



**Personal / Professional References:** (This vendor will contact references upon Consumer's request only)  
Please provide individual names, position and phone numbers. Please list their relationship, i.e. friend, clergy, previous employer. **(No relatives)**.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Year's known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**(Office use only):** If verified, comments from reference:

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Year's known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**(Office use only):** If verified, comments from reference:

**Special Skills:** Describe any special skills/certifications/licenses or qualifications for this work.

\_\_\_\_\_  
\_\_\_\_\_

**Essential Job Functions:**

- Are you able to meet the physical and mental demands required to perform specific tasks required by a particular consumer  Yes  No
- Do you agree to maintain confidentiality  Yes  No
- Are you emotionally mature and dependable  Yes  No
- Are you able to handle emergency type situations  Yes  No

**Transportation:** Do you have reliable transportation?  Yes  No

**I CERTIFY** that the above answers are true and complete to the best of my knowledge. I authorize the vendor to conduct an investigation of all the facts set forth in this application and hereby release the vendor, education institutions, former employers, law enforcement authorities, and all references from any liability in connection with such investigations. I understand and consent to a pre-employment criminal background check and EDL check which is required for this position. I understand and consent to a closed criminal records check pursuant to Section 610.120, RSMo. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of the vendor. I understand that as an attendant, I am an employee of the consumer only for the time period subsidized with CDS funds, but I acknowledge that I am never the employee of the vendor, DHSS, or the state of Missouri.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_