

A NEW LEAF, INC.
Application for Employment



Full Legal Name _____ Date _____
 Address _____ Email Address _____
 City _____ State _____ Zip _____
 Nearest Major Cross-streets _____
 Home Phone () _____ Cell () _____
 Emergency Contact _____ Phone () _____

Please Answer	Yes	No
Are you at least 18 years of age?		
Are you a United States Citizen?		
Do you have a reliable vehicle?		
Do you have automobile insurance?		
Are you willing to transport a participant?		
Are you CPR and First Aid certified?		
Do you have a communicable disease?		
Are you Assistance with Meds (SAMS) certified?		

- Seeking: Full-Time Part-Time
- Child DT Adult DT IBI CSE
- Service Coordination Administrative PSR RESHAB

Number of hours per week needed? _____

Availability:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Education History:

	Years Attended	Graduated/Degree Earned
High School		
Trade School		
College		
Graduate		
Other		

Related skills, training, certificates: _____

IBI Certificate: Yes ____ No ____ Issued ____

Our licensing regulations require a criminal, employment, and personal background check on all new employees. Have you ever been arrested or convicted of a crime? If yes, please explain: _____

Employment History (List most recent first):

Employer _____ Position _____
 Supervisor _____ Phone _____
 Dates of Employment _____ May we contact? _____
 Job Description _____

Reason for Leaving _____

Employer _____ Position _____
 Supervisor _____ Phone _____
 Dates of Employment _____ May we contact? _____
 Job Description _____

Reason for Leaving _____

Employer _____ Position _____

Supervisor _____ Phone _____

Dates of Employment _____ May we contact? _____

Job Description _____

Reason for Leaving _____

Please list two personal references:

Name _____ Phone _____

Relationship _____ Years known _____

Name _____ Phone _____

Relationship _____ Years known _____

Please explain any experience you have had in working with children or adults with developmental disabilities: _____

Why are you interested in working with children or adults with developmental disabilities for A New Leaf? _____

Are you willing to complete further training required for employment? _____

By signing and dating below, I acknowledge that the statements that I provided are true and accurate to the best of my ability.

Signature _____ Date _____

Date Interviewed: _____	By: _____
Comments: _____	
