

APPLICATION FOR EMPLOYMENT

AGAPE RESPITE CARE, INC.

298 Emmental DR., BOX 84

BERNE, IN 46711

260-589-3351

Agape Respite Care, Inc. is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, gender, age, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. **Agape Respite Care, Inc.** will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

Please print and answer all questions

GENERAL INFORMATION

Date of application _____ Position applied for: _____

Last Name _____ First Name _____ Middle Initial _____

Present Address: _____
Street city state zip

Home Phone No: (_____) _____ Cell Phone No: (_____) _____
Area Code Area Code

Are you 18 years or older Yes No Social Security #: _____

Email Address: _____

List the county / counties of residence for the past three (3) years: _____

Are you able to perform the essential tasks of this job with reasonable accommodations? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No

Are you interested in working: Full Time Part-Time As Needed

Are you willing to work ? Days Evenings Overnight Weekends (Saturday and / or Sunday)

When are you available to start work at Agape Respite Care? _____

Are you legally eligible for employment in the United States? Yes No

Have you filed an application here before? Yes No If yes, give date(s) _____

Have you ever been employed here before? Yes No If yes, give date(s) _____

How did you hear about this position? _____

Referred by a current employee: name of employee _____

Other: (please explain) _____

EDUCATION

College or Special

Graduate

Circle last year completed: 8 9 10 11 12 13 14 15 16 17 18 19

Name of last high school attended: _____

Average grade: _____ Honors: _____

College name & location: _____

Number of years: _____ Major: _____ Degree: _____

Business school name & location: _____

Number of years: _____ Major: _____ Degree: _____

Graduate school name & location: _____

Number of years: _____ Major: _____ Degree: _____

Other schooling or relevant training: _____

SKILLS

- Have you:
- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| worked with persons who are intellectually disabled ? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| worked with persons who are physically disabled? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| worked with persons who are deaf or blind? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| worked with persons who have Alzheimer's or dementia? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If yes describe your experience _____

Why are you interested in working at Agape Respite Care? _____

REFERENCES

INCLUDE A MINIMUM OF THREE REFERENCES. Please provide professional references and persons who are capable of evaluating your work performance. One reference may be a personal reference (**please do not include family members or anyone you are in a dating relationship with**).

Name:	Relationship:	
Address:	How long have you known this person?	
City:	State:	Zip Code
Email:		
Phone:		
Name:	Relationship:	
Address:	How long have you known this person?	
City:	State:	Zip Code
Email:		
Phone:		
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Email:		
Phone:		

CARE PROVIDER APPLICANTS

Please note:

- Your application for employment will not be considered without completion of this form at the time of application.
- We expect that the availability indicated in this section will remain in effect **for at least 90 days after date of hire**. Any deviation from this availability or requested time off must follow the guidelines as laid out in our personnel policies.

All applicants for Direct support staff are required at the time of application to declare all hours they are available to work along with the maximum number of hours they are willing to work. Please keep in mind that service at the Agape Respite House is often 24 / 7 and weekend availability is a must.

If the applicant's availability does not meet the needs of Agape Respite Care, he or she will not be interviewed or hired.

I am available (maximum number of hours per week) _____

Times available to work:

The following table shows an example of the information required for your availability. Please complete the second table with your hours of availability.

Sample Table of Work Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
All day, except 11 a – 2 p	None	Only 3- 8 p	All Day 6 a All Night	All Day 6 a – 11 p	Noon – midnight Every other Saturday	All day until midnight every other week

My Table of Work Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Reference Questionnaire
 Agape Respite Care
 P.O. Box 84
 Berne, IN 46711

Name of applicant: _____ Position: DIRECT SERVICE PROFESSIONAL

Job description: Part time direct service of care for an individual with intellectual and/or physical challenges

1. How long have you known the applicant? _____
2. In what capacity? _____

Is the applicant:	Always	Usually	Sometimes	Never
Reliable	_____	_____	_____	_____
Punctual	_____	_____	_____	_____
Courteous	_____	_____	_____	_____
Flexible	_____	_____	_____	_____
Efficient	_____	_____	_____	_____
Enthusiastic	_____	_____	_____	_____
Cooperative	_____	_____	_____	_____
Emotionally stable	_____	_____	_____	_____

Please rate your knowledge of the applicant's abilities in the following areas:

	Very Good	Average	Poor	Unknown
Attitude	_____	_____	_____	_____
Sensitivity to disabilities	_____	_____	_____	_____
Acceptance of supervision	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Competence	_____	_____	_____	_____
Confidentiality	_____	_____	_____	_____
Professionalism	_____	_____	_____	_____

Comment on special skills, talent or experience the applicant possesses that would be beneficial in this position.

Please state reasons you think the applicant is suited (or not suited) for this type of work.

All information is accurate to the best of my knowledge. I understand all information will be kept confidential.

Signature _____ Date _____

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Please rate your knowledge of the applicant's abilities in the following areas:

	Very Good	Average	Poor	Unknown
Attitude	_____	_____	_____	_____
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