



# EMPLOYMENT / JOB APPLICATION

## PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER (SSN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

DESIRED PAY: \$ \_\_\_\_\_  HOUR  SALARY

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  SEASONAL

## EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S?  YES  NO\*

HAVE YOU EVER WORKED FOR THIS EMPLOYER?  YES\*  NO

\*IF YES, WRITE THE START AND END DATES: \_\_\_\_\_ HAVE YOU EVER BEEN

CONVICTED OF A FELONY?  YES\*  NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## EDUCATION

HIGH SCHOOL: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DIPLOMA: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_ FROM:

\_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DEGREE: \_\_\_\_\_

OTHER: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

OTHER: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

### PREVIOUS EMPLOYMENT

**EMPLOYER 1:** \_\_\_\_\_  
\_\_\_\_\_ Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_ City State Zip  
Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_  
\_\_\_\_\_ Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_ City State Zip  
Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 3:**

\_\_\_\_\_ Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_ City State Zip  
Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

FULL NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## MILITARY SERVICE

ARE YOU A VETERAN?  YES  NO

BRANCH: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

IF NOT HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_

### BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?  YES  NO  
**DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_



# KCEE STEWART GROUP

## Direct Support Professional Job Responsibilities:

- Provides direct care to those with intellectual and developmental disabilities.
- Performs personal care tasks, including assistance with basic personal hygiene and grooming, feeding, and ambulation, medical monitoring, and healthcare-related tasks.
- Fosters positive relationships between caretakers and individuals served.
- Ensures client safety and maintains a safe environment.
- Reminds and assists clients with self-administration of medications (with proper training).
- Encourages self-help activities.
- Reports changes in client's condition or family situation to administrators and supervisors.
- Documents services provided.
- Performs home management functions such as light housekeeping, laundry, bed making, and cleaning.
- Plans meals, shops for groceries, prepares and serves food/meals, feeds and clean-up.
- Accompanies clients to scheduled appointments and transports clients or runs errands for clients.
- Assists with toileting, including bedpans, urinals, and commode chairs as necessary.
- Other duties as assigned.

SIGNATURE- \_\_\_\_\_

DATE \_\_\_\_\_