

Section B: Staff Information

Provide the following information for each staff member, including if you are an individual/sole proprietor applicant, who will be providing services to DVR consumers. Please make additional copies of these staff pages (pages 4 & 5) for each employee.

Community Rehabilitation Provider business name:

Staff name:

Address:

Telephone #:

City, State, Zip Code:

AK Driver's License #:

Employment Start Date:

Job Title:

List all education, including workshops and pertinent training. A resume may be attached.

___ High school diploma

___ National Certificate in Employment Services

___ GED

_____ Date/State

___ Some college

___ AA Degree

___ Certificate as an Employment Support Professional

___ Bachelor's Degree

_____ Date/State

___ Master's Degree

List staff member's employment experience as it pertains to this application.

Employer: _____ Title: _____

Job duties: _____

_____ Dates: _____

Employer: _____ Title: _____

Job duties: _____

_____ Dates: _____

Employer: _____ Title: _____

Job duties: _____

_____ Dates: _____

Staff member: _____
 CRP Business Name: _____

Check each service this staff member is qualified for and will be providing. * = Specialized service requiring advanced training and/or certification. PreETS = Pre-Employment Transition Services.

<input type="checkbox"/> On-the-Job Evaluation	<input type="checkbox"/> Business Development *
<input type="checkbox"/> Preliminary Assessment	<input type="checkbox"/> Assistive Technology Services *
<input type="checkbox"/> Situational Assessment	<input type="checkbox"/> Financial & Work Incentive Advisement *
<input type="checkbox"/> Job Search Assistance	<input type="checkbox"/> Benefits Analysis & Counseling *
<input type="checkbox"/> Job Readiness Training	<input type="checkbox"/> PreETS Job Exploration Counseling
<input type="checkbox"/> Job Placement Assistance	<input type="checkbox"/> PreETS Self-Advocacy Instruction/Peer Mentoring
<input type="checkbox"/> Customized Employment	<input type="checkbox"/> PreETS Workplace Readiness Training
<input type="checkbox"/> On-the-Job Supports	<input type="checkbox"/> PreETS Transition/Postsecondary Ed Counseling
<input type="checkbox"/> Discovery *	<input type="checkbox"/> PreETS Work-based Learning Experiences
<input type="checkbox"/> Vocational Evaluation *	

Conflict of Interest:

Real or apparent conflicts of interest may occur when a DVR employee or immediate family member has a financial or other interest in the business relationship involving a provider and that interest might reasonably be expected to influence the outcome of an official action.

If it is found that such conflict of interest occurs and is not disclosed and remedied, the provider, or potential provider, may be barred from providing future services or the provision of services may be canceled. If a real or apparent conflict of interest exists, attach a separate sheet describing the situation.

Certification:

I have reviewed and agree to abide by the DVR Standards for Community Rehabilitation programs and the CRP Code of Ethics. I further certify that neither the Community Rehabilitation Provider nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any state or federal department or agency.

CRP staff member signature

Date