



CARE PROVIDER TRAINING APPLICATION PACKET

Thank you for your interest in MAC's Care Provider Training, where our goal is for you to acquire the basic skills needed to secure employment as a Caregiver.

ELIGIBILITY REQUIREMENTS

To be eligible for enrollment in Care Provider Training, you must:

1. Be at least 18 years of age and
2. Reside in Wicomico, Worcester, or Somerset County and
3. Be fluent in verbal and written English and
4. Pass a background screen.

Sessions are 6-weeks, Mondays-Thursdays, 9:00am-1:00pm.

If you are interested in enrolling in our next training session, fill out the attached application packet and return to MAC, Inc., 909 Progress Circle, Salisbury, MD 21804.

Please print clearly and be sure to complete ALL questions on ALL 3 pages of the application; incomplete applications cannot be processed.



CARE PROVIDER TRAINING PROGRAM APPLICATION

ANSWER ALL PARTS OF ALL QUESTIONS ON ALL 3 PAGES OF PACKET

PLEASE PRINT CLEARLY

Date _____

1. NAME _____

2. DOB _____ 3. PHONE _____

4. ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

5. EMAIL _____

6. PRIMARY LANGUAGE English Haitian Creole Spanish Other _____

6. GENDER Male Female Non-binary Prefer not to answer

7. RACE White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Other Prefer not to answer

8. ARE YOU HISPANIC OR LATINO? Yes No Prefer not to answer

9. HIGHEST LEVEL OF EDUCATION COMPLETED: Grammar School High School Diploma GED Trade/Vocational School Undergraduate Degree Graduate Degree

10. ARE YOU A VETERAN? Yes No

11. PLEASE CHECK ALL YOUR CURRENT CERTIFICATIONS:

- CNA RN GNA LPN CMT Other _____

12. AFTER COMPLETING THIS TRAINING, WILL YOU BE SEEKING EMPLOYMENT AS A CAREGIVER? Yes No

13. HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

14. EMPLOYMENT HISTORY **LIST CURRENT/MOST RECENT EMPLOYMENT FIRST**

A. Employer _____

Job Title _____

Start Date _____ End Date _____

Address _____

Phone _____

B. Employer _____

Job Title _____

Start Date _____ End Date _____

Address _____

Phone _____

**Applicants must be a Resident of Wicomico, Worcester or Somerset County, Fluent in verbal and written English, and pass a background screen. **



MAC Inc
Background Check Permission Form

I, _____ give MAC Incorporated permission to perform a background check and a check of the National Sex Offenders Registry as a condition of service as a volunteer/intern with MAC, Inc. I understand that the results will be kept confidential.

I also understand that my volunteer service for this position is contingent upon the results of the background check.

I release MAC, Incorporated and its respective employees, agents and government agencies from any liability for a determination that I cannot serve as a result of the criminal background check and any other documents received in accordance with this release. If a determination is made that I cannot serve due to the criminal background check, I may inspect and challenge the information received by MAC, Incorporated.

Signed _____
Volunteer

Date _____

Signed _____
Authorized Representative*
MAC, Incorporated

Date _____

*Authorized representatives of MAC, Incorporated include, but are not limited to, the Chief Executive Officer, Chief Operating Officer(s), Human Resources Specialist, Volunteer Services Director, Program Supervisor or other authorized Supervisor.

Consent to Background Check

In connection with my application as a volunteer or intern, I hereby authorize MAC Inc. and their respective agents to solicit information about my criminal background and general public record history.

I authorize without reservation, any government agency contacted by MAC Inc. or their respective agents to furnish the above referenced information.

I release MAC, its respective employees and agents and government agencies providing information or reports about me, from any and all liability arising out of the release of any such information or reports to MAC Inc.

Applicant Name _____
(print) First Middle Last

Other Names Used _____
(Maiden/ etc)

Current Address _____ County _____

City _____ State _____ Zip _____

of years at this location _____

Former Address _____ County _____

City _____ State _____ Zip _____

of years at this location _____

Telephone _____ Date of Birth _____

Social Security Number _____

Drivers License Number _____ State Issued _____

Expiration Date _____

Signature _____ Date _____

MAC Inc Staff _____ Date _____