

**APPLICATION FORM  
HOME PROVIDER  
COMPANIONS**  
(circle one)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

2. Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes  No

3. List names and addresses of employers (latest position first).

a. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

b. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

c. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

4. My we contact the above employers for references? Yes  No

5. Experience, knowledge, skills, abilities and hobbies?

6. How did you learn of this program?

7. Why are you interested in this situation?

8. What is your background in being with people with disabilities?

9. What has been one of your major accomplishments in:

a. The work place?

b. Your education?

c. Your family?

d. Your community?

10. Reflect on a time in your life when you were not treated fairly. Explain your feelings and how you resolved the issue.
11. How do you perceive confidentiality?
12. Have you, or anyone in your household, ever been convicted of a felony within the last seven years? Yes  No  you do not have to list any that have been expunged or annulled by the courts. (Conviction will not necessarily disqualify an applicant for a position as a Home Provider or Companion.
13. Do you, or anyone in your household, own any firearms?  
Yes  No
14. Do you consider yourself a leader? Teacher? Or a follower?  
Why do you think so?
15. Do you have any heroes / heroines? Why?
16. List, if any, professional, trade, business or civic activities and offices held. You may exclude membership, which may disclose your race, color, national origin, age, sex, handicap, affectional or sexual preferences or political or union affiliations.
17. What type of person would you like to live with (smoker, non-smoker, male, female, young, old, active, etc.)?
18. If a Home Provider / Companion position does not work out are you interested in other programs? Yes  No
19. If yes, may we contact you at a later date? Yes  No

20. If applicable, please describe your home.

21. Any "house rules"?

22. Education: High School: \_\_\_\_\_  
College: \_\_\_\_\_  
Other: \_\_\_\_\_

22. List 3 references, that are not related to you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_