

# AMAZING LYF SUPPORT SERVICES LLC

Dear Applicant:

Thank you for your interest in working with our agency. Please bring back completed application forms along with current copies of the following:

1. Resume
2. Driver's License
3. LPN / CNA /QDDP License (if applicable)
4. CPR and other DSP/QDDP/LPN/CNA training certificates
5. Social Security Card
6. \*\*\*Car Insurance (Current)
7. DMV drivers record (Current)
8. Tuberculosis Screening (PPD) / Chest X-Ray / Current physical exam with immunization such as Rubella, Rubeola, Varicella, etc.

Once your application has been reviewed, you will be called for an interview. If we determine that you would be a good fit for our organization, you will receive a letter or email and will be scheduled for an orientation.

We look forward to reviewing your application package.

Sincerely,

HR Department

Amazing Lyf Support Services, LLC

**AMAZING LYF SUPPORT SERVICES LLC**

## Employment Application.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State/Province ZIP/Postal  
Code

Telephone # ( ) Cell Phone # ( )

E-Mail address \_\_\_\_\_ Referred to us by \_\_\_\_\_

Position(s) applied for ☐ DSP ☐ QDDP ☐ LPN ☐ Other: \_\_\_\_\_ Date available \_\_\_\_\_

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Relief \_\_\_\_\_  
Please Specify Days and Hours

If currently employed, may we contact your employer? ☐ Yes ☐ No

Rate of Pay Expected \$\_\_\_\_\_ per hour

Is there a specific reason you are applying for employment with this company? ☐ Yes ☐ No

If Yes, please briefly outline the reason:

\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Are you available to work overtime if required? ☐ Yes ☐ No

Have you applied with this company before? ☐ Yes ☐ No

Have you been employed at this company before? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_ and at what location? \_\_\_\_\_

Do you have any friends or family employed at this location? ☐ Yes ☐ No

Have you been convicted of a crime in the last seven (7) years? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

DEPENDING ON THE OFFENSE, CONVICTION MAY NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

If considered for hiring, will you agree to provide a criminal background check? ☐ Yes ☐ No

If considered for hiring, will you agree to provide a Drivers abstract? ☐ Yes ☐ No ☐ N.A.

Have you ever applied for a position with AMAZING LYF SUPPORT SERVICES before? ☐ Yes ☐ No

For vehicle insurance purposes: Are you 21 years old or older? ☐ Yes ☐ No

## EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(s)/DIPLOMA(s)
			EARNED
		Yes No	
		Yes No	
		Yes No	

What DSP, QDDP or other relevant Certifications do you possess?

Type	Date of Most Recent Certifications	Valid in State/Province?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have the following:

CPR	<input type="checkbox"/> No <input type="checkbox"/> Yes Last Certified _____
First Aid	<input type="checkbox"/> No <input type="checkbox"/> Yes Last Certified _____
Medication Training	<input type="checkbox"/> No <input type="checkbox"/> Yes Last Certified _____
Behavior Intervention	<input type="checkbox"/> No <input type="checkbox"/> Yes Last Certified _____

Are you a DSP? ☐ CNA? ☐ LPN? ☐ RN? ☐ QDDP? ☐ Yes ☐ No

If yes, answer the following three questions.

1. Licensed / Certification # \_\_\_\_\_ Date Issued \_\_\_\_\_ (if applicable)
2. license-issuing authority or board: \_\_\_\_\_
3. Expiration Date: \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you ever filled for workers compensation? Yes No

Have you ever collected unemployment? Yes No

Explain \_\_\_\_\_  
\_\_\_\_\_

## What is your availability to work?

(CIRCLE appropriate answers or FILL in the blanks)

1.Date available to start: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

2. Do you prefer to start work in the: Morning Afternoon Evening Night

3. About how many hours per week are you willing to work\_\_\_\_\_

4. Are you willing to work some weekends? Yes No

5. Are you willing to work some work holidays? Yes No

Do you have any experience working with persons with developmental/Intellectual disability? Yes No

If yes, please briefly state your experience:

## EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY		

		RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE (   )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

These positions will require tasks such as lifting, running, kneeling or performing CPR during emergencies, as well as having the ability to complete all required documentation according to standards and to pass all required tests; all areas that are considered “essential job functions”. You may also be required to use authorized physical intervention techniques during episodes of aggressive client behavior. Do you have any limitations that may affect your ability to perform these tasks? ☐ Yes   ☐ No   (If yes, please explain.)

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**REFERENCES**

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			(   )
			(   )
			(   )

These positions will require that we are able to contact you in the event of emergency or shift change. Do you have a current, active telephone number? \_\_\_\_\_

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## ACKNOWLEDGEMENT

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*I certify that all the information I have provided is true, complete and correct.*

*The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.*

*I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.*

*I understand that if I am hired, I will be required to provide criminal background check at my cost, proof of identity and legal authority to work in the USA, proof of certifications or educational qualifications, drug/alcohol test, and a drivers abstract (if applicable).*

*I understand that I will be required to have a vehicle available to use on a regular basis, during all shifts worked.*

*I understand that the needs of the individual we support and programs come first; therefore, I may be assigned a different shift or location to meet those needs.*

*I will submit verification of automobile insurance coverage within the first thirty days of my employment.*

*I will obtain and submit the results of tuberculosis (TB) test within the first thirty days of my employment.*

*I understand that during the course of my employment I must meet all of the standards of HHS-OIG as a non-excluded provider.*

*I understand that I must complete/pass all required training and maintain current certifications in CPR/First Aid/Behavior Management.*

*Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_