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| **1.Applicant Information** | | | |
| Applicant Name: | | Applicant Former Maiden Name: | |
| Applicant Contact Phone Number: | | Applicant Contact Email: | |
| Applicant Address: | | | |
| **4.Education Information** | | | |
| List educational experience below and the date completed. Waiver Support Coordinators are required to submit official sealed college transcripts. Any documentation of education obtained from another country must be professionally verified through a credentialing service. | | | |
| **Degree Obtained** | | | | School/College/University |
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**Exhibit A – Provider Applicant Experience**

*Describe your* ***related*** *work experience in detail, beginning with your* ***current*** *or* ***most recent job****. Use a separate block to describe each position. Indicate number of employees supervised. Include all current and past services provided to individuals with intellectual and developmental disabilities, including type of service, dates, and APD region. If needed, attach additional sheets, using the same format as this sheet. A resume may be provided in lieu of the employment information below if resume contains all information elements requested.*

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| ***Attach this sheet and any additional sheets to your application when complete.* Name of Employer:** | | | |
| **Address:** | | **Phone Number:** | |
| **Job Title:** | | **Supervisor’s Name:** | |
| **Months/Years of Employment** | **From:** | **To:** | **Hours per week:** |
| **Duties and Responsibilities:** | | | |
| **Reason for leaving:** | | | |
| ***Attach this sheet and any additional sheets to your application when complete.* Name of Employer:** | | | |
| **Address:** | | **Phone Number:** | |
| **Job Title:** | | **Supervisor’s Name:** | |
| **Months/Years of Employment** | **From:** | **To:** | **Hours per week:** |
| **Duties and Responsibilities:** | | | |
| **Reason for leaving:** | | | |

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| ***Attach this sheet and any additional sheets to your application when complete.* Name of Employer:** | | | |
| **Address:** | | **Phone Number:** | |
| **Job Title:** | | **Supervisor’s Name:** | |
| **Months/Years of Employment** | **From:** | **To:** | **Hours per week:** |
| **Duties and Responsibilities:** | | | |
| **Reason for leaving:** | | | |

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| **By signing this application, I attest that the information contained in this application is complete and accurate.** | | |
| Applicant Name *(Please print):* | Applicant Signature: | Date: |
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