



Sense of Security Care

Employment Application

Programs, services and employment are equally available to everyone.
Please inform us if you require reasonable accommodation for the application or interview.

Date (Month/Day/Year) _____ / _____ / _____

Applicant Data:

Position Applied for: _____ Residential Sponsor Provider _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

E-mail: _____

Date Available to Start: _____ Social Security No.: _____

Date of Birth: _____

How were you referred to us? _____

Have you ever worked for Sense of Security Care, Inc.? Yes _____ No _____

If yes, When? _____ What Position was held? _____

Are you a citizen of the United States? _____ Yes _____ No

If not, are you legally allowed to work in the United States? _____ Yes _____ No

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Answering "yes" to the following questions does not constitute an automatic rejection for employment. Date and seriousness of the offense, nature of the violation, rehabilitation, and position applied for will be considered.

Have you ever pleaded "guilty," "no contest," or been convicted of a crime for which you have not received a pardon. ____ Yes ____ No

If yes, give dates and details: _____

Driver's license number if applicable to position: _____
State: _____

Summarize Your Special Skills or Qualifications: _____

These positions will require tasks such as lifting, kneeling, or performing CPR/First Aid during emergencies. You may also be required to use authorized physical intervention techniques during episodes of aggressive client behavior. Do you have any limitations that may affect your ability to perform these tasks? Yes ____ No ____

If yes, Please explain: _____

This position requires that you have access to a phone in the event of an emergency. Do you have both a current, active LANDLINE & CELL telephone? Yes ____ No ____

Education Background:

High School:

Name _____ Location: _____

City: _____ State: _____ Zip: _____

Did you graduate? Yes ____ No ____ Month/Year graduated? _____

GED? Yes ____ No ____ N/A ____

College:

Name _____ Location: _____

City: _____ State: _____ Zip: _____

Did you graduate? Yes ____ No ____ Month/Year graduated? _____

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Degree:

Associate _____ Bachelor _____ Other _____

CNA License: Yes ___ No ___ Exp. Date _____ CPR/First Aid/AED: Yes ___ No ___ Exp. _____

Medication Certification: Yes ___ No ___ Exp. Date _____ Other Certifications:

Previous Employment (begin with most recent position):

#1

Dates of Employment: From _____ To _____

Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____

Supervisor: _____ Title: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer for a reference? _____ Yes _____ No

#2

Dates of Employment: From _____ To _____

Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____

Supervisor: _____ Title: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer for a reference? _____ Yes _____ No

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Virginia law bars any individuals who have been convicted of “barrier crimes” from working with vulnerable adults. All individuals 18 years of age and older are required to complete a criminal background investigation and check of the Department of Social Services complaint registry. Are you and any adult over the age of 18 willing to undergo this criminal background investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide documentation of a valid driver’s license, a good driving record, car insurance and home-owners or renter’s insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you observe Sense of Security Care’s smoke and drug free service environment policy? This includes within the vehicles.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you submit to a drug screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you provide a “TB free” documentation from your physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
By law, all Sponsor Providers in Virginia must allow unannounced inspections by representatives of various agencies including, but not limited to, the Office of Licensing, the Office of Human Rights, the Department of Social Services, the DOJ, DBHDS Private Auditors, Law enforcement, and Sense of Security Care, Inc. Will you allow representatives of these agencies full access to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensing regulations require that all Sponsor Providers are able to provide proof of assets or a line of credit available to cover the costs of providing services for 90 days. Sense of Security Care, Inc. assumes this amount to be \$3,000. Can you show verified documentation of these funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to provide reliable transportation for individuals living in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to utilize basic Microsoft WORD software to type daily progress notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the capability to email, fax or scan documentation into central Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Signature

I agree that the information contained in this **Sponsor Provider Application** is true, accurate and free from any knowingly misleading information. I am fully aware that false, incomplete or misrepresented information of any kind will be a satisfactory cause for my application to be rejected.

If found after my employment is secured that any information was misleadingly reported, it will be cause for **IMMEDIATE TERMINATION**.

I authorize Sense of Security Care, Inc. to contact and obtain information from my previous employers, educational institutions, references and any other party necessary to verify the accuracy of information I disclosed in this Application. I release Sense of Security Care, Inc., its representatives, and those supplying information from liabilities or damages that result from furnishing any such information.

I fully understand and accept the terms and conditions of the above statement.

Signature

Date