

Supported Living Partners LLC

DIRECT SUPPORT PROFESSIONAL (DSP)

Job Application

Supported Living Partners LLC (SLP) is an Equal Opportunity Employer. SLP does not discriminate in employment regarding race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service, or any other characteristic protected by law.

Personal Information

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Mobile Phone # _____ SS# _____

Email Address _____

Are You Eligible to Work in The United States? _____ Yes _____ No

Are You At Least 18 Years of Age or Older? _____ Yes _____ No

Have You Ever Been Terminated from Employment, Or Asked to Resign? _____ Yes _____ No

IF YES, Please Provide Employers Name & Details (attach a separate piece of paper if needed).

What Is Your Availability? _____ Full-Time _____ Part-Time _____ Weekends _____
Holidays

Are You Available to Work Overtime? _____ Yes _____ No

Are There Any Dates Within the Next Six (6) Months That You Will Not Be Available?

Are you Able to Perform the Essential Duties of the Position, With or Without a Reasonable Accommodation? _____ Yes _____ No

Date you are Available to Start _____

Are you Currently Employed? _____ Yes _____ No

IF YES, May We Contact This Employer? _____ Yes _____ No

How did you Hear About Us? _____

Do You Have Any Friends or Family Who are Employed by Supported Living Partners LLC?

_____ Yes _____ No

IF YES, Please Provide Their Name(s)

Education	Name/Location	Years Attended	Degree Received	Major/Minor
High School				
College				
Trade/Vocational School				

Employment History Include your last ten (10) years of employment history, including periods of unemployment. Please start with your current, or most recent employer first. **(Attach a Separate Piece of Paper if Necessary).**

Name of Employer

Address of Employer

Supervisors Name & Phone Number

Supervisors Email Address

Dates Employed _____ To _____ Reason for Leaving

Job Title _____ Duties Performed

Name of Employer

Address of Employer

Supervisors Name & Phone Number

Supervisors Email Address

Dates Employed _____ To _____ Reason for Leaving

Job Title _____ Duties Performed

Do you have any previous experience specific to the position for which you are applying?
_____ Yes _____ No

If yes, please describe

Please Provide the Names and Contact Information for at least three (3) Personal References to whom you are not related, and with whom you have known at least three (3) years.

PERSONAL REFERENCES w/PHONE # and Email Address

1. _____
2. _____
3. _____

Please Read Carefully Before Signing

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Supported Living Partners LLC to hire me. If I am hired, I understand that either Supported Living Partners LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Supported Living Partners LLC has the authority to make any assurances to the contrary.

I attest with my signature below that I have given Supported Living Partners LLC true and complete information on this application. There has not been any concealing of information requested on this application, any understand that any said concealment be grounds for denial of employment and or grounds for termination if previously hired. I authorize Supported Living Partners LLC to check my personal and professional references either by telephone or by email (or both).

Signature of Applicant _____ Date _____

Printed Name _____

This application is valid for 60 days from the date of signature above.

(Please initial here) _____

Thank you for your interest in becoming a Direct Support Professional (DSP) with Supported Living Partners LLC. If you have any questions regarding this application, or the hiring process, please send an email to hrinfoslp LLC@gmail.com

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