



Harrisonburg and Rockingham

APPLICATION FOR EMPLOYMENT: DIRECT SUPPORT PROFESSIONAL

AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

Name (Last Name First)	Social Security Number
Address: Street/City/State/Zip	
Phone:	Cell Phone:
Email Address:	

EDUCATION

	Name/Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Other				

GENERAL INFORMATION

Subjects of Special Study/Work/Training	
Military Service	Rank

CURRENT/FORMER EMPLOYERS (LIST CURRENT OR MOST RECENT EMPLOYER FIRST)

Month/Year	Name/Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

(OVER)

PERFORMANCE OF JOB DUTIES

What days/hours are you available to work? (Ordinary hours are between 7:00a.m. and 4:00p.m. depending on driving schedules. Different hours may be required on infrequent occasions.)

- Monday 7:00a.m to 4:00p.m. 4:00p.m. to 10:00p.m.
- Tuesday 7:00a.m to 4:00p.m. 4:00p.m. to 10:00p.m.
- Wednesday 7:00a.m to 4:00p.m. 4:00p.m. to 10:00p.m.
- Thursday 7:00a.m to 4:00p.m. 4:00p.m. to 10:00p.m.
- Friday 7:00a.m to 4:00p.m. 4:00p.m. to 10:00p.m.
- Saturday 7:00a.m to 4:00p.m. 4:00p.m. to 10:00p.m.

Is there anything that would prevent you from performing the duties of the position? yes no

If so, please explain: _____

REFERENCES (LIST THREE REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR. TWO MUST BE PROFESSIONAL REFERENCES.)

Name	Phone	Business	Years Known

Is there anything else you would like us to consider in evaluating your application for employment?

Criminal background checks, a DMV records check, and a drug test will be required after an offer of employment is made and before employment can begin.

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of references and employers, and release The Arc from liability for any damage that may result from utilization of such information. I understand that no representative of The Arc has authority to enter into any agreement for employment unless it is in writing and signed by an authorized agency representative. This waiver does not permit the release or use of disability-related or medical information prohibited by the Americans with Disabilities Act (ADA) or other relevant federal or state laws.

Date: _____ Signature: _____