



Applicant Data & Payroll Information Form

Direct: 1.866.252.6871 | Fax: 1.888.272.2236

Submittal/Questions: FMSNewHirePackets@thearcccr.org

Open a Customer Service Ticket: thearcccr.zendesk.com/

Website: thearcccr.org/self-directed-services/

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 - *Print clearly and legibly. 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. 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.*

C\YW\h\jg\Vcl`jZ'nai` \Uj`Y`k`cf`_YX`Zcf`UbmddfYj`]ci`g`cf`W`ffYbh`GY`Z`8]fYVWX`GYfj`]Wg`
9a`d`cnYf`k` \c`i`gY`H\Y`5fWUg`h\Y]f` : A7G

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

Emergency Contact Name: _____ **Phone Number:** _____

APPLICANT QUALIFICATIONS - *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)		



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APPLICANT PAYROLL DATA - *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 <input type="checkbox"/> if Authorized:			Self-Directed Service:	SDS Timesheet Code:	Hourly Rate: (Should not exceed the approved maximum rate indicated in the plan/budget.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Learning/Development Serv.	CL	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Supports (formerly CSLA I & II)	X	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ongoing Job Coach (formerly Supported Employment)	OJC	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support Broker (Staff) This form is not applicable for Vendor SBs	SB	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respite	RS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day to Day Admin	Admin	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nursing Services	NS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>please specify other:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>please specify other:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>please specify other:</i>		

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.

Clearance is contingent upon receipt of fully completed new hire paperwork, fulfillment of training requirements, and receipt of clear background screening results.

Applicant Name (please print): _____

Applicant Signature: _____ Date: _____

Participant/Authorized Representative (please print): _____

Participant/Authorized Representative: _____ Date: _____