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**APPLICANT QUESTIONNAIRE**

# Applicant Name:

Were you referred to our agency by a current employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for our referral incentive program

**All employees are required to possess a smartphone with a data plan for the duration of employment to provide documentation and for timekeeping purposes. Are you able to meet this**

**requirement? (initial)**

1. Are you currently employed — if offered a position when would you be able to start?
2. Are you interested in working under the Day Program, Residential Program, Individualized Services Program, or the Employment(GSE/ISE) Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you interested in 1st, 2nd, or 3rd shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **For per diem hours and part or full time positions**, which days and times are you **available** to work?

Monday : am or pm - : am or pm

Tuesday : am or pm - : am or pm

Wednesday : am or pm - : am or pm

Thursday : am or pm - : am or pm

Friday : am or pm - : am or pm

Saturday : am or pm - : am or pm

Sunday : am or pm - : am or pm

1. Do you have any of the following trainings CPR, First Aid, PMT or Medication Certified?
   * CPR  First Aid  PMT  Med Cert
2. How is your driving history? Do you have any points, DUI’s, moving violations? Yes  No 
3. Is your license currently suspended, or has it been suspended in the past? Yes  \*If yes, when and why? No 
4. Have you had a valid driver’s license in the State of Connecticut for at least 3 years, and are you over the age of 21?

Yes  No 

1. This job requires staff to drive in inclement weather conditions. Will you drive in the snow to report to work? Yes  No 
2. Do you have a reliable transportation that’s registered and insured in the State of Connecticut and are you listed on the policy as an insured driver?

Yes  No 

1. You may be required to transport individuals in your own vehicle. Would you be able to do this? Yes  No 
2. Prior to hire you will need to complete a **physical** which includes the ability to lift **50 pounds** and a **drug screening**. As well as an acceptable background check. Would you be able to do this?

Yes  No 

1. In addition, applicants are required to submit TB results within the last **1 year**. If you have not received a TB result within the last 1 year, you will be responsible for receiving the test through your doctor or local health department. Would you be able to do this?

Yes  No 

1. Do you have any friends, family, relatives or acquaintances that have worked for here? Yes  If yes, who and what is their relation to you? No 

By signing below you agree that the information you provided verbally and written is true to the best of your knowledge. You authorize MidState Arc AND/OR the Staffing Agency to obtain references and confirm any information provided on your application. **You understand that any false information, omissions, or misrepresentations are discovered, your application may be rejected, and if you are employed, you may be subject to discipline, up to and including termination.**

Applicant Signature Date of Signature