



Connecting Individuals with Disabilities to Their Community

Date _____

APPLICATION FOR LIVE-IN OPPORTUNITIES

We are an equal opportunity employer. We do not discriminate in hiring, promotion, or other employment decisions on the basis of race, sex, color, pregnancy, religion, disability, age, veteran status, sexual orientation, marital status or any other basis protected by law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the Human Resources Department.

I understand that any agreement between Community Bridges and myself is dependant upon the accuracy and truthfulness of the statements made in this application.

Name:

_____ (Last)

_____ (First) (Middle Initial)

Present Address:

_____ (Street)

_____ (City)

_____ (Zip)

Phone # _____

Alternate Phone # _____

Email: _____

Position desired: Home Provider - Individual moves in your home

Companion/Roommate - You move in with 1 or more individual(s)

Have you previously worked for Community Bridges? Yes

No

If yes, what position? _____

Where and when? _____

Are you legally permitted work in the US? Yes

No

When would you be available? _____

Minimum acceptable compensation? _____

List any relatives employed by Community Bridges:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Education: (Please Fill In All)

(Name of school and address)

Graduated

Degree and Major

High School _____

YES / NO

College _____

YES / NO

Graduate School _____

YES / NO

Other:
Schooling/Training _____

YES / NO

Employment Record

Present Or Most Recent Position: _____

Company Name/ Address _____ Type of Business _____

Position/Title _____ Name/Title of Immediate Supervisor _____

Describe your responsibilities: _____

Reason for Leaving: _____ Start Pay _____ End Pay _____

Second Most Recent Position: _____

Company Name/ Address _____ Type of Business _____

Position/Title _____ Name/Title of Immediate Supervisor _____

Describe your responsibilities: _____

Reason for Leaving: _____ Start Pay _____ End Pay _____

Third Most Recent Position: _____

Company Name/ Address _____ Type of Business _____

Position/Title _____ Name/Title of Immediate Supervisor _____

Describe your responsibilities: _____

Reason for Leaving: _____ Start Pay _____ End Pay _____

General Information:

Can you travel if the position requires it? Yes No

Can you transport a disabled individual if the position requires it? Yes No

Do you have a valid NH Driver's License? Yes No

Employment Questionnaire

- 1) Please list all your experience, knowledge, skills and abilities relative to the position you are applying for:

- 2) How did you learn of this program?
If referred by a current Community Bridges employee, please share their name here. _____

- 3) Why are you interested in this position?

- 4) What is your background in dealing with people with disabilities?

- 5) How do you perceive confidentiality?

- 6) Have you, or anyone in your household, ever been convicted of a felony? Yes No
a. If yes, please explain:

- 7) Have you, or anyone in your household, ever been convicted of a misdemeanor? Yes No
a. If yes, please explain:

- 8) Do you, or anyone in your household own any firearms or weapons? Yes No
a. If yes, please describe how these are stored:

- 9) Do you find yourself to be more of a leader, follower or teacher? Please explain your answer:

- 10) Would you be willing to commit yourself in a Home Provider/Roommate situation for at least one year?

- 11) What type of person would you like to live with? (Smoker, non-smoker, male, female, young, old, active, etc.)

- 12) If a Home Provider/Roommate position doesn't work out are you interested in other programs? If yes, may we contact you at a later date?

- 13) Please describe your home and any house rules, if applicable, to the position you are applying for. Include information about potential allergens (pets, woodstoves, etc.) and neighborhood environment.

Business And Personal References

List individuals who can attest to your **professional abilities/work accomplishments**. Personal references should be people **other than** relatives who have known you for a year or more.

Name **Phone** **Relationship** **Years Known**

NOTICE: PLEASE READ BEFORE SIGNING

- If I am contracted, I agree to abide by the rules and regulations of the Agency.
- I understand that if I am applying for a position that would involve direct care, I may be asked to take a lifting test.
- I understand that if I am contracted, this opportunity will be for no definite period, and that my contract and compensation can be terminated with or without cause and without notice, at any time, at the option of either the Agency or me.
- I authorize all persons, companies, prior employers, schools, and government agencies to supply any information concerning my background, education, and employment, and release all parties from all liability for any damage that may result from furnishing same to you. This may include credit checks for any position involving finances. I also release the Agency and its agents from all liability from damages arising from this research of my background.
- In the event I am contracted, I authorize the Agency to provide information concerning my contract to prospective employers, and I release and hold the Agency harmless for providing such information.
- I understand that Community Bridges will check the Office of Inspector General’s List of Sanctioned Individuals and Providers and the General Services Administration Excluded Parties Listing System both prior to hiring and on an annual basis.
- I certify that all of the information that I provide on this application or in any interview will be complete, true, and accurate. I understand that if I am hired, and any such information is later found to be incomplete, false, or misleading in any respect, I may be discharged.
- I also understand that if I am contracted by Community Bridges or its Affiliates and subsequently am convicted of any crime (a violation, misdemeanor, felony or any motor vehicle offense) or found to be in violation of a rule or any federal or state health care program, including Medicare or Medicaid, I must immediately notify Community Bridges Human Resources Office. I authorize the Agency to investigate any of the facts set forth in this application.

I understand that this application will remain active for one year. If I have not heard from the Agency by the end of one year and still wish to be considered for live-in opportunities, I will need to complete a new application.

By signing below, I acknowledge I have read, understood, and agree to the above Notice Section.

(Print Name) (Signature) (Date)

Name and number of person who is completing this form, if other than applicant:

(Print Name) (Signature) (Date)

Mail to: Community Bridges, 2 Whitney Rd., Concord, NH 03301
Fax to: 603-565-1092
Email to: HR@communitybridgesnh.org