

RESPIRE CARE PROVIDER APPLICATION

Independent Living Choices (ILC) is an equal opportunity employer. The nature of this position requires some specific information often of a confidential nature. Answers to the questions do not necessarily disqualify an individual from consideration for employment.

Name: _____

Address: _____

(City) (State) (Zip)

E-Mail Address: _____

Phone Number: _____ Alternate Number: _____

Have you ever worked for Independent Living Choices? Yes No
Are you related/know anyone currently receiving services or employed by ILC? _____

How did you hear about the position? Newspaper SD Dept. of Labor
 Coffee News On-Line Other: _____

Highest Level of Education (Please Circle):
8 9 10 11 12 13 14 15 16 G.E.D.
Field of Study/ Training/Education/Experience: _____

If you are a CNA, is your certificate current? Yes No

Hours Willing To Work (Check All That Apply):
 Mornings Afternoons Evenings
 Week-Days Every Other Week-End Other: _____

The Respite Care Provider job duties vary, depending upon the nature of the Participant's disability and his/her daily schedule. The essential functions may include companionship, involvement in the person's activities of daily living, meal preparation, light housekeeping and personal hygiene tasks. In addition, it may include such daily living activities as mobility and lifting/transfers*, and toileting**. Are you capable of performing these activities? Yes No

Are you in need of an accommodation to perform these activities? Yes No

*Lifting/transfers means physically moving a person with a disability from one place to another (from bed to wheelchair, for example). The person's ability to assist the Respite Care Provider varies from some to none. The weights of such persons vary from 70 to 200+ lbs. Proper transfer techniques must be used.
**Toileting means assisting a person with their bowel and bladder care programs. The duties vary depending upon the situation, but may include urinary catheter care, ostomy care, rectal stimulation, and/or suppository/enema assistance.

REFERENCES: PLEASE COMPLETE THREE (3) OF YOUR MOST CURRENT EMPLOYMENT INFORMATION REFERENCES IN THE SPACE PROVIDED BELOW. YOU MAY INCLUDE INDIVIDUALS WITH DISABILITIES FOR WHOM YOU HAVE PROVIDED CARE. (Paid and/or Volunteer)

A. Employer Name: _____ Phone: (____) _____ Fax: (____) _____
Address: _____
Applicant's Position/Title: _____ Supervisor: _____
Dates of Employment: From: _____ to: _____

B. Employer Name: _____ Phone: (____) _____ Fax: (____) _____
Address: _____
Applicant's Position/Title: _____ Supervisor: _____
Dates of Employment: From: _____ to: _____

C. Employer Name: _____ Phone: (____) _____ Fax: (____) _____
Address: _____
Applicant's Position/Title: _____ Supervisor: _____
Dates of Employment: From: _____ to: _____

I, _____, understand that Independent Living Choices (ILC) will make a thorough investigation of my past employment, education, activities and information relevant to professional ethics, and may verify all data given in my application for employment requested by ILC and I release from liability any person giving or receiving any such information. I understand falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired may subject me to immediate dismissal.

I hereby **do** _____ **do not** _____ authorize you to contact my current employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I understand that this is an application for employment and that no employment contract is being offered. If an employment relationship is established, I understand I have the right to terminate my employment at any time and ILC retains a similar right.

Signature

Date

RETURN TO: INDEPENDENT LIVING CHOICES
4107 S CARNEGIE CIRCLE
SIOUX FALLS, SD 57106-2321
PHONE: (605)-362-3550 FAX: (605) 362-3555 E-MAIL: i-l-c@ilcchoices.org

AUTHORIZATION TO RELEASE INFORMATION

I, _____ Last Name	_____ First Name	_____ Middle Name
_____ Current Address	_____ Dates Lived Here	
Addresses for the Past <u>Seven Years</u> : (include street, city, state, zip code)		Dates of Residence:
_____		_____
_____		_____
_____		_____
_____		_____
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used
_____ Social Security Number	_____ Driver's License #	_____ State

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc.** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **Independent Living Choices and IntelliCorp Records, Inc.** for identification purposes and for the release information which will be considered in determining any suitability for employment. I authorize without reservation, any part or agency contacted by **Independent Living Choices or IntelliCorp Records, Inc.** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request.

I certify all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____ Printed Name	_____ Applicant Signature	_____ Date
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