SUMMIT INDEPENDENT LIVING

Building Awareness • Advocating Change

Application for Employment

Consistent with the provisions of the Americans with Disabilities Act (ADA), applicants may request accommodations needed to participate in the application process.

Name:_____

Last First Middle Maiden

Mailing Address

Street Address (if different from mailing)

City State Zip

City State Zip

Phone

E-mail Address (required)

Do you have a valid driver's license? ☐ YES ☐ NO

Have you ever been convicted of a crime? ☐ YES ☐ NO

If yes, please explain:_____

Are you listed in the Exclusions Database of the Office of Inspector General through the US Department of Public Health and Human Services Fraud Prevention Program? ☐ YES ☐ NO

Do you have experience working as a personal care attendant? ☐ YES ☐ NO

This job may require lifting. Are you able to perform this function? ☐ YES ☐ NO

Have you reviewed the Personal Care Attendant Manual that you received with this application packet? ☐ YES ☐ NO

Have you included copies of your identification? ☐ YES ☐ NO
(Please see attached list of acceptable documents)

SIGNATURE OF APPLICANT

DATE