



Last Name			
First	MI		
Previous Names: (Alias / Maiden Names)			
Street Address			
City		State	ZIP
Phone ()		E-mail Address	
Best way to contact you?	Email / Text / Phone	Emergency Contact:	Phone:
Date Available	Social Security No.	Desired Wage: \$ /HOUR	
Position Applied for	Direct Support Professional	DOB: / /	DL #:
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Have a current cleared background check?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Where were you born (State/Region) ?	
Do you have a vehicle and valid insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	**Driving may be a small part of your job**	
How far are you willing to drive to work?	_____ miles from _____ (location example: 10 miles from Chaska, MN)		
Do you have work history that is similar to PCA/in home services?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, what was your first date you started working in this field?	/ / Longer than 5 yrs? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you available for overnights?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available for weekends?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How did you hear about us?	Where you referred by a MILS employees?		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, who?

AVAILABILITY: Write times you're available to work in the boxes below. Place (X's) in days you are NOT available.

EXAMPLE	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.
8am-3pm							

EDUCATION:

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES:*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT HISTORY:

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	DATE: / /
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