



DEVELOPMENTAL HOME PROVIDER APPLICATION

Date : _____

Name _____
Last First Middle

Address _____
Street City State Zip

DOB : _____ Email Address : _____

Cell Phone : _____ Home Phone : _____

Current Employer (Company Name, Position, Phone): _____

Are you interested in providing a home to child OR adult?

List any special skills, qualifications, or experiences which make you especially fit to provide a home for individual(s) with Developmental Disabilities.

What interests you about providing a home for individual(s) with a Developmental Disability?

BACKGROUND INFORMATION

Are you over 18 years of age? YES NO
Are you a U.S. Citizen? YES NO If not, are you authorized to work in the US? YES NO
Do you have a current AZ Driver's License? YES NO
Have you ever been convicted of a felony? YES NO If yes, explain _____
Has driver's license ever been suspended? YES NO If yes, explain _____
Have you ever worked for Anodyne? YES NO If yes, when _____
How did you hear about Anodyne? Who referred you? _____
Are you currently or have you previously been licensed as a Developmental Home provider with another agency? YES NO Name of Agency: _____

Please list the people living in your home, their age, and relationship to you:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have extra bedroom(s) in your home? (YES / NO) How many? _____



AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____, hereby authorize Anodyne Independent Living Specialists to investigate my background and qualifications for the purpose of evaluating whether I am qualified for the position for which I am applying. I understand that Anodyne Independent Living Specialists will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such case no investigation will be completed and my application for employment will not be processed further.

Employee Signature

Date

Employee Name (Print)



EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of Anodyne Independent Living Specialists, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, hair, and/or blood for analysis. I understand and agree that if at any time I refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Anodyne and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Anodyne and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Anodyne to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigations connected with the test.

I understand that only duly-authorized Anodyne officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Anodyne, its company physician, and any testing laboratory that Anodyne might use, meaning that I will not sue or hold responsible such parties for alleged harm to me that might result from testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if an Anodyne or laboratory representative makes an error in administration or analysis of the test or the reporting results. I will further hold harmless Anodyne, its company physician, and any testing laboratory that Anodyne might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of the policy and the procedures explained in the paragraph above.

This policy and authorization has been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Employee Signature

Date

Employee Name (Print)