

Sponsorship Application

Application must be filled out in its entirety; this form serves as an official document to IMPACT, State Licensing Inspector and Human Right Officials.

APPLICANT INFORMATION					
Last Name		First		M.I.	DOB
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES					
<i>Please list three Professional references.</i>					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					

IMPACT COMMUNITY SERVICES, LLC
 "Individuals Making Progress And Changing Tomorrow"
 P.O. Box 3141
 Chester, Va. 23831
 Office: (804) 454-1332
 Email: impactcommunityservices@gmail.com

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DRIVER'S LICENSE

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State Authorized in:	
Driver's License Number:	Type of License
EMPLOYMENT LICENSES (EXAMPLE: NURSING, LCSW, CNA)	
Type of License	Issuing Date
Licensing Number	

DO YOU HAVE EXPERIENCE IN THE FIELD OF INTELLECTUAL DEVELOPMENT DISABILITIES?

YES	NO	PLEASE LIST YOUR EXPERIENCES, TRAININGS, SEMINARS, ETC. (Use additional paper if necessary)
<input type="checkbox"/>	<input type="checkbox"/>	

MARK A CHECK IN THE BOX IF YOU HAVE EXPERIENCE IN ANY OF THE FOLLOWING AREAS

<input type="checkbox"/> Autism spectrum	<input type="checkbox"/> ADD/ADHD	Types of Mental Retardation
<input type="checkbox"/> OCD/Compulsions	<input type="checkbox"/> RETT'S Syndrome	<input type="checkbox"/> Profound
<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> Behavioral Issues	<input type="checkbox"/> Severe
<input type="checkbox"/> Hydrocephalus	<input type="checkbox"/> Seizures	<input type="checkbox"/> Mild
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Depression	<input type="checkbox"/> Moderate
<input type="checkbox"/> PICA	<input type="checkbox"/> Bi Polar Disorder	<input type="checkbox"/> Prader Willi Syndrome
<input type="checkbox"/> Explosive Disorder	<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Blindness
<input type="checkbox"/> Sexual Offenders	<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Self Abusive Injury Behaviors
<input type="checkbox"/> HIV	<input type="checkbox"/> Hyperactivity	
<input type="checkbox"/> Aggression	<input type="checkbox"/> Suicide	
<input type="checkbox"/> Psychiatric Disorders	<input type="checkbox"/> Deafness	

Explain how you gained your experience in the areas above? Use additional paper if needed. **This area will help serves as proof that you have a minimum of one year of experience working with Individuals with Intellectual Disabilities.**

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I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.	
In the event I am employed, I understand that false or misleading information given in my application or interview (s) may result in termination of my employment without cause.	
Signature of Applicant:	Date:

An Equal Opportunity Employer

No Applicant shall be discriminated against by the agency or agency employees on the basis of race, creed, color, religion, sex, national origin or age.

7/20/12