



Focus, Inc.

Revised 2009

504 Flint Street
Jonesboro, Arkansas 72401
870-935-2750
FAX 870-931-3755

**MEDICAID WAIVER PROGRAM
EMPLOYMENT APPLICATION**

Personal Information

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone Number _____ Social Security Number _____ - _____ - _____

For which open position are you applying:

- ____ Medicaid Waiver Program Direct Care Staff (Implementer)
- ____ Medicaid Waiver Program Case Manager or Direct Care Supervisor
- ____ Other: _____

I am available to work in the following areas (please check all areas where you are willing to work):

- | | | | |
|------------------|----------------------|-----------------|-------------------|
| ____ Ash Flat | ____ Forrest City | ____ Osceola | ____ Walnut Ridge |
| ____ Bay | ____ Hardy | ____ Paragould | ____ Weiner |
| ____ Bono | ____ Harrisburg | ____ Pocahontas | ____ Wynne |
| ____ Blytheville | ____ Jonesboro | ____ Rector | |
| ____ Brookland | ____ Lafa | ____ Salem | |
| ____ Caraway | ____ Mammoth Springs | ____ Trumann | |
| ____ Corning | ____ Marmaduke | | |

Education

High School Name _____	Location _____	
Do you have a diploma? _____	Or a GED? _____	
Business/Trade School _____	Location _____	
University/College _____	Location _____	
Major _____	Minor _____	
University/College _____	Location _____	Degree _____
Major _____	Minor _____	
University/College _____	Location _____	Degree _____
Major _____	Minor _____	

Certification(s)/License(s) Held _____

Are you related to anyone at Focus, Inc.? _____ If yes, who? _____

Are you authorized to work in the United States of America? _____

Are you at least 21 years of age? _____

What are your work days, hours, & nights of availability? _____

*To empower individuals, with or without disabilities,
to reach their goals and take their place in our community*

Professional/Employment Experience (Add another sheet if necessary. Staple to application.)

<i>Inclusive Dates</i>	<i>Employer</i>	<i>Position</i>	<i>Responsibilities</i>	<i>Reason for Leaving</i>	<i>Rate of Pay</i>

Please explain any gaps in employment: _____

Have you ever been employed by Focus, Inc., before, in any program and/or any capacity? If yes, give details: _____

How did you hear about an opening at Focus, Inc.? Check as many as applicable:

- Newspaper ad
- TV ad
- Internet ad
- Friend
- Called to check if there were openings
- Other: _____

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Conditions of Application

The facts set forth in my application are true and complete. I understand that, if employed, false statements on my application will be considered sufficient cause for dismissal.

I hereby authorize Focus, Inc., or its agents to make an investigation of my employment and personal history through any investigative or credit agencies of its choice.

I also understand that neither this application nor a commitment of employment by Focus, Inc., constitutes a contract of employment. If a contract is to exist, that document will be executed, in writing, by Focus, Inc.

I understand that Arkansas, as an employment-at-will state, allows both employer and employee to terminate employment at any time and for any reason. Focus, Inc., reserves its rights to terminate employees to the fullest extent allowed by law.

I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit an application in order to be considered for positions at Focus, Inc.

I further understand that a pre-employment drug test will be required, often within 48 hours of any scheduled interview(s).

Applicant's Signature

Date

Criminal Background Checks

Conviction of a crime (other than minor traffic violations) may disqualify you from employment with Focus, Inc. Disqualification may depend on a decision by Developmental Disabilities Services. Please indicate below whether you have been convicted of a crime. Please note that Focus will check your record. (Also, please be aware that some Waiver positions that require the program participant to stay at your house will also require criminal background checks for everyone over 18 years of age that resides at the house.)

_____ *Yes, I have been convicted of a crime. Explain.* _____

_____ *No, I have not been convicted of a crime.* _____

Signature

Date

Traffic Violation Record Check Authorization

You are hereby authorized to obtain my Traffic Violation Record from the Office of Driver Services as permitted by Arkansas Code Ann. 27-50-906.

Signature of individual appearing below shall constitute consent for the release of such records to Focus, Inc.:

Last Name

First Name

Middle Initial

Driver's License Number

Date of Birth

Employee's Signature

Today's Date

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For Your Information:

Here is some information about being an employee at Focus, Inc., that you need to know right now:

*****We check our employees' backgrounds carefully. You may expect any or all of the following checks to be run on you:**

- 1) Criminal background check—state of Arkansas and/or national**
- 2) Central Registry checks—both adult and children maltreatment registries**
- 3) TB test**
- 4) Drug/alcohol screenings**
- 5) Reference checks**
- 6) Traffic violation release records**

*****Every position at Focus carries a training requirement. You will be expected to both undergo an orientation training and to renew that training annually. Focus cannot employ untrained employees. This training is mandated by Arkansas Developmental Disability Services.**

*****Anyone in a position which requires transporting a consumer is required to maintain a current Driver's License and car insurance and is mandated to attend a Driver Safety Course.**

*****Focus is a company that strives to deliver quality services and to comply with all laws. We expect our employees to be qualified, dedicated, competent, and to operate within the letter and spirit of the law. If this describes you, then submit this application to the appropriate office.**

Use this space to tell us why Focus should want to hire you:

*To empower individuals, with or without disabilities,
to reach their goals and take their place in our community*



Focus, Inc.

**AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD FROM DEPARTMENT
OF FINANCE AND ADMINISTRATION OFFICE OF DRIVER SERVICES**

**You are hereby authorized to obtain my Traffic Violation Record from the Office
of Driver Services as permitted by Arkansas Code 27-50-906**

**Signature of individual appearing below shall constitute consent for the release
of such records to Focus, Inc.**

First Name: _____

Middle Initial: _____

Last Name: _____

Driver's License Number: _____

Date of Birth: _____

Employee Signature _____ **Date:** _____

**504 Flint St.
Jonesboro, AR 72401
Phone: 870-935-2750 FAX: 870-931-3755**

ORI

REQUEST FOR CRIMINAL RECORD CHECK

Obtain forms from: Arkansas Department of Human Services, Division of Developmental Disabilities Services (DDS)
Licensure and Certification, PO Box 1437, Slot N203, Little Rock, AR 72203-1437, (501) 320-6408

State-only Check: Required items

1. This form completed, signed, and notarized
2. \$25 check/money order made payable to "Arkansas State Police"

3. MAIL this form and attachments to:
State Identification Bureau, Arkansas State Police,
#1 State Police Plaza Drive
Little Rock, Arkansas 72209

Type of Provider: Licensed DDTCS ___ Certified Early Intervention ___ Certified Waiver ___ New ___

Provider submitting form: _____
Name of Provider _____ Address _____ City/Zip _____

Name of Provider Contact Person _____

Telephone number (include Area Code) _____

Name of person to be checked:

Last Name _____

First Name _____

Middle Name _____

Current address

Street _____

City _____

State _____

ZIP Code _____

Maiden Name _____

Aliases _____

Date of Birth (month/day/year) _____

Telephone _____

Social Security Number _____

Race _____

Sex (M/F) _____

Driver's License Number _____

State of Issuance _____

Note: The name, address, and date of birth listed above must appear on a valid identification document issued by a government entity.

Please list the document used if not the person's driver's license: _____

The person listed above must list all past felony or misdemeanor charges(s) for which he/she was found guilty of or to which he/she pled guilty or nolo contendere:

Date of charge	Location	Description of charge	Sentence/Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notice to Applicant: By signing this form you give consent for the Arkansas State Police to release your criminal history report to the employer listed above and to the Division of Developmental Disability Services (DDS). Pursuant to Arkansas Code Ann. § 20-38-101, DDS will issue a letter of determination to the employer stating your employment eligibility based on your criminal history report. The employer must then provide you with a copy of the determination letter. Prior to the receipt of the determination letter, the employer may choose to deny any employee unsupervised access to a person to whom the employer provides care. You may obtain a copy of the criminal history report from the employer. You must direct any challenges to the accuracy of the report to the Arkansas State Identification Bureau, Arkansas State Police, #1 State Police Plaza Drive, Little Rock, Arkansas 72209 (501) 618-8500.

Statement of Oath: I state on oath that the representations made herein are true, complete, and correct.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code Annotated § 5-53-103.

Signature of Applicant/Employee _____

Date _____

Notarization: State of Arkansas County of _____ Subscribed and sworn to before me, a Notary Public, in and for the county and state

noted above this the _____ day of _____

Notary Public _____

My commission expires on _____, (year) _____

(Notary Seal)

FOR ARKANSAS STATE POLICE ONLY

82005 Civil Records Check \$25 via postal mail (\$22.00 via online services)

80007 & 80006 FBI Records Check \$14.75

ARKANSAS DEPARTMENT OF HUMAN SERVICES AUTHORIZATION FOR ADULT MALTREATMENT CENTRAL REGISTRY

Print all information in ink

Name	Date of Birth
Maiden and/or Any Names Formerly Used	Social Security Number
Current Address (Street, City, State, Zip)	
List all previous addresses for the past five years	Dates (From/To)

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Arkansas Code [ACA 12-12-1717] to:

<p style="text-align: center;">Name</p> <p>Amy Sharp Waiver Program, Human Resources</p>	<p>Agency type:</p> <p><input type="checkbox"/> Volunteer (no charge)</p> <p><input checked="" type="checkbox"/> Non-Profit (no charge)</p> <p><input type="checkbox"/> State Agency (no charge)</p> <p><input type="checkbox"/> All Others (\$10.00 Fee)</p>
<p>Mailing Address (Street or PO Box, City, State, Zip)</p> <p>Focus, Inc. 504 Flint Street Jonesboro, AR 72401</p>	

I further certify that the information provided on this form is true and correct.

Signature _____ Date _____

Notarization Required

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20____.

(Notary Public) (My Commission Expires)

The above listed applicant was _____ /was not _____ found in the Adult Maltreatment Central Registry.

Adult Protective Services – Slot W240
Adult Maltreatment Central Registry
PO Box 1437
Little Rock, AR 72203

Authorization For Release of Confidential Information Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

Arkansas law now permits Central Registry to charge a fee for child maltreatment background checks, investigative files, photos, audio and video recordings. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. We are unable to accept cash. If you feel that you should not have to pay this fee, please provide us with your proof of 501C3. Please allow 7-10 business days for processing.

This information should be addressed to:
(Please include a contact person's name and phone number.)

Name of Person Making the Request: Amy Sharp

Company Name: Focus, Inc.

Address: 504 Flint Street Jonesboro, AR 72401

Telephone Number: (870) 935-2750

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Full Name and DOB children

Race Age and DOB

Full Name and DOB children

Present Address:

Full Name and DOB children

From _____ to _____

Full Name and DOB children

Past address:

From _____ to _____

Applicant's Signature

County of _____ State of Arkansas

Acknowledges before me this _____ day of _____ 200_____.

My commission expires: _____

Notary Public



Focus, Inc.

**ALL THESE ITEMS MUST BE BROUGHT TO YOUR
INTERVIEW OR IT WILL BE RESCHEDULED FOR ANOTHER
TIME**

- ✓● Two professional letters of reference (see sample)
- ✓● Proof of Education: HS diploma or College Degree
- ✓● Valid Driver's License
- ✓● Social Security card or Birth Certificate
- ✓● Voided Check
- CPR Certification (if not certified, we will provide training)
- Current vehicle insurance (make sure it's not expired)
- Current vehicle registration (make sure it's not expired)

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**PROOF OF CONTINUOUS RESIDENCE IN THE STATE OF
ARKANSAS FOR FIVE YEARS**

This is to certify that _____ has been a
(EMPLOYEE'S SINGATURE)

_____ at my establishment for
(Patient, Tenant, Church Attendee, etc)

the last five years.

Professional in Charge: _____

Title: _____

Date: _____

****This must be completed by someone in a professional capacity that will attest to the fact you have been a resident in the State of Arkansas for continuously for the last five years**** This must be brought to your interview****

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Reference Letter Format

Salutation

If you are writing a personal letter of reference, include a salutation (Dear Dr. Smith, Dear Mr. Jones, etc.). If you are writing a general reference letter, say "To Whom it May Concern" or simply don't include a salutation.

Paragraph 1

The first paragraph of the reference letter explains your connection to the person you are recommending, including how you know them, how long you have known them, and why you are qualified to write a reference letter to recommend some for employment or graduate school.

Paragraph 2

The second paragraph of the reference letter contains specific information on the person you are writing about, including why they are qualified, what they can contribute, and why you are providing a reference letter. Be sure to use specific examples to speak to their qualifications. If necessary, use more than one paragraph to provide details.

Summary

This section of the reference letter (typically right before the conclusion) contains a brief summary of why are you recommending the person. State that you "highly recommend" the person or you "recommend without reservation" or something similar.

Conclusion

The concluding paragraph of the reference letter contains an offer to provide more information. Include a phone number within the paragraph. Also include your phone number and email address in the return address section of your letter or in your signature (if it is an email, include your contact information underneath your name in the signature). See a sample signature below:

Sincerely,

Signature (*hard copy letter*)

Writer Name

Title

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