



Assistance with The Hiring Process: Any applicant who needs reasonable accommodation in any step of the hiring process should ask the Member or their Representative (employer) and/or Consumer Direct Care Network (CDCN).

Applicant Contact Inform	mation						
Name:							
First		Middle	9		Last		
Physical Address:	Street	Apt/Unit #	City		Chaha	7: Code	
NACTO A ALALA		•	City	/	State	Zip Code	
Mailing Address:(if different than physical)	Street	Apt/Unit #	City	/	State	Zip Code	
Phone Numbers:						·	
Thore Numbers.	Home	Work		Cell	Fax		
Email:							
Date of Birth:		Social Security N	umber:				
Emergency Contact:				_			
Name		Phone			Relationship		
How do you want to be	contacted? \square F	Phone 🗆 Email	☐ Mail				
Physical Capacity – Attendant Care Workers (ACW) may be called upon to perform physically demanding work in the performance of their duties. A typical ACW position will involve a variety of physical requirements, including the ability to: Lift 75 pounds Kneel Sit Overhead reach Push 75 pounds Bend Stand Reach Pull 50 pounds Squat Walk Twist Grasp, hold, or manipulate objects with hands Are you able to perform the above physical tasks? ☐ Yes ☐ No Please explain any exceptions:							
Criminal History Have you ever committee	ed a felony? □ \	Yes □ No					
Do you have a criminal r	•		ınlain:				
Do you have a chimilar i	ecolu: 🗆 165	□ NO II yes, e	vhiaiii.				



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Please Read Carefully

Neither the acceptance of this data form nor entry into any type of employment relationship or employment agreement with a Member for the consideration of employment shall serve to create an actual or implied contract of employment with CDCN.

I authorize investigation of all statements provided to the Member or contained in this data form. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without notice. I hereby give my Member permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release my member from any liability as a result of such contact.

The Fair Credit Reporting Act requires us to advise you that we may request an investigative consumer report from a consumer reporting agency, including information on your background, as deemed necessary. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I understand that I may begin working once I have received written authorization (Okay to Work Form) from CDCN. If applicable and requested, employment remains conditional until the results of the criminal background check have been received and approved.

Signature of Applicant:	Date:



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