Screening Questionnaire for Covid-19

Temperature Today: _____

1. Have you experienced any cold or flu-like symptoms in the past 10 days? **Yes** ☐ **No** ☐

2. To the best of your knowledge have you been in close contact with anyone Covid-19 positive within the past 14 days? **Yes** ☐ **No** ☐

3. Have you traveled Internationally within the past 14 days, or been in close contact with anyone? **Yes** ☐ **No** ☐

   Who has traveled internationally within the last 14 days?

4. In the past 14 days have you tested positive for Covid-19?

_____ _____

Signature and Date Print Name

Application Form for Direct Support Staff

Thank you for your interest in joining our team to provide services for individuals with Intellectual and Developmental Disabilities (IDD). Please complete the following application form. Once reviewed, we will contact you for the next steps.

Personal Information

Field	Information
Full Name	_____
Date of Birth	_____
Gender	_____
Address	_____
City	_____
State	_____
Zip Code	_____
Phone Number	_____
Email Address	_____

Employment Information

Field	Information
Position Applied For	_____
Availability (Full-time/Part-time)	_____
Preferred Start Date	_____
Are you legally authorized to work in this country?	Yes ☐ No ☐
Have you ever worked with individuals with IDD before?	Yes ☐ No ☐
If yes, please describe your experience:	_____

Education

School Name	Location	Degree	Year Graduated

Certifications

Certification	Issuing Organization	Date Issued	Expiration Date

Employment History

Employer	Position	Dates Employed	Reason for Leaving

Skills and Qualifications

- **Please describe any relevant skills, training, or qualifications that make you a good fit for this position:**

References

Name	Relationship	Phone Number	Email Address

Background Information

Field	Information
Have you ever been convicted of a felony?	Yes ☐ No ☐
If yes, please explain:	_____
Do you have a valid driver's license?	Yes ☐ No ☐
Driver's License Number:	_____
State of Issue:	_____

Emergency Contact

Field	Information
Emergency Contact Name	_____
Relationship	_____
Phone Number	_____
Alternative Phone Number	_____

Applicant Statement

I certify that all the information provided in this application is true and complete to the best of my knowledge. I understand that any false information or omissions may disqualify me from further consideration for employment and may result in my dismissal if discovered later.

Field	Information
Applicant Signature	_____
Date	_____

For Office Use Only

Field	Information
Interview Date	_____
Interviewer Name	_____
Comments	_____

Thank you for applying to join our team. We will review your application and contact you soon regarding the next steps.