

# EMPLOYMENT APPLICATION

APPLICATION DATE: \_\_\_\_\_



## PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Date of Birth \_\_\_\_-\_\_\_\_-\_\_\_\_ Email Address: \_\_\_\_\_

## ADDITIONAL INFORMATION

Have you been convicted of a crime or is there a criminal charge pending against you? If yes, please explain.

Have you been convicted of, or is there a criminal charge pending against you that relates to child sexual abuse and their disposition? If yes, please explain.

Have you been convicted of, or is there a criminal charge pending against you that relates to other forms of child abuse and their disposition? If yes, please explain.

Have you been convicted of, or is there a criminal charge pending against you that relates to any other violent felonies? If yes, please explain.

## POSITION DETAILS

What position are you applying for?

Have you been employed by this organization in the past?  Yes  No

Available Start Date:

Desired Pay Rate: - Negotiable

## EDUCATION

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | YEAR | DEGREE |
|----------------|----------------|----------|------|--------|
|                |                |          |      |        |
|                |                |          |      |        |
|                |                |          |      |        |
|                |                |          |      |        |
|                |                |          |      |        |
|                |                |          |      |        |
|                |                |          |      |        |

Do you receive State or Federal Work Study?  Yes  No Amount: \$

## WORK EXPERIENCE

| NAME OF EMPLOYER | SUPERVISOR NAME | PHONE NUMBER | DATE OF EMPLOYMENT |
|------------------|-----------------|--------------|--------------------|
|                  |                 |              |                    |

List jobs held and duties performed

| NAME OF EMPLOYER | SUPERVISOR NAME | PHONE NUMBER | DATE OF EMPLOYMENT |
|------------------|-----------------|--------------|--------------------|
|                  |                 |              |                    |

List jobs held and duties performed

## REFERENCES

1. NAME:

PHONE:

2. NAME:

PHONE:

3. NAME:

PHONE:

May we contact these references?  Yes  No

## CLIENT REDIRECTION SCENARIO

Today your client gets out of bed and decides he/she does not want to perform their daily hygiene regimen. How would you redirect the client, to encourage a positive outcome - using terms, prompting, re-directing and assisting ?

I authorize investigation of all statements contained in this application. I hereby give Home to Community Living permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Home to Community Living, from any liability as a result of such contact.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Home to Community Living is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Home to Community Living depends solely on your qualifications.

Thank you for completing the application form and for your interest in  
Home to Community Living

## REQUEST FOR CRIMINAL RECORD CHECK (DPSQA)

### State Criminal Record Check Only:

1. This form must be complete, signed, and notarized.
2. \$22.00 will be paid to the Arkansas State Police at <https://www.ark.org/criminal/index.php>. If you do not have an account with INA, this fee is \$25.00
3. This form **must** be uploaded onto the above website with the background check request.

### State Criminal & National Criminal Record Check:

1. This form must be complete, signed, and notarized.
2. \$36.25 will be paid to the Arkansas State Police at <https://www.ark.org/criminal/index.php>. If you do not have an account with INA, this fee is \$38.25.
3. This option shall only be used if the Applicant has not been a resident of Arkansas for the five (5) years prior to their application.
4. This form **must** be uploaded onto the above website with the background check request.

\*\*\*\*\*

|                               |            |                                |                         |                   |
|-------------------------------|------------|--------------------------------|-------------------------|-------------------|
| Name of person to be checked: |            |                                |                         |                   |
|                               | Last Name  | First Name                     | Middle Name             |                   |
| Current address               |            |                                |                         |                   |
|                               | Street     | City                           | State                   | ZIP Code          |
| Maiden Name                   | Aliases    | Date of Birth (month/day/year) | Telephone               |                   |
| Social Security Number        | Race       | Sex (M/F)                      | Driver's License Number | State of Issuance |
| Eye Color                     | Hair Color | Height                         | Weight                  |                   |
| State of Birth                |            | Country of Citizenship         |                         |                   |

The person listed above has lived continuously in the state of Arkansas for the last five (5) years: Yes  No   
**If "No" the applicant will be required to submit to a national background check using fingerprinting.**

I attest, I am applying for a Position with a: (Select One)

- CES Waiver Provider
- Community Support Systems Provider
- Adult Developmental Day Treatment Provider
- First Connections Provider not working in a licensed day care or EIDT center
- Other (Description) \_\_\_\_\_

and this request is for employment purposes only. Initials:

Job Title:

The person listed above must list all past felony or misdemeanor charges for which they were found guilty or to which they pled guilty or nolo contendere:

| <u>Date of charge</u> | <u>Location</u> | <u>Description of charge</u> | <u>Sentence/Disposition</u> |
|-----------------------|-----------------|------------------------------|-----------------------------|
| _____                 | _____           | _____                        | _____                       |
| _____                 | _____           | _____                        | _____                       |
| _____                 | _____           | _____                        | _____                       |



## ARKANSAS DEPARTMENT OF HUMAN SERVICES AUTHORIZATION FOR ADULT MALTREATMENT CENTRAL REGISTRY

Print all information in ink

|   |                        |
|---|------------------------|
| Name  | Date of Birth          |
| Maiden and/or Any Names Formerly Used               | Social Security Number |
| Current Address (Street, City, State, Zip)          |                        |
| List all previous addresses for the past five years | Dates (From/To)        |
|   |                        |
|   |                        |
|   |                        |
|   |                        |

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Arkansas Code [ACA 12-12-1717] to:

|   |  |
|---|--|
| Name  | Agency type:   |
| Home to Community Living, Inc.  | <input type="checkbox"/> Volunteer (no charge)             |
|   | <input checked="" type="checkbox"/> Non-Profit (no charge) |
|   | <input type="checkbox"/> State Agency (no charge)          |
| Mailing Address (Street or PO Box, City, State, Zip)<br>2 Markbrook Lane<br>Little Rock, AR 72205 | <input type="checkbox"/> All Others (\$10.00 Fee)          |

I further certify that the information provided on this form is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notarization Required

COUNTY OF \_\_\_\_\_  
STATE OF ARKANSAS

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(My Commission Expires)

The above listed applicant was \_\_\_\_\_/was not \_\_\_\_\_ found in the Adult Maltreatment Central Registry.

Adult Protective Services – Slot W240  
Adult Maltreatment Central Registry  
PO Box 1437  
Little Rock, AR 72203



**Arkansas Department of Human Services  
Division of Child and Family Services  
Request for Child Maltreatment Central Registry Check**

**Reason for Registry Check:** None of the above applies, but you would like a registry check

**APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Maiden/Other Names:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Email2:** \_\_\_\_\_  
**Present Address:** \_\_\_\_\_ **Years at Present Address:** \_\_\_\_\_

**Past Address 1:** \_\_\_\_\_ **Years at Past Address 1:** \_\_\_\_\_

**Past Address 2:** \_\_\_\_\_ **Years at Past Address 2:** \_\_\_\_\_

**Past Address 3:** \_\_\_\_\_ **Years at Past Address 3:** \_\_\_\_\_

**Past Address 4:** \_\_\_\_\_ **Years at Past Address 4:** \_\_\_\_\_

**Consent for Minor:** \_\_\_\_\_

**CHILD INFORMATION**

**Child 1:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 2:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 3:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 4:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 5:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 6:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 7:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 8:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 9:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 10:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 11:**  
**SSN:**  
**DOB:**  
**Relationship:**

**Child 12:**  
**SSN:**  
**DOB:**  
**Relationship:**

**NOTARY SECTION**

I, \_\_\_\_\_, verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Registry to release any information their files may contain concerning me as an offender or of a true report of child maltreatment to the requesting facility as well as to the Arkansas Department of Human Services Division of Provider Services and Quality Assurance. The results from the Central Registry may include the existence of any true reports, the date the investigation was completed, and the type of true report.

\_\_\_\_\_  
Applicant's Signature and Date

STATE OF ARKANSAS

COUNTY OF \_\_\_\_\_ Acknowledges before me the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

MY COMMISSION EXPIRES:  
\_\_\_\_\_





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

|                                  |   |                         |                           |                |                                |                |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name)          |   | First Name (Given Name) |                           | Middle Initial | Other Last Names Used (if any) |                |
| Address (Street Number and Name) |   |                         | Apt. Number               | City or Town   |                                | State ZIP Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number<br>□□□□ - □□ - □□□□ |                         | Employee's E-mail Address |                | Employee's Telephone Number    |                |

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

|   |  |
|---|--|
| <input type="checkbox"/> 1. A citizen of the United States  |  |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>  |  |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____   |  |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>  |  |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>         An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____<br/> <b>OR</b><br/>         2. Form I-94 Admission Number: _____<br/> <b>OR</b><br/>         3. Foreign Passport Number: _____<br/>         Country of Issuance: _____</p> |  |
| QR Code - Section 1<br>Do Not Write In This Space   |  |

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |  |                           |                |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator |  | Today's Date (mm/dd/yyyy) |                |
| Last Name (Family Name)             |  | First Name (Given Name)   |                |
| Address (Street Number and Name)    |  | City or Town              | State ZIP Code |

Employer Completes Next Page



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                    | AND | List C<br>Employment Authorization                     |
|---|----|---------------------------------------|-----|--|
| Document Title                                  |    | Document Title                        |     | Document Title   |
| Issuing Authority                               |    | Issuing Authority                     |     | Issuing Authority                                      |
| Document Number                                 |    | Document Number                       |     | Document Number  |
| Expiration Date (if any) (mm/dd/yyyy)           |    | Expiration Date (if any) (mm/dd/yyyy) |     | Expiration Date (if any) (mm/dd/yyyy)                  |
| Document Title                                  |    | Additional Information                |     | QR Code - Sections 2 & 3<br>Do Not Write In This Space |
| Issuing Authority                               |    |                                       |     |  |
| Document Number                                 |    |                                       |     |  |
| Expiration Date (if any) (mm/dd/yyyy)           |    |                                       |     |  |
| Document Title                                  |    |                                       |     |  |
| Issuing Authority                               |    |                                       |     |  |
| Document Number                                 |    |                                       |     |  |
| Expiration Date (if any) (mm/dd/yyyy)           |    |                                       |     |  |

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ *(See instructions for exemptions)*

|  |   |                           |  |          |
|--|---|---------------------------|--|----------|
| Signature of Employer or Authorized Representative                   |   | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative |          |
| Last Name of Employer or Authorized Representative                   | First Name of Employer or Authorized Representative |                           | Employer's Business or Organization Name       |          |
| Employer's Business or Organization Address (Street Number and Name) |   | City or Town              | State  | ZIP Code |

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

|                                    |                         |                |  |  |
|------------------------------------|-------------------------|----------------|--|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |  |

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

| <b>LIST A</b><br><b>Documents that Establish Both Identity and Employment Authorization</b>  | <b>OR</b> | <b>LIST B</b><br><b>Documents that Establish Identity</b>   | <b>AND</b> | <b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>   |
|--|-----------|---|------------|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR        | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND        | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**