



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.

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:

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

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