



Family Care Provider Application

Date of Application:	Are you 18 yrs. or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name:

Last

First

Middle

Social Security Number:

Contact Information	Address:		
	Address:		
	City:	State:	Zip:
	Home:		
	Work:		
	Cell:		
	Email:		

Have you applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
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Have you been employed or contracted with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
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Please tell us about your experience working with people with intellectual and developmental disabilities?
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How many people live in your house? _____

Why are you interested in becoming a family care provider?
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When can you start? _____

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give the name, address and telephone number of your current employer	
Name:	Phone Number:
Address:	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you leaving this job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why?	

EDUCATION

School	Name and Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Degree or Diploma?
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER QUALIFICATIONS AND EXPERIENCE

Use the space below to list other relevant/similar experience, special training, qualifications or skills that may assist us in evaluating your application.

How did you find out about enCircle?	
Internet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by: _____
Newspaper: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Newspaper: _____	Other: _____

AUTHORIZATION TO CHECK REFERENCES

In accordance with my application for employment with enCircle, I hereby authorize enCircle to conduct any investigation or inquiry necessary into my past and present employment. I hereby authorize my past and present employers to release any and all information to enCircle and to cooperate and assist enCircle in its investigation. I hereby request that such employer answer any and all questions submitted to such employer by enCircle and give my right of access to such information.

Printed Name

Signature

Date

EMPLOYMENT EXPERIENCE

Start with your most recent job.

Employer:			Address:			Phone #:		
Your Job Title:				Supervisor's Name				
Dates Employed		From:			To:			
Hourly Rate or Salary		Starting:			Final:			
Describe the work you did:								
Describe your reason for leaving:								
Employer:			Address:			Phone #:		
Your Job Title:				Supervisor's Name				
Dates Employed		From:			To:			
Hourly Rate or Salary		Starting:			Final:			
Describe the work you did:								
Describe your reason for leaving:								
Employer:			Address:			Phone #:		
Your Job Title:				Supervisor's Name				
Dates Employed		From:			To:			
Hourly Rate or Salary		Starting:			Final:			
Describe the work you did:								
Describe your reason for leaving:								
Employer:			Address:			Phone #:		
Your Job Title:				Supervisor's Name				
Dates Employed		From:			To:			
Hourly Rate or Salary		Starting:			Final:			
Describe the work you did:								
Describe your reason for leaving:								

If you need additional space, please continue on a separate sheet of paper.