



Last Name			
First		MI	
Previous Names: <i>(Alias / Maiden Names)</i>			
Street Address			
City		State	ZIP
Phone (      )		E-mail Address	
Date Available	Social Security No.		Desired Wage: \$      /HOUR
Position Applied for	Direct Support Professional	DOB:    /    /	DL #:
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company?    YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Have a current cleared background check?    YES <input type="checkbox"/> NO <input type="checkbox"/> Where were you born (State/Region) ?			
Do you have a vehicle and valid insurance?    YES <input type="checkbox"/> NO <input type="checkbox"/> **Driving may be a small part of your job**			
How far are you willing to drive to work?      miles from <i>(location example: 10 miles from Chaska, MN)</i>			
Do you have work history that is similar to PCA/in home services?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, what was your first date you started working in this field?	/    /    Longer than 5 yrs?    YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you available for overnights?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available for weekends?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How did you hear about us?		Where you referred by a MILS employees?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, who?
Best way to contact you?    Email / Text / Phone		Emergency Contact:	Phone:

**AVAILABILITY:** Write times you're available to work in the boxes below. Place (X's) in days you are NOT available.

EXAMPLE	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.
8am-3pm							

#### EDUCATION:

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

**REFERENCES:**

*Please list three professional references.*

Full Name	Relationship
Company	Phone (    )
Address	

Full Name	Relationship
Company	Phone (    )
Address	

**EMPLOYMENT HISTORY:**

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**DISCLAIMER AND SIGNATURE:**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	DATE:        /        /

**Please return all completed applications to our office at 809 East Main Street Suite 1 – Belle Plaine, MN 56011  
You can also fax to 952-322-7167, e-mail to tylor@mwils.com, or text to 952-486-1607**