## **Consumer Directed Services Employment Application**

Name:
Street Address:
Mailing Address:
Cell Phone: Home Phone:
Social Security Number:
Date available for employment:
How many hours per CDS work week (Sunday – Saturday) can you work?
Education
High School Diploma? If YES, Name of high school and year of graduation.
YES NO
*attach copy of high school diploma
GED? If YES, Name of entity and year earned.
YES NO *attach copy of GED certificate
rattach copy of GED certificate
Why do you want to be a service provider?
willy do you want to be a service provider:
Have you ever been convicted of a crime, plead guilty or no contest to a crime, or received deferred adjudication for any offense? If so, please explain. A criminal conviction check, DADS Employee Misconduct Registry, and LEIE verifications will be performed before an offer of an employment can be extended to applicant.
Do you have a valid Texas driver license? YES NO. If yes, TDL number:
Do you have CPR certification? YES NO If yes, please include copy with your application documents.
Work History (beginning with the most recent)
Name of company:
Supervisor's name:
Dates of employment:
Employer's address:
Phone number:
Description of work duties:
Reason for leaving:

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Phone number:  Description of work duties:  Reason for leaving:  Name of company: Supervisor's name: Dates of employment: Employer's address: Phone number: Description of work duties:  Reason for leaving:  Personal References  NAME  ADDRESS  PHO  NAME  ADDRESS  PHO	Dates of employmer	t:	
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What skills or experiences do you have related to this position:	What skills or experi	ences do you have related to this position	າ:
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You MAY or MAY NOT contact my current employer. If not, reason:			_
If offered position, will you be able to work on time and according to the schedule?	YES NO C	omments:	
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