



**Employment History (Please give accurate, complete full-time and part-time employment record, beginning with your present or most recent employer. Do not indicate "See resume".)**

Company Name	Telephone ( )
Address	Dates of Employment From: To:
Name of Supervisor	Ending Salary: \$
Position	Reason for Leaving
Job Responsibilities	May we contact this employer for a professional reference? ___Yes ___No

Company Name	Telephone ( )
Address	Dates of Employment From: To:
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Company Name	Telephone ( )
Address	Dates of Employment From: To:
Name of Supervisor	Ending Salary: \$
Position	Reason for Leaving
Job Responsibilities	May we contact this employer for a professional reference? ___Yes ___No

**Professional References (List a minimum of three (3) professional references. Do not list personal references.)**

	<b>NAME</b>	<b>TITLE</b>	<b>COMPANY NAME &amp; ADDRESS</b>	<b>PHONE</b>
1				
2				
3				
4				

**Have you ever been disciplined or terminated from employment for abuse or neglect of an individual under your care?**  Yes  No

If yes, please explain:

**Have you ever been convicted of a crime?**  Yes  No

If yes, please explain:

**Do you have criminal charges pending against you?**  Yes  No

If yes, please explain:

The information provided on this Application for Employment is true, correct, and complete. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or termination from employment if I am subsequently employed.

I give PAHrtners Deaf Services, LLC the right to investigate all references and to secure additional information about me, including criminal background clearance, child abuse clearance, FBI clearance, motor vehicle records, etc. as deemed necessary and appropriated by the Company for the position(s) for which I am applying. I hereby release from liability PAHrtners Deaf Services, LLC and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

PAHrtners Deaf Services, LLC is an Equal Opportunity Employer.

PAHrtners Deaf Services, LLC participates in E-Verify to confirm employment eligibility.

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

\_\_\_\_\_  
Date

## Criminal History Record

Are any of the following pending against you?  Yes  No

Have you ever been convicted of any of the following?  Yes  No

If yes, please check all of the following that apply:

Check if Convicted	Offense Code	Prohibitive Offense	If Convicted, Check Type of Offense		
<input type="checkbox"/>	CC2500	Criminal Homicide	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC2502A	Murder I	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC2502B	Murder II	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC2502C	Murder III	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC2503	Voluntary Manslaughter	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC2504	Involuntary Manslaughter	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC2505	Causing or Aiding Suicide	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC2506	Drug Delivery Resulting in Death	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC2702	Aggravated Assault	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC2901	Kidnapping	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC2902	Unlawful Restraint	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3121	Rape	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3122.1	Statutory Sexual Assault	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3123	Involuntary Deviate Sexual Intercourse	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3124.1	Sexual Assault	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3125	Aggravated Indecent Assault	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3126	Indecent Assault	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3127	Indecent Exposure	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3301	Arson and Related Offenses	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3502	Burglary	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3701	Robbery	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3901	Theft	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3921	Theft By Unlawful Taking	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3922	Theft By Deception	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3923	Theft By Extortion	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3924	Theft By Property Lost	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3925	Receiving Stolen Property	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3926	Theft of Services	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary

Check if Convicted	Offense Code	Prohibitive Offense	If Convicted, Check Type of Offense		
<input type="checkbox"/>	CC3927	Theft By Failure to Deposit	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3928	Unauthorized Use of a Motor Vehicle	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3929	Retail Theft	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3929.1	Library Theft	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3930	Theft of Trade Secrets	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3931	Theft of Unpublished Dramas or Musicals	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3932	Theft of Leased Properties	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC3933	Unlawful Use of a Computer	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC4101	Forgery	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC4114	Securing Execution of Documents by Deception	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC4302	Incest	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC4303	Concealing Death of a Child	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC4304	Endangering Welfare of a Child	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC4305	Dealing in Infant Children	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC4952	Intimidation of Witnesses or Victims	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC4953	Retaliation Against Witness or Victim	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC5902B	Promoting Prostitution	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC5903C	Obscene or Other Sexual Materials to Minors	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC5903D	Obscene or Other Sexual Materials	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC6301	Corruption of Minors	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CC6312	Sexual Abuse of Children	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CS13A12	Acquisition of Controlled Substance by Fraud	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CS13A14	Delivery by Practitioner	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CS13A30	Possession with Intent to Deliver	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CS13A36	Illegal Sale of Non-Controlled Substance	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary
<input type="checkbox"/>	CS13A37	Designer Drugs	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Summary

I certify that the above information is true and accurate.

\_\_\_\_\_  
Applicant Name (Please Print)

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

\_\_\_\_\_  
Date

## Job Skills Checklist

- |  | Please circle |    |
|--|---------------|----|
|  | Yes           | No |
| Do you have a valid driver's license?  | Yes           | No |
| Are you comfortable working with a personal computer?                          | Yes           | No |
| Are you comfortable assisting patients with personal hygiene needs?            | Yes           | No |
| Have you ever assisted patients with medications?                              | Yes           | No |
| Do you have any physical limitations that would make cleaning tasks difficult? | Yes           | No |
| Have you ever written progress notes on patients?                              | Yes           | No |

**Describe your strengths as Human Services worker:**

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**In what area do you think that you need the most improvement/skill development?**

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**Position you are applying for:** \_\_\_\_\_

**Please rate your preferences for employment:**

\_\_\_\_\_ Full time                  \_\_\_\_\_ Part time                  \_\_\_\_\_ Flex-pool

**For Residential positions, please "X" your shift preferences or availability**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am - 4pm							
2pm - 10pm							
4pm - 12am							
12am - 8am							
930am-930pm							
930pm-930am							

## Application Questions

The following questions relate to situations you may encounter while working with the residents in our program. Please write a brief response to the following questions:

1. During your shift, John comes to you reporting that he does not feel safe and is afraid someone is trying to hurt him. How do you respond?

2. Mary has been increasingly angry through out the day. How do you intervene to help her?

3. Bert tells you that he is leaving the program and going to the bar to get drunk. You know Bert is not supposed to drink due to his liver problems. How do you respond to this?

4. You have been very busy the entire shift helping residents with cleaning while staff you are working with has been on his/her personal pager doing non-work related emails. How do you respond to the staff person?