

Personal Care Aid

Application Cover Sheet for Employment with the Veteran Directed Home & Community Based Services Program

Consistent with the provision of the Americans with Disabilities Act (ADA), applicants may request accommodations needed to participate in the application process.

NAME:

Last	First	Middle
------	-------	--------

STREET ADDRESS:

Street	City	State	Zip
--------	------	-------	-----

MAILING ADDRESS:

Street/PO Box	City	State	Zip
---------------	------	-------	-----

PHONE: Primary: _____ Alternative: _____

EMAIL: _____

Do you have valid driver's license? ___ Yes ___ No Issuing State: _____

Have you ever been convicted of a felony? ___ Yes ___ No

If Yes, Please explain: _____

I am available to work: (please note the days/times you are available) _____

My signature below verifies that I have read, understand, and agree to the policies and procedures as set forth in the VD-HCBS PCA Job Description and PCA Manual.

Signature of Applicant

Date