



Sponsored Residential Service Provider
Application

Date of Application:	Are you 18 yrs. or older?
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Name:		
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Last

First

Middle

Social Security Number:

Current Address	

Telephone Number(s)	Home:
	Work:
	Cell:

Have you applied with us before? <input type="radio"/> Yes <input type="radio"/> No	If yes, when?
Have you been employed with us before? <input type="radio"/> Yes <input type="radio"/> No	If yes, when?

What type of experience do you have in working with people with developmental disabilities?

How many people live in your house?

Why are you interested in becoming a sponsored residential provider? _____

When can you start?

Are you currently employed?	<input type="radio"/> Yes
	<input type="radio"/> No
If yes, please give the name, address and telephone number of your current employer	
May we contact them? <input type="radio"/> Yes <input type="radio"/> No	

Are you leaving this job?	<input type="radio"/> Yes
	<input type="radio"/> No
If yes, why?	

EDUCATION

School	Name and Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Degree or Diploma?
High				<input type="radio"/> Yes <input type="radio"/> No	
College				<input type="radio"/> Yes <input type="radio"/> No	
Other				<input type="radio"/> Yes <input type="radio"/> No	

OTHER QUALIFICATIONS AND EXPERIENCE

Use the space below to list other relevant/similar experience, special training, qualifications or skills that may assist us in evaluating your application.

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How did you find out about Lutheran Family Services of Virginia?	
Internet: <input type="radio"/> Yes <input type="radio"/> No	Referred by: _____
Newspaper: <input type="radio"/> Yes <input type="radio"/> No Which?: _____	Other: _____

AUTHORIZATION TO CHECK REFERENCES

In accordance with my application to be a Sponsored Residential Provider with Lutheran Family Services of Virginia, Inc., I hereby authorize Lutheran Family Services of Virginia, Inc. to conduct any investigation or inquiry it feels necessary into my past and present employment. I hereby authorize my past and present employers to release any and all information to Lutheran Family Services of Virginia, Inc. and to cooperate and assist Lutheran Family Services of Virginia, Inc. in its investigation. I hereby request that such employer answer any and all questions submitted to such employer by Lutheran Family Services of Virginia, Inc. and give my right of access to such information.

Signature

EMPLOYMENT EXPERIENCE

Start with your most recent job.

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Employer:		Address:		Phone #:	
Your Job Title:			Supervisor's Name		
Dates Employed	From:			To:	
Hourly Rate or Salary	Starting:			Final:	
Describe the work you did:					
Describe your reason for leaving:					

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Employer:		Address:		Phone #:	
Your Job Title:			Supervisor's Name		
Dates Employed	From:			To:	
Hourly Rate or Salary	Starting:			Final:	
Describe the work you did:					
Describe your reason for leaving:					

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Employer:		Address:		Phone #:	
Your Job Title:			Supervisor's Name		
Dates Employed	From:			To:	
Hourly Rate or Salary	Starting:			Final:	
Describe the work you did:					

Describe your reason for leaving:

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Employer:	Address:	Phone #:
Your Job Title:		Supervisor's Name
Dates Employed	From:	To:
Hourly Rate or Salary	Starting:	Final:
Describe the work you did:		
Describe your reason for leaving:		

If you need additional space, please continue on a separate sheet of paper.