

A NEW LEAF, INC.
 Application for Employment
 Application for CFH Affiliation



Full Legal Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone () _____ Cell () _____
 Emergency Contact _____ Phone () _____
 Social Security # _____ Provider # (CFH) _____

Please Answer	Yes	No
Are you a United States Citizen?		
Do you have a reliable vehicle?		
Do you have automobile insurance?		
Are you CPR and First Aid Certified?		
Are you Medication Certified (SAMS)?		
Do you have a communicable disease?		

Education History:

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

Related skills, training, certificates: _____

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 adults with developmental disabilities: _____

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

Are you willing to complete further training required for employment/affiliation?
(Circle one) YES NO

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: _____ _____	