



**The applicant's signature on the line below acknowledges that you have been provided this information and have read the qualifications for employment and standards for provider participation as a Personal Assistant in the CSPPD and Waiver Programs.**

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**Applicant Signature**

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**Date**

**The answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract of employment.**

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**Applicant Signature**

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**Date**

**Applicants are considered for all positions without regard to race, color, religion, national origin, age marital or veteran status or the presence of a non-job-related medical condition or disability.**

Please attach the following:

1. Copy- Picture ID
2. Copy- Social Security Card