

Partners in Personal Assistance

3810 Packard, Suite 100B

Ann Arbor, MI 48108

Phone: (734) 214-3890

Fax: (734) 214-0644

Email: info@annarborppa.org

Various Federal, State, and Local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. PPA is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.

Personal Information

Personal Assistant-Employee

Date of Application ____ / ____ / ____

Name (Last)	(First)	(Middle initial)
Home Address	City	State Zip
Home phone	Driver's License#	
Email Address		
In Case of Emergency Notify: Name		Relationship
phone	Address	
<u>Please answer the following questions: (Attach additional sheets if necessary.)</u>		
Why do you want to be a personal assistant?		
What personal strengths &/or special skills would you bring to this job?		
Do you have any direct care experience? If so, please describe: _____		
What challenges do you envision you might encounter in this type of work? _____		
How were you referred to PPA? _____		
Are you a U.S. Citizen? ___ yes ___ no If no, do you have a legal right & necessary documents to work in the U.S.? ___ yes ___ no (Identity & employment eligibility of all new hires will be verified as required by the Immigration Reform & Control Act of 1986.)		
Were you ever discharged by any company ___ yes ___ no		
If yes, give name of company _____		
Have you ever been convicted of a crime other than a minor traffic violation? ___ yes ___ no		
If yes, please explain offense & final disposition: _____		

Education: High School completion: _____ College: _____ years attended: _____

Other training _____

Date Available: _____ Earliest morning start time _____ Latest night end time _____

EMPLOYMENT HISTORY

List employment history. May we contact your present employer? __ yes __ no
Past employer? __ yes __ no Please indicate if you were employed under a different name.

Dates	Name & address of employer	Position held & Supervisor	List major duties	Reason for leaving
From: _____/_____/_____ mo. yr.	Name _____ Address _____	Your job title _____ Supervisor _____		
To: _____/_____/_____ mo. yr.	Phone _____			
Dates	Name & address of employer	Position held & Supervisor	List major duties	Reason for leaving
From: _____/_____/_____ mo. yr.	Name _____ Address _____	Your job title _____ Supervisor _____		
To: _____/_____/_____ mo. yr.	Phone _____			
Dates	Name & address of employer	Position held & Supervisor	List major duties	Reason for leaving
From: _____/_____/_____ mo. yr.	Name _____ Address _____	Your job title _____ Supervisor _____		
To: _____/_____/_____ mo. yr.	Phone _____			

References: Do not list relatives

Name	Occupation	Daytime phone #

PLEASE READ THIS CAREFULLY!

In submitting this application for employment, I understand that an inquiry will be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, and/or criminal history. I authorize anyone possessing this information to furnish it to Partners in Personal Assistance (PPA) and I release anyone so authorized, & PPA, from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in immediate dismissal. I understand I must abide by all policies & procedures set forth by the Board of Directors.

I understand and agree that if employed, the employment will be "at will". That is, either I or PPA may end the employment relationship at any time, for any reason, or for no reason.

Applicant's signature _____

Date signed _____