



Date _____

New Applicant Questionnaire (Please Print Legibly)

Applicant Name _____ E-Mail _____

Home Phone _____ Cell Phone _____

Address _____ City _____ ZIP _____

Nearest Major Cross Streets _____

Schedule Preferences (These are **not** guaranteed schedules) :

Full Time Part Time In Facility Out in Community

Days/Hours Available _____

Will you need additional time and/or assistance to complete Training? Yes No
(For GMS scheduling purposes only – this will NOT affect employment opportunities)

1. How did you hear about our agency?

Friend Family Advertisement
 Van Ad Job Fair Other

2. Do you have a reliable vehicle available to you?

Yes No

3. Are you available to work after school hours? (i.e. afternoons, evenings, and weekends)

Yes No

4. Do you have an Arizona driver’s license, Arizona ID card, or a US Passport (optional) and a Social Security card?

Yes No

5. Can you obtain a First Class Fingerprint Clearance Card and are at least 18 years of age? This means you have no arrests, no convictions, and are not currently awaiting trial.

Yes No

6. Do you have a member whom you will be working with?

Yes No Member Name: _____
 Current GMS Member New to GMS Member

*****For GMS Office Use Only*****

Application received _____(Date) By _____

Date/Time: _____ GMS Admin Name _____

Second Interview Scheduled _____



Guthrie Mainstream Services LLC
Employment Application

Please print legibly

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone No.: _____ Cell: _____

Date of Birth: _____ Soc. Security No.: _____

E-Mail Address: _____

EDUCATION

Table with 7 columns: Type of School, Name & Address, From: Mo/Yr, To: Mo/Yr, Did you Graduate?, Degree, Major. Rows include High School (GED), College Undergraduate, College Graduate, Other, and Other.

POSITIONS APPLIED FOR

Attendant Care: _____ Habilitation: _____ Respite: _____ Administration: _____

Habilitation requires at least three (3) months experience in implementing and documenting performance in individual programs or Habilitation training. Please indicate qualifying experience and/or training.

Three horizontal lines for providing habilitation experience details.

Respite requires at least three (3) months experience in providing assistance to an individual to meet personal, physical and emotional needs. Please indicate qualifying experience and duration:

Three horizontal lines for providing respite experience details.

Other Agencies worked for and duration: (If applicable) : _____

Three horizontal lines for providing other agency work details.

Application: Page 2 Continued: Name: _____

Please print legibly

EMPLOYMENT HISTORY

Beginning with your present or most recent employer, please list in order of employment

Name of Employer:	Date of Employment: From: _____ To: _____
Address of Employer/Phone No.:	Supervisor:
Job Title:	Duties:

Name of Employer:	Date of Employment: From: _____ To: _____
Address of Employer/Phone No.:	Supervisor:
Job Title:	Duties:

Upon completion of the Ninety (90) day probationary period, employee may be eligible for Major Medical benefits. Additional benefits include Dental, Legal, Identity Theft and AFLAC. Please contact the Human Resources, Benefits Department for complete details.

In case of emergency, notify: Name: _____

Phone Number(s): _____

Relationship: _____

Permission is hereby granted to Guthrie Mainstream Services to conduct any necessary and reasonable investigation with respect to statements and other information in this application. I release Guthrie Mainstream Services, my former employers and personal references from any liability for damage caused by giving and receiving information or opinions as to my employment and character.

I agree to furnish any other information required of me related to my employment and agree that any false statements or any material misrepresentation of the information referred to above will be sufficient grounds for my separation.

Date

Signature