



Direct Support Professional Application for Employment

Applicant Information

Applicant Name:	Date:
Address:	City, Zip Code:
Email:	Phone:
Preferred Pronoun:	<input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them
Have you previously worked for Absolute HCBS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you pass a background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Experience

A minimum of 3 months of experience and/or education in the field of developmental disabilities or a related field (volunteering, personal or professional) is required.

If you have worked professionally as a Direct Support Professional previously or independently through the Division of Developmental Disabilities, please complete the following:

Agency Name	Start Date & End Date	Supervisor Name	Supervisor Phone & Email

I do not have experience as a Direct Support Professional.

If you have education, experience living with or experience volunteering with persons with developmental disabilities, please complete the following:

Type of Experience	Start Date & End Date	Name of Program (if applicable)	Contact for Verification Phone & Email

- I do not have education, experience living with, or experience volunteering with persons with developmental disabilities.

If you have teaching experience of any kind (certified teacher, paraprofessional, Sunday school teacher, tutor, swim teacher, etc.), please complete the following:

Type of Experience	Start Date & End Date	Supervisor Name	Supervisor Phone & Email

- I do not have any teaching experience.

Please check any of the following certifications, training, or education currently held:

- CPR
- First Aid
- Article IX
- Habilitation
- Prevention & Support
- Fingerprint Clearance Card
- Other _____

References

Please list two professional and one personal reference. References will be contacted and verified before the applicant can move forward in the hiring process. Please notify all listed references that Absolute HCBS will be contacting them.

Reference Name	Reference Email (Required)	Reference Phone (Required)

If you are applying to work with a specific client at Absolute HCBS, please provide the following information:

Client First Name	Guardian Name	Guardian Phone
Is this client a family member? Yes No	If yes, what is your relation?	

Where did you hear about our agency? Please list the name of the person who referred you if applicable.
