

Conviction Information:

Most of our contractual opportunities require driving. If the opportunity you are applying for involves transporting a person who receives services, we want to make you aware that we will be doing a motor vehicle records check to learn about your driving history and we would like you to respond to the following question:

Have you had any convictions for traffic violations in the last five years? YES NO

If yes, explain _____

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) and Vermont State Licensing Regulations prohibit this Agency from allowing a person who has certain criminal convictions or substantiations relative to abuse, neglect or exploitation to work with a vulnerable population:

Do you have a substantiated record of abuse, neglect, or exploitation of a child as determined by The Vermont Department of Children and Families? YES NO

If yes, please explain _____.

Do you have a substantiated record of abuse, neglect or exploitation of a vulnerable adult as determined by Vermont Adult Protective Services? YES NO

If yes, please explain _____.

Have you been excluded from participation in Medicaid or Medicare services or programs, or from facilities, as reflected in databases maintained by the federal government to include Department of Health and Humans Services' Office of Inspector General List of Excluded Individuals/Entities (LEIE) System for Award Management or the Department of Vermont Health Access? YES NO

If yes, please explain _____.

Have you ever been convicted of any of the crimes listed below?

- Abuse, neglect or exploitation of a child or vulnerable adult
- Lewd and lascivious conduct
- Assaults
- Unlawful restraint
- Recklessly endangering another
- Frauds, including forgery
- Larceny including thefts and robbery
- Burglary
- Embezzlement
- Extortion
- Homicide, including murder or manslaughter
- Stalking
- Cruelty to children or animals
- Kidnapping
- Possession of child pornography
- Arson
- Drug-related
- DUI

YES NO

If yes, please explain _____.

Your Household

Have you or any other adult living in your home ever been arrested, charged or convicted of any violation of the law. Yes No

If yes, please explain _____

Have you or any other adult living in your home ever been the subject of any investigation into allegations of child or elder abuse, neglect or exploitation?

Yes No If yes, please explain _____

Are any guns kept in your house? Yes No

Please list all individuals living in your home (children and adults):

Name	Age	Relationship to you

Individuals that may visit the home frequently:

Name	Age	Relationship to you	Frequency of visits

Hobbies and Interests

<u>You</u>	<u>Spouse/Domestic Partner</u>	<u>Others</u>

Education

Name & Location of School	Course of Study	# of Years	Diploma or Degree

Spouse/Domestic Partner

Name & Location of School	Course of Study	# of Years	Diploma or Degree

Professional & Personal References

Primary applicant	Spouse/Domestic Partner
Employer Name: Address: Phone Number:	Employer Name: Address: Phone Number:
Employer Name: Address: Phone Number	Employer Name Address: Phone Number
Employer Name: Address: Phone Number:	Employer Name: Address: Phone Number:
Personal Ref. Name: Address: Phone Number:	Personal Ref. Name: Address: Phone Number:
Personal Ref. Name: Address: Phone Number:	Personal Ref. Name: Address: Phone Number:

Employment History

Please indicate your current employment status, and list your three most recent employers, beginning with your current employer.

Primary applicant	Spouse/Domestic Partner
I am currently: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed and looking for work <input type="checkbox"/> Working at home	I am currently: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed and looking for work <input type="checkbox"/> Working at home
<u>Employer:</u>	<u>Employer:</u>
Address:	Address:
Phone:	Phone:
Job Title:	Job Title:
Supervisor's Name:	Supervisor's Name:
Dates of Employment:	Dates of Employment:
Reason for Leaving:	Reason For Leaving
<u>Employer:</u>	<u>Employer:</u>
Address:	Address:
Phone:	Phone:
Job Title:	Job Title:
Supervisor's Name:	Supervisor's Name:
Dates of Employment:	Dates of Employment:
Reason for Leaving:	Reason For Leaving
<u>Employer:</u>	<u>Employer:</u>
Address:	Address:
Phone:	Phone:
Job Title:	Job Title:
Supervisor's Name:	Supervisor's Name:
Dates of Employment:	Dates of Employment:
Reason for Leaving:	Reason For Leaving:

Thinking seriously about you and your families own life experiences and current abilities, please read the following list of challenging behaviors which people we support may exhibit and check those you are willing and able to handle.

- Outward expression of frustration
- Verbal aggression towards you or others (may include using profanity, vulgar or insulting language)
- Physical aggression toward you or others (including hitting, biting destruction of property)
- Hurting self through pinching, biting or head banging
- Running away
- Depression
- Lack of attentiveness
- Hyperactivity
- Stealing things from you or others
- Overeating or constant eating
- Sloppiness or poor personal hygiene
- Bedwetting
- Constant need of attention
- Difficulty trusting
- Sexual acting out behavior

Please review the following list of physical or medical conditions which the people we support may exhibit, and check those you would be willing and able to handle.

- Unable to communicate with words
- Uses a wheelchair
- Blind
- Needs assistance with toileting and general hygiene
- Seizures
- Hepatitis
- Requires periodic attention during sleeping hours

Please review the following list of challenges some of the people we support may face, either currently or by history, and check those you would be willing and able to handle.

- Someone with a history of physical abuse
- Someone with a history of sexual abuse
- Someone with a history of emotional abuse
- Someone with a history of mental health care needs
- Someone who has been in trouble with the law
- Someone who has abused alcohol
- Someone who has used/abused drugs
- Someone who smokes

PRE-CONTRACT STATEMENT

I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for contracting with Lincoln Street, Inc. and will be considered justification for termination of contract if discovered at a later date.

I understand that contracts can be terminated, with or without cause, at any time at the discretion of either the Agency or myself. I understand that no management official other than the Executive Director of the Agency has any authority to enter into any agreement contrary to the foregoing.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at a contract decision. I also authorize any investigation of criminal background deemed necessary by Lincoln Street, Inc.

I agree that this information is provided at my request and for my benefit. I hold any persons or organization harmless and do hereby release them from any and all liability for damage of any nature for furnishing any of the above material.

I understand that Lincoln Street, Inc. is required to submit my name to the Child Abuse Registry, State Adult Abuse Registry as well as conduct a Criminal Record Report and a Department of Motor Vehicle Check as well as check the Office of Inspector General's exclusion list (OIG). I further understand that Lincoln Street, Inc. must prohibit the contracting with individuals with a conviction of abuse, neglect or mistreatment of a child or vulnerable adult or who have been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property. I therefore certify that I have no such history, past or pending convictions or findings against me. Any offer of a contract is contingent upon reports received.

I understand that I will be required to provide documentation of current home or renter's liability insurance and automobile insurance as a condition of any contract. Upon any offer of a contract, I will be required to complete all mandatory in-service and pre-service trainings as well as remain current in CPR and First Aid.

Signature of Primary Applicant

Signature of Spouse/Domestic Partner

Date

Date