Application for Employment as a Personal Support Worker

_____ (____) _____
Name of Applicant Telephone #

_____
Address City/Town State Zip Code

_____
County

Because of the need to protect the health and welfare of the participant, the Illinois Medicaid Waiver Program has established the following standards for the employment of Personal Support Workers in the Program:

Minimum Qualifications as a Personal Support Worker in the Illinois Medicaid Waiver for Children and Adults with Developmental Disabilities

1. **Personal Support Worker is 18 years old or older;**
2. **Personal Support Worker has the required skills to perform Personal Support Worker care services as specified in the participant's support plan;**
3. **Personal Support Worker must possesses a High School diploma or GED;**
4. **Personal Support Worker possesses a valid Social Security number;**
5. **Personal Support Worker hired on or after July 1, 2007 is willing to submit to a criminal and a child or adult abuse record check;**
6. **Personal Support Worker can demonstrate the capability to carry out the responsibilities required by the participant and/or as specified in the participant's support plan.**

Full Time_____ Part Time____, Willing to fill in for a regular Personal Support Worker? (Yes___), (No___), Are you 18 years old or over? Y/N_____
Are you willing to work holidays? Yes____ No____ If Yes, which holidays_____

Please indicate which hours of what days that you are willing to work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Have you ever been convicted of a serious offence (other than a minor traffic violation) after your 18th birthday, of have you ever forfeited a bond in a criminal proceeding ____Yes ____No, and if requested by the participant/employer or the provider agency, are you willing to undergo a criminal, and/or a child/adult abuse records check as part of this application process Yes____ No____

Reference (name) _____ Telephone #_____

Reference (name) _____ Telephone #_____

The answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract of employment.

By signing below acknowledges that you have read the "Minimum Qualifications for employment as a Personal Support Worker in the Illinois Medicaid Waiver for Children and Adults with Developmental Disabilities."

Applicant's Signature_____ Date_____