



**Assistance note:** If you need assistance completing this packet, please reach out to The Arc Central Chesapeake Region at the contact info listed above. Thank you!

Participant Name: \_\_\_\_\_  
*(Name of individual to whom you will be providing services.)*

Applicant's relationship to the Participant: \_\_\_\_\_

**APPLICANT DEMOGRAPHICS** - *Please print clearly and legibly. Please use applicant's legal name and avoid use of nicknames or shortened names. Please note: minimum age requirement for employment is 18.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden name, nickname, alias (if applicable): \_\_\_\_\_

*The applicant's email and phone number are required to initiate a background screening through our employee onboarding system (Paycom). Please look for an email from Paycom to collect your personal data. Please input your data in order to complete required screening and onboarding as soon as possible. Clearance is contingent upon background screening.*

Email: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_\_) \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_ *Needed for verification while applicant is in pre-hire status.*

**EMERGENCY CONTACTS** - *Utilized only in the event that an applicant is seriously ill or injured*

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**APPLICANT QUALIFICATIONS** - *Please provide copies of all training certifications for the purpose of verification.*

Required for Employment:	Issue Date:	Expiration Date:
CPR Certification		
First Aid Certification		
Support Broker Certification (Support Brokers only)		



## Applicant Data & Payroll Information Form

FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236

Submittal/Questions: [FMSNewHirePackets@thearcCCR.org](mailto:FMSNewHirePackets@thearcCCR.org)

Open a Customer Service Ticket: [thearcCCR.supportsystem.com/](http://thearcCCR.supportsystem.com/)

FMS Website: [thearcCCR.org/fms/](http://thearcCCR.org/fms/)

**APPLICANT PAYROLL DATA** - *Please check the service(s) the applicant will be authorized to provide and please indicate the hourly rate of pay for each service. Please ensure the services checked below are authorized in the approved plan and budget.*

Please Check ✓ if Authorized:	Self-Directed Service:	FMS Timesheet Code:	Hourly Rate: (Should not exceed the approved maximum rate indicated in the plan/budget.)
	Community Learning/Development Serv.	CL	
	Personal Supports (formerly CSLA I & II)	X	
	Supported Employment (formerly Job Coach)	SE	
	Support Broker	SB	
	Respite	RS	
	Emergency Back-Up Staff	EB	
	Employment Discovery and Customization	ED	
	Nursing Services	NS	
	<i>please specify other:</i>		
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### **ACKNOWLEDGEMENT AND RELEASE**

The completion of the applicant paperwork is to establish an employment relationship between the applicant and the employer, identified as Participant/Employer or their Authorized Representative, if applicable. The employment relationship is not with The Arc Central Chesapeake Region.

By signing below, you acknowledge that you may not be paid for work by The Arc Central Chesapeake Region until all the required application forms and materials have been submitted and processed, and The Arc issues the Participant/Employer or their Authorized Representative a clearance form for the applicant to begin working. You understand that your employment remains conditional until the clearance form is issued.

By signing below, you acknowledge that all information provided within the employment packet is true and accurate. Further, you agree that a facsimile ("fax"), electronic or photographic copy of the employment packet documents shall be as valid as the original documents.

Applicant Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Authorized Representative (please print): \_\_\_\_\_

Participant/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_