

Direct Support Professional Advanced Training in Human Services Application for Admission

Personal Information

Office Use Only

Date Received: / /

Legal Name: Last/Family First Middle/Maiden			Social Security Number: _____ - _____ - _____
Permanent Mailing Address: (include street & number, city, state, and zip) Correspondence will be mailed to this address.			
Home Phone:	Work Phone:	Cell Phone:	Email Address:
Date of birth: ____/____/____ Month Day Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nation of Citizenship: <input type="checkbox"/> United States <input type="checkbox"/> Other: _____	Immigration Status: <input type="checkbox"/> Permanent Resident Alien (copy required) <input type="checkbox"/> Refugee (copy required) <input type="checkbox"/> Visa Type _____ (copy required)
Voluntary response is requested for federal regulation. This information will not be utilized in a discriminatory manner. (please check one only) <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (non-Hispanic)			
Indicate Session You are Applying For (including anticipated ending dates): <input type="checkbox"/> 2019 Session (Start date _____ - End date _____)			

Occupational or Professional Experience: Indicate past work experience.

Position/Activity	Location — include city and state	From Mo/Yr	To Mo/Yr
		/	/
		/	/
		/	/

Emergency Contact Name:		Relationship to Student:
Home Phone:	Cell Phone:	Work Phone:
Address: (include street & number, city, state, and zip)		

Education (Please check box that applies):

- High School Diploma
 General Education Diploma (GED)

H.S. Diploma or GED required for admission consideration.

High School Attended or Site of GED:

Name of School	
Graduated or Completed GED (month/year)	City/County/State

Other Institutions Attended

Name of School	
Graduated or Completed GED (month/year)	City/County/State
Name of School	
Graduated or Completed GED (month/year)	City/County/State

Other Degrees/Certifications Possessed _____

Have you ever been incarcerated, convicted of a felony, or experienced disciplinary problems at another educational institution?

- YES NO

If yes, please submit a written statement explaining the circumstances to the Director before admission to Arc Educates. This information will be handled confidentially.

Application continued on next page...

1. Please briefly describe what you enjoy about being a Direct Support Professional.

2. What qualities do you think that it takes to be a Direct Support Professional?

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge.

Signature of Applicant

____/____/____
Date

Signature of Authorized Arc Educates Representative

Date Received

Arc Educates is a social enterprise of Arc Broward, a nationally accredited human services organization. Arc Broward, Inc. is a registered Florida Corporation. Arc Educates operates as a registered fictitious name of Arc Broward.