b>If yes, what are they?</b>	

**WORK EXPERIENCE** Please list current and work experiences.

<b>1) Current Employer:</b>	
Employed Since:	Position:
Responsibilities:	
Supervisor:	Phone:
May we call your supervisor for a reference?    Yes    No	

<b>2) Past Employer:</b>	
Employment began:	Position:
Responsibilities:	
Supervisor:	Phone:
Reason for leaving:	Date of leaving:
May we call your supervisor for a reference?    Yes    No	

<b>3) Past Employer:</b>	
Employment began:	Position:
Responsibilities:	
Supervisor:	Phone:
Reason for leaving:	Date of leaving:
May we call your supervisor for a reference?    Yes    No	

<p>Please list any other job, schooling, or experience you have had that taught you skills that would be beneficial to the job of Respite Care Provider:</p>
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**RELATED WORK INFORMATION**

Do you have a valid driver's license?    Yes    No			
Do you have your own a dependable car?    Yes    No			
Have you taken these trainings in the past year?		CPR    Yes    No	First Aid    Yes    No
Describe any specific training or experience you have had involving children or adults with special needs or chronic illness:			
Have you provided respite or personal care for an individual before?    Yes    No			
Where?		For how long?	
Describe the situation:			
What do you find most interesting about working with the following?			
Children:			
Adults:			
Please write any additional comments describing personal experiences and/or concerns you may have as caregiver:			

<b>If hired, what kind of commitment do you expect to be able to give Helping Hands Respite Care?</b>				
<b>6 months</b>	<b>6 mos. - 1 yr.</b>	<b>1 yr. - 1.5 yrs.</b>	<b>1.5 yrs. - 2 yrs.</b>	<b>2+ years</b>

<b>Do you know any sign language?</b>	<b>Yes</b>	<b>No</b>	<b>Are you fluent in sign language?</b>	<b>Yes</b>	<b>No</b>
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**Please check any of the following disability areas in which you have had experience:**

<b>AIDS/HIV</b>	<b>Allergies/Asthma</b>	<b>Down Syndrome</b>	<b>Hyperactivity</b>
<b>Aggressive Behavior</b>	<b>Attention Deficit</b>	<b>Emotional Impairment</b>	<b>Medically Fragile</b>
<b>Physical Impairment</b>	<b>Breathing Problems</b>	<b>Feeding Disorder</b>	<b>Autism</b>
<b>Cerebral Palsy</b>	<b>Diabetes</b>	<b>Visually Impaired</b>	<b>Spina Bifida</b>
<b>Self-Abuse Behavior</b>	<b>Seizure Disorder Epilepsy</b>	<b>Mental/Cognitive Impairment</b>	<b>Sickle Cell</b>
<b>Speech and Language Disorder</b>	<b>Hearing Impairment/ Hearing Aids</b>	<b>Other:</b>	<b>Other:</b>

**CRIMINAL BACKGROUND CHECK/ABUSE AND NEGLECT CHECK (Records are checked)**

List all states lived in along with dates lived there, dates left state.

Driver's License Number

To my knowledge, I do not have a criminal record. I have minor traffic violations.

I have a misdemeanor on my record. If you have a misdemeanor on your record, please describe.

I have a felony on my record. If you have a felony on your record, please describe.

I understand the above information is required for completion of a criminal and CSC history. I authorize the Helping Hands Respite Care to utilize the above information for the sole purpose of employment. I also understand I may be required to obtain this information from states other than Michigan. \*

Print Name in Agreement

Date

**Have you ever been involved in a substantiated case of abuse or neglect of children or adults? (Records are checked.)** Yes No  
**If YES, please explain:**

**Would you object to being finger-printed?** Yes No

**Drug testing may occur before employment and at any time during employment.**

**Acknowledged** Print Full Name

**By signing this document you are attesting that the information you supplied is the truth to the best of your knowledge and understanding.**

<b>Signature (Print Full Name)</b>	<b>Date:</b>
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(Proceed to Next Page to Supply References)

**HELPING HANDS RESPITE CARE  
EMPLOYMENT REFERENCES REQUIREMENT**



**Four References (No Family Members)**

**References should be able to attest to your ability and temperament to create positive interactions with people, including those with disabilities.**

Family members are not acceptable forms of references.

**(Experience caring for a person with disabilities is not required.)**

**Your Name:**

**Reference #1**

<b>Name:</b>
<b>Phone Number:</b>
<b>Email:</b>
<b>Relationship:</b>

**Reference #2**

<b>Name:</b>
<b>Phone Number:</b>
<b>Email:</b>
<b>Relationship:</b>

**Reference #3**

<b>Name:</b>
<b>Phone Number:</b>
<b>Email:</b>
<b>Relationship:</b>

I hereby give Helping Hands Respite Care my permission to contact the above employers (we will contact you before contacting your present employer), references and educational institutions to verify the items I listed above. Additionally, I understand that my driving record, alternative employment status, and criminal history will be verified through external agencies and may be checked at any time during my employment. I hereby release Helping Hands Respite Care and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers. I consent to releasing any information relating to my job performance that is documented in my personnel file.

I further understand that any dishonest, false or incomplete answers on this application or in any subsequent interviews are grounds for immediate dismissal.

By submitting this application, you agree you have read and agree with the above terms.