



## Host Home Provider Application

**Mountain Valley Developmental Services** is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Name (First, Middle, Last):		
Street Address:		City, State & Zip:
Home Phone:	Other Phone:	Email:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other names under which you have attended school or been employed:
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?
Have you ever been employed by MVDS previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what position and when?
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:

### EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to being a Host Home Provider. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert). Please list any relevant personal experiences that would demonstrate experience in this field.

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**WORK EXPERIENCE-**Please detail your work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.”

**PLEASE NOTE:** {Mountain Valley Developmental Services} reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From:            To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:		
Supervisor’s Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From:            To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:		
Supervisor’s Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

**PERSONAL REFERENCE:** Personal references should be individuals familiar with you and your work. Relatives should not be used.

Name	Address	Phone Number	Relationship	Years Acquainted

**JOB REQUIREMENTS**

*(Complete this section only if you have been told the job qualifications and requirements.)*

- Yes  No Must be able to speak and write English fluently.
- Yes  No Must have a computer and possess basic computer skills.
- Yes  No Must have a valid Driver's License and insurance.
- Yes  No Must be able to lift 80 pounds from a height of 3 feet and lower it to the floor safely. (May be waived in certain situations)

**PLEASE TELL US MORE ABOUT THE LIVING ENVIRONMENT YOU HAVE AVAILABLE:**

Do you have a spare bedroom available?  Yes  No

Room Dimensions:

Are there stairs to enter the home?  Yes  No

Are there stairs to access the available bedroom?  Yes  No

Are there pets in the home?  Yes  No

If yes, what type and how many?

Are there children in the home?  Yes  No

If yes, provide ages:

**PLEASE TELL US WHY YOU WOULD MAKE A GOOD HOST HOME FOR AN ADULT WITH DEVELOPMENTAL DISABILITIES?**

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation of information by statement or omission will result in termination of any contract with Mountain Valley Developmental Services. I authorize Mountain Valley Developmental Services to contact my references, investigate my employment history, education, criminal record, and if applicable, driving record. I agree to assist Mountain Valley Developmental Services in obtaining background information on me by signing this authorization and any release forms necessary to obtain such information. I understand that any contract is contingent upon an acceptable background check. A background check will only be completed once all information has been received, reviewed and deemed acceptable.

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

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