



Focus, Inc.

MEDICAID WAIVER PROGRAM

EMPLOYMENT APPLICATION

504 Flint Street
Jonesboro, AR. 72401
Phone: (870) 935-2750
Fax: (870) 931-3755

PERSONAL INFORMATION			
Name:		Date:	
Address:			
City:		State:	Zip:
Telephone Number:		SSN:	
For which open position are you applying:			
<input type="checkbox"/>	Medicaid Waiver Program Direct Care Staff (Implementer)		
<input type="checkbox"/>	Medicaid Waiver Program Direct Care Supervisor		
<input type="checkbox"/>	Other: (please specify)		
I am available to work in the following areas (please check all areas you are willing to work):			
<input type="checkbox"/>	Ash Flat	<input type="checkbox"/>	Hardy
<input type="checkbox"/>	Bay	<input type="checkbox"/>	Harrisburg
<input type="checkbox"/>	Bono	<input type="checkbox"/>	Jonesboro
<input type="checkbox"/>	Blytheville	<input type="checkbox"/>	Lafe
<input type="checkbox"/>	Brookland	<input type="checkbox"/>	Mammoth Spring
<input type="checkbox"/>	Caraway	<input type="checkbox"/>	Marmaduke
<input type="checkbox"/>	Corning	<input type="checkbox"/>	Osceola
<input type="checkbox"/>	Forrest City	<input type="checkbox"/>	Paragould
Shift Availability:			
EDUCATION			
High School Name:		Location:	
Do you have a diploma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Or a GED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Business/Trade School:		Location:	
University/College:		Location:	
Major:		Minor:	
University/College:		Location:	
Major:		Minor:	
University/College:		Location:	
Major:		Minor:	
Certification(s)/License(s) Held:			

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

Revised April 2019



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PROFESSIONAL/EMPLOYMENT EXPERIENCE					
Inclusive Dates	Employer	Position Held	Responsibilities	Reason for Leaving	Rate of Pay
Please explain any gaps in employment:					
Have you ever been employed by Focus, Inc. in any program and/or capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, give details such as location, position held and time frames of employment:					
How did you hear about an opening at Focus, Inc.?					
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Facebook <input type="checkbox"/> Indeed <input type="checkbox"/> Friend/Family <input type="checkbox"/> Walk-In <input type="checkbox"/> 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 re-submit an application in order to be considered for positions at Focus, Inc.

I further understand that a pre-employment drug screen 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 Disability Services. Please indicate below whether you have been convicted of a crime. Please note Focus, Inc. **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).*

<input type="checkbox"/> YES, I have been convicted of a crime. Explain:
<input type="checkbox"/> NO, I have not been convicted of a crime.

Traffic Violation Record Check Authorization

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

Last Name:		First Name:		Middle Initial:	
Driver's License Number:		Date of Birth:			
Employee Signature:		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 to be run on you:

- *Criminal Background Check- State of Arkansas and/or Federal*
- *Central Registry Checks- Both adult and child maltreatment registries*
- *Drug/Alcohol Screenings*
- *Reference Checks*
- *Traffic Violation Release Records*

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

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

Focus, Inc. 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, Inc. should want to hire you:



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**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 Ann. 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:

DLN:

DOB:

**Employee
Signature:**

Date:

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 Dunning

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 _____	_____
_____	_____
Past address:	Full Name and DOB children
_____	_____
_____	_____
From _____ to _____	_____
_____	_____
_____	_____

Applicant's Signature

County of _____ State of Arkansas
Acknowledges before me this _____ day of _____ 200____.
My commission expires: _____

Notary Public

REQUEST FOR CRIMINAL RECORD CHECK

Obtain forms from: AR Department of Human Services, Division of Provider Services & Quality Assurance (DPSQA)
PO Box 1437, Slot S-530, Little Rock, AR 72203-1437, (501) 320-6408.

State-only Criminal Record 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: FOCUS, INC. 504 FLINT STREET JONESBORO, AR 72401
Name of Provider Address City/Zip

AMY DUNNING (870) 935-2750
Name of 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

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 for which he/she was found guilty 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 et.seq, 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, 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 your 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 via online services) _____ 80007 & 80006 FBI Records Check \$13.25



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**ALL OF THE FOLLOWING ITEMS MUST BE BROUGHT TO YOUR
INTERVIEW OR IT WILL BE SCHEDULED FOR ANOTHER TIME**

- Two Professional Letters of Reference (see sample)
- Proof of Education: HS Diploma/GED or College Degree
- Valid Driver's License
- Voided Check
- Social Security Card or Birth Certificate
- CPR Certification (if not certified, we will provide training)
- Current Vehicle Insurance (Make sure it is not expired)
- Current Vehicle Registration (Make sure it is not expired)
- 5 Year Residency Form (attached)



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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 Signature)

_____ **at my establishment for the**
(Patient/Tenant/Church Attendant, etc.)

last five years.

Professional in Charge: _____

Title: _____

Date: _____

*****This must be completed by someone in a professional capacity that will attest to the fact that you have been a resident in the State of Arkansas 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 someone 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 you are 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