|  |  |
| --- | --- |
|  |  |

# 

# www.1stchoiceassistedcare.com ~ Ph: 541.699.6521 ~ Fax: 541.550.7039

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |

|  |  |
| --- | --- |
| Position Applied for: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been named a alleged perpetrator or have a substantiated allegation of abuse against you? | YES | NO | If yes, when? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been found guilty of abuse that was substantiated in a protective service investigation? | YES | NO | |  |  | | --- | --- | | If yes, when? |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you related to any one in management at 1st Choice Assisted Care, LLC? | YES | NO | |  |  | | --- | --- | | If yes, who? |  | |

|  |  |
| --- | --- |
|  |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School:\_\_ |  | City & State: |  |

Graduation Year: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | City & State: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | City & State: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From:\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | To: | \_\_\_\_\_\_\_\_\_ | Did you graduate? | YES | NO | Degree: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## References

Please list three professional references.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: | |  | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | NO |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If other than honorable, explain: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Rate you experience with the following: Please check appropriate box below | | | | | | | | | | |  |
|  | |  | |  |  | **None** | | **Low** | **Moderate** | **High** |  |
| Down Syndrome | | | |  |  | |  |  |  |  |  |
| Autism | | | |  |  | |  |  |  |  |  |
| Cerebral Palsy | | | | | | |  |  |  |  |  |
| Other Languages | | | |  |  | |  |  |  |  |  |
| Sign Language | | | |  |  | |  |  |  |  |  |
| Communication Devices | | | | |  | |  |  |  |  |  |
| Atypical Speech | | | |  |  | |  |  |  |  |  |
| Person who is Non-Verbal | | | | |  | |  |  |  |  |  |
| Hearing impairment | | | | |  | |  |  |  |  |  |
| Visual Impairment | | | |  |  | |  |  |  |  |  |
| Self-Abusive behavior | | | | |  | |  |  |  |  |  |
| Non-Compliant behavior | | | | |  | |  |  |  |  |  |
| Extremely Active behavior | | | | |  | |  |  |  |  |  |
| Physically Aggressive behavior | | | | | | |  |  |  |  |  |
| sexually inappropriate behavior | | | | | | |  |  |  |  |  |
| Cognitive Disabilities | | | | |  | |  |  |  |  |  |
| Mental Illness | | | |  |  | |  |  |  |  |  |
| Brain injuries | | | |  |  | |  |  |  |  |  |
| Alzheimer's or other forms of dementia | | | | | | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |
| Please list days and times available: | | | | | | | |  |  |  |  |
| Monday | |  | |  |  | |  |  |  |  |  |
| Tuesday | |  | |  |  | |  |  |  |  |  |
| Wednesday | | | |  |  | |  |  |  |  |  |
| Thursday | |  | |  |  | |  |  |  |  |  |
| Friday | |  | |  |  | |  |  |  |  |  |
| Saturday | |  | |  |  | |  |  |  |  |  |
| Sunday | |  | |  |  | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |
| Comments: | | | |  |  | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |
|  | |  | |  |  | |  |  |  |  |  |

## Disclaimer and Signature

**I certify that my answers are true and complete to the best of my knowledge.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***I understand that I will need to pass a criminal history check to be considered for employment…*** | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| ***I understand that this is an application for a Provider position and*** | | | | | | | | |
| ***I would be employed by 1st Choice Assisted Care, LLC…*** | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Please return to 1st Choice by either…**

**Fax: 541.550.7039**

**OR**

**Email:** [**fcacbend@gmail.com**](mailto:fcacbend@gmail.com)

**OR**

**Mail: 2570 NE Twin Knolls Drive, Suite 125, Bend, OR 97701**