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:

☐	Medicaid Waiver Program Direct Care Staff (Implementer)
☐	Medicaid Waiver Program Direct Care Supervisor
☐	Other: (please specify)

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

☐	Ash Flat	☐	Hardy	☐	Pocahontas
☐	Bay	☐	Harrisburg	☐	Rector
☐	Bono	☐	Jonesboro	☐	Salem
☐	Blytheville	☐	Lafe	☐	Trumann
☐	Brookland	☐	Mammoth Spring	☐	Walnut Ridge
☐	Caraway	☐	Marmaduke	☐	Weiner
☐	Corning	☐	Osceola	☐	Wynne
☐	Forrest City	☐	Paragould		

Shift Availability: (Please list all days/hours you are willing to work)

EDUCATION

High School Name:				Location:	
Do you have a diploma? ☐YES ☐NO				Or a GED? ☐YES ☐NO	
Business/Trade School:				Location:	
University/College:				Location:	
Major:		Minor:		Degree:	
University/College:				Location:	
Major:		Minor:		Degree:	
University/College:				Location:	
Major:		Minor:		Degree:	

Certification(s)/License(s) Held:

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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? ☐**YES** ☐**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.?

☐Newspaper Ad ☐Facebook ☐Indeed ☐Friend/Family ☐Walk-In ☐Other:

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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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).*

☐ *YES, I have been convicted of a crime. Explain:*
☐ *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:** _____

To empower individuals, with or without disabilities, to reach their goals and take their place in our community.
Revised April 2019

ARKANSAS DEPARTMENT OF HUMAN SERVICES
REQUEST FOR ADULT MALTREATMENT REGISTRY INFORMATION

Print all information in ink.

Name	Date of Birth
Maiden Name and/or Any Names Formerly Used	Social Security Number
Current Address (Street, City, State, Zip)	

List all previous addresses for the past five years. (Attach additional pages, if needed.)	Dates (From/To)

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Ark. Code Ann. § 12-12-1717 to the following:

Agency Name/Contact Person

Amy Dunning
Waiver Program, Human Resources

Mailing Address (Street or PO Box, City, State, Zip)

Focus, Inc
504 Flint Street
Jonesboro, AR 72401

Agency type:

- ☐ Volunteer (no charge)
- x Non-Profit (no charge
- ☐
- ☐ State Agency (no charge)
- ☐ All Others ($10.00 Fee)

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

Signature _____ Date _____

COUNTY OF _____
STATE OF ARKANSAS

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

_____ _____ [SEAL]
Notary Public My Commission Expires

For APS use only:

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

Verified by: _____

MAIL THE COMPLETED FORM TO:
Adult Maltreatment Central Registry – Slot W240
PO Box 1437
Little Rock, AR 72203

Requesting a child maltreatment check

This process works best using Google Chrome

You will need to complete the following as a part of your application process.

You will need to visit the following link:

https://ardhs.formstack.com/forms/dcfs_central_registry_request_v2

This will take you directly to the form needed.

It will ask why you are needing the registry check, please select

"None of the above applies, but you would like a registry check."

Once you click that option, it will bring up a new section.

You will fill out that portion as pictured. >>>>>>>>>

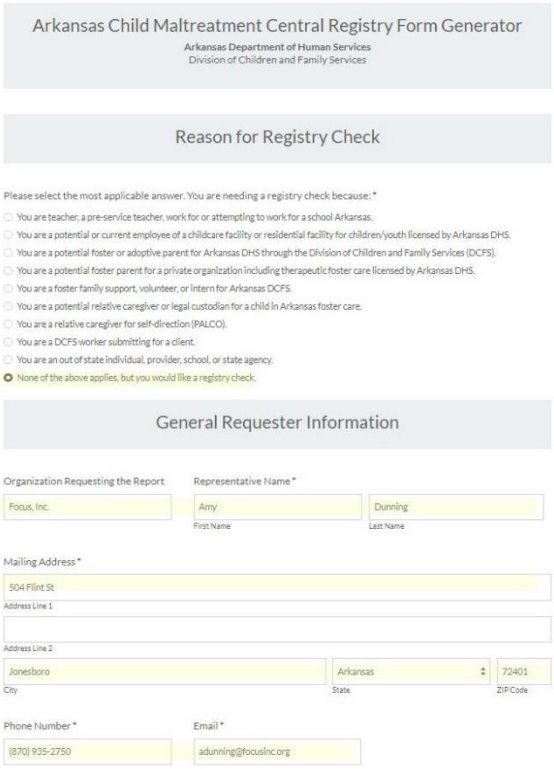
* When asked for an Organization Requesting Report put Focus, Inc.

* Representative Name: Amy Dunning

* Mailing Address: 504 Flint St. Jonesboro, AR 72401

* Phone: 870-935-2750

* Email: adunning@focusinc.org



Arkansas Child Maltreatment Central Registry Form Generator

Arkansas Department of Human Services
Division of Children and Family Services

Reason for Registry Check

Please select the most applicable answer. You are needing a registry check because: *

- You are teacher, a pre-service teacher, work for or attempting to work for a school Arkansas.
- You are a potential or current employee of a childcare facility or residential facility for children/youth licensed by Arkansas DHS.
- You are a potential foster or adoptive parent for Arkansas DHS through the Division of Children and Family Services (DCFS).
- You are a potential foster parent for a private organization including therapeutic foster care licensed by Arkansas DHS.
- You are a foster family support, volunteer, or intern for Arkansas DCFS.
- You are a potential relative caregiver or legal custodian for a child in Arkansas foster care.
- You are a relative caregiver for self-direction (PALCO).
- You are a DCFS worker submitting for a client.
- You are an out of state individual, provider, school, or state agency.
- None of the above applies, but you would like a registry check.

General Requester Information

Organization Requesting the Report: Focus, Inc.

Representative Name *: Amy (First Name) Dunning (Last Name)

Mailing Address *: 504 Flint St (Address Line 1)

Address Line 2:

Jonesboro (City) Arkansas (State) 72401 (ZIP Code)

Phone Number *: (870) 935-2750

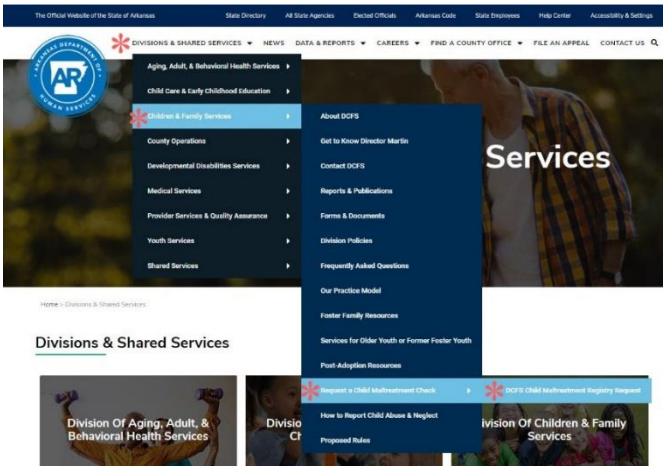
Email *: adunning@focusinc.org

Once you have completed all required (*) fields, you will then receive a copy in your email. You will need to download and print this to have our HR Manager notarize this for you. If you do not have a way to print this out, please contact Focus, Inc. and someone will help you with this.

**If the link above does not work, you can do it step by step to get to it. You will need to go to:

https://humanservices.arkansas.gov/.

Once you are on the website, you will need to click on the Division and Shared Services tab, then "Division of Children and Family Services". You will then see the option to Request A Child Maltreatment Check



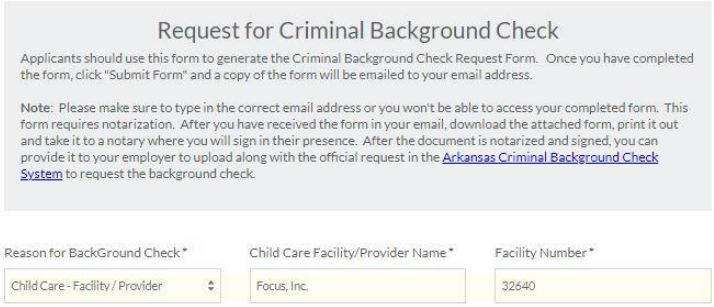
Requesting a Background Check

You will need to complete the following as part of your application

You will need to visit the following link:

https://ardhs.formstack.com/forms/arkansas_dhs_criminal_background_check_request_form

* Reason for Check- Child Care- Facility/Provider
* Child Care- Facility/Provider Name - Focus, Inc.
* Facility #- 32640



Request for Criminal Background Check

Applicants should use this form to generate the Criminal Background Check Request Form. Once you have completed the form, click "Submit Form" and a copy of the form will be emailed to your email address.

Note: Please make sure to type in the correct email address or you won't be able to access your completed form. This form requires notarization. After you have received the form in your email, download the attached form, print it out and take it to a notary where you will sign in their presence. After the document is notarized and signed, you can provide it to your employer to upload along with the official request in the Arkansas Criminal Background Check System to request the background check.

Reason for BackGround Check * | Child Care Facility/Provider Name * | Facility Number *

Child Care - Facility / Provider | Focus, Inc. | 32640

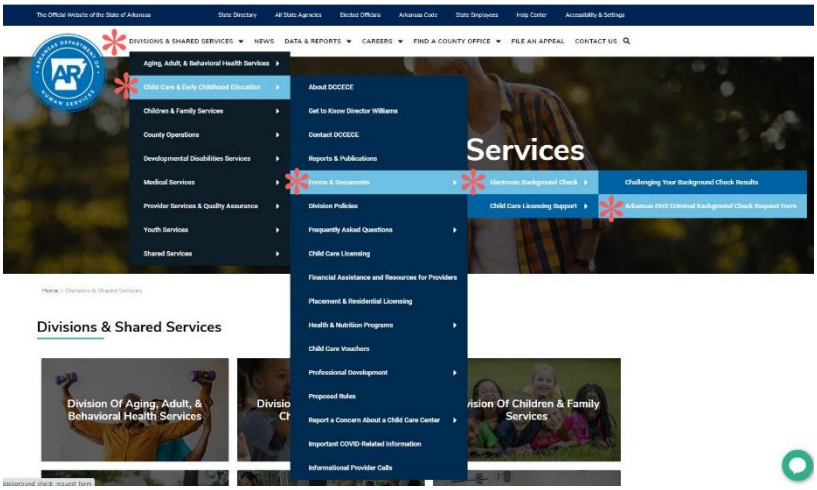
Please complete all required (*) fields.

**If the link above does not work, you can do it step by step to get to it as seen below.

You will need to go to:

https://humanservices.arkansas.gov/.

Once you are on the website, you will need to click on the Division and Shared Services tab
> Child Care and Early Childhood Education
> Forms & Documents
> Electronic Background Check
> Arkansas DHS Criminal Background Check Form



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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
(Applicant Name)

_____ 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