

Caregiver/Respite Application

(Please print)

Name _____
Last First Middle

Address _____
Street City State Zip

Home # _____ Cell # _____

E-mail Address _____

Date of application: _____ Date available to start: _____

Referral Source:

- Advertisement: (name & type) _____
- Internet: (website or other) _____
- Friend/Relative: (name) _____
- Employee: (name) _____
- Walk-in
- Other: _____

Supporting People, Supporting Families, Supporting Communities

Providing Advocacy, Support and Services for Individuals with Developmental Disabilities and their Families in the Towns of Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Pembroke, Plympton and Plymouth, Massachusetts. Affiliated with The Arc of the United States, Arc Massachusetts and United Way of Greater Plymouth County.



PERSONAL DATA

Are you 18 years of age or older? yes no
 If under 18, can you furnish a work permit? yes no

Are you legally eligible to work in this country? yes no
 (Proof of U.S. citizenship or immigration status will be required upon employment.)

Have you filed an application with this or any other Arc before? _____

Have you ever been employed at this or any other Arc? _____

From _____ To _____

Do you have any relatives or friends working for this or any other Arc? _____

Do you have a valid driver’s license? yes no

If hired, will you have a personal insured vehicle available to you (on site) to transport Arc employees, consumers or equipment if required? yes no

Respite Caregiver Applicants ONLY: Please tell us when you are able to work

I am available to work FULL TIME (30 -40 hours per week) and do not have any restrictions on my hours and days. Otherwise, complete availability in table below.

I am available to work PART TIME and do not have any restrictions on my hours and days. Otherwise, complete availability in table below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From	___Am ___Pm	___Am ___Pm	___Am ___Pm	___Am ___Pm	___Am ___Pm	___Am ___Pm	___Am ___Pm
To	___Am ___Pm	___Am ___Pm	___Am ___Pm	___Am ___Pm	___Am ___Pm	___Am ___Pm	___Am ___Pm

NOTE: Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.

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EMPLOYMENT HISTORY

Provide the following information beginning with the most recent employer. See resume is not acceptable.

Employer Employed from (mo/yy) To (mo/yy)

Address, City, State, Zip

Starting Position	Ending Position	Reason for Leaving
-------------------	-----------------	--------------------

Supervisor Name, Title & Phone	May we contact?
--------------------------------	-----------------

Duties

Employer Employed from (mo/yy) To (mo/yy)

Address, City, State, Zip

Starting Position	Ending Position	Reason for Leaving
-------------------	-----------------	--------------------

Supervisor Name, Title & Phone	May we contact?
--------------------------------	-----------------

Duties

Employer Employed from (mo/yy) To (mo/yy)

Address, City, State, Zip

Starting Position	Ending Position	Reason for Leaving
-------------------	-----------------	--------------------

Supervisor Name, Title & Phone	May we contact?
--------------------------------	-----------------

Duties

Explain any periods of unemployment for more than 30 days _____

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REFERENCES

List the name, title/relationship, number of years acquainted and phone number for at least three professional references.

Name	Title/Relationship	Years Acquainted	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Languages spoken: English Spanish Other

List any other special skills or qualifications acquired from previous employment or other experiences that make you feel especially qualified for this position. _____

List special accomplishments, publication, and awards: _____

Why are you interested in working for the Arc of Greater Plymouth? _____

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The Arc of Greater Plymouth empowers and supports people with disabilities and their families to belong, contribute and thrive. How could you contribute to this mission? _____

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

The Employer is an equal opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or Federal law.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature of Applicant

Date

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Developing Partnerships, Enriching Communities

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WWW.THEARCOFGP.ORG
Email: Info@Thearcofgp.org
PHONE: 508.732.9292
FAX: 508.732.9229

REGISTRY OF MOTOR VEHICLES PERSONAL INFORMATION REQUEST FORM

The following information is needed in order for The Arc of Greater Plymouth to Request access to motor vehicle driver record(s), including personal information as Defined in 18 U.S.C. 2725.

Employee Name: _____

Home Address: _____

City/State/Zip: _____

Date of Birth: _____

Driver's License #: _____

Social Security #: _____

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