

**DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
EMPLOYMENT SPECIALIST APPLICATION**

Provider Information

PROVIDER NAME:			
PROVIDER CONTACT:		FEDERAL TAX ID:	
EMAIL ADDRESS:		PHONE NUMBER:	
SERVICES ES WILL PROVIDE:	<input type="checkbox"/> Employment Services <input type="checkbox"/> Work Readiness Training	<input type="checkbox"/> Supported Employment Services <input type="checkbox"/> Self-Advocacy	<input type="checkbox"/> OJT <input type="checkbox"/> WBLE

Employee Information

FIRST NAME		MI		LAST NAME	
MAILING ADDRESS					
	CITY		STATE		ZIP CODE
EMAIL ADDRESS:					

Post-Secondary Education

NAME OF SCHOOL	CITY, STATE	CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		QTR	SEM		

Qualifications for Certification

Employees who will provide direct services must meet one of the following qualifications

- Four years of proven experience in a public vocational rehabilitation and/or workforce development setting working with individuals with disabilities, including responsibilities in job coaching and job placement for individuals with disabilities while fostering workforce skill development; ensuring active engagement, and advancing workforce outcomes through advocacy and tailored support plans that result in competitive integrated employment. **OR**
- A Master's Degree in fields such as rehabilitation, counseling, social work, psychology, exceptional education, teaching certificate K-12 ESE, human resources, business administration, economics, from an accredited college or university, **and** one (1) year experience as described in box one (1). **OR**

3. A Bachelor's Degree in fields such as rehabilitation, counseling, social work, psychology, exceptional education, teaching certificate K-12 ESE, human resources, business administration, or economics, from an accredited college or university, **and two years' experience** as described in box one (1). **OR**

4. An associate's degree from an accredited college or university, or a bachelor's or master's Degree in an unrelated field, and three years' experience as described in box one (1).

A copy of the applicants' associates, bachelor's or master's degree **and official transcript** is required to be submitted with the application packet. A copy of the applicants' resume is also required to be submitted with that application packet. APPLICATION EMPLOYMENT DESCRIPTION MUST MATCH RESUME SUBMITTED.

All employees who will provide Supported Employment Services must also have a training certificate in Supported Employment from a state recognized Supported Employment Program.

Please provide copy(ies) of the following, if applicable:

- Training Certificate(s)

Employment/Volunteer Experience

Employment History must be filled out in detail and must match resume submitted. List those duties consistent with the above qualifications under DESCRIPTION OF WORK PERFORMED.

<input type="checkbox"/> EMPLOYER <input type="checkbox"/> VOLUNTEER				
CONTACT NAME				
ADDRESS				
PHONE NUMBER				
JOB TITLE				
DATES EMPLOYED (MM/YYYY TO MM/YYYY):	FROM		TO	
DESCRIPTION OF WORK PERFORMED:				
YOUR NAME IF DIFFERENT FROM EMPLOYMENT				

Please specify the number of successful outcomes you have achieved and explain the strategic priorities that drove those results.

<input type="checkbox"/> EMPLOYER <input type="checkbox"/> VOLUNTEER				
CONTACT NAME				
ADDRESS				
PHONE NUMBER				
JOB TITLE				
DATES EMPLOYED (MM/YYYY TO MM/YYYY):	FROM		TO	

DESCRIPTION OF WORK PERFORMED:				
YOUR NAME IF DIFFERENT FROM EMPLOYMENT				
Please specify the number of successful outcomes you have achieved and explain the strategic priorities that drove those results.				
<input type="checkbox"/> EMPLOYER <input type="checkbox"/> VOLUNTEER				
CONTACT NAME				
ADDRESS				
PHONE NUMBER				
JOB TITLE				
DATES EMPLOYED (MM/YYYY TO MM/YYYY):	FROM		TO	
DESCRIPTION OF WORK PERFORMED:				
YOUR NAME IF DIFFERENT FROM EMPLOYMENT				
Please specify the number of successful outcomes you have achieved and explain the strategic priorities that drove those results.				
<input type="checkbox"/> EMPLOYER <input type="checkbox"/> VOLUNTEER				
CONTACT NAME				
ADDRESS				
PHONE NUMBER				
JOB TITLE				
DATES EMPLOYED (MM/YYYY TO MM/YYYY):	FROM		TO	

DESCRIPTION OF WORK PERFORMED:			
YOUR NAME IF DIFFERENT FROM EMPLOYMENT			
Please specify the number of successful outcomes you have achieved and explain the strategic priorities that drove those results.			
<input type="checkbox"/> EMPLOYER <input type="checkbox"/> VOLUNTEER			
CONTACT NAME			
ADDRESS			
PHONE NUMBER			
JOB TITLE			
DATES EMPLOYED (MM/YYYY TO MM/YYYY):	FROM		TO
DESCRIPTION OF WORK PERFORMED:			
YOUR NAME IF DIFFERENT FROM EMPLOYMENT			
Please specify the number of successful outcomes you have achieved and explain the strategic priorities that drove those results.			
MANDATORY REFERENCE CHECKS			
Applicants must provide two (2) reference checks. Incomplete sections may result in rejection of the application.			
1. EMPLOYER/PROVIDER REFERENCE (REQUIRED) COMPANY/ORGANIZATION NAME: REFERENCE NAME: TITLE/RELATIONSHIP:			

PHONE NUMBER:
EMAIL ADDRESS:
DATES OF ASSOCIATION (MM/YYYY TO MM/YYYY):

May we contact this reference? Yes No
(If not, please explain)

2. EMPLOYER/PROVIDER REFERENCE (REQUIRED)

COMPANY/ORGANIZATION NAME:
REFERENCE NAME:
TITLE/RELATIONSHIP:
PHONE NUMBER:
EMAIL ADDRESS:
DATES OF ASSOCIATION (MM/YYYY TO MM/YYYY):

May we contact this reference? Yes No
(If not, please explain)

REFERENCE AUTHORIZATION STATEMENT

I authorized the individuals listed above to provide information regarding my work history, performance, outcome successes, and professional conduct. I understand that failure to provide valid references may affect my application being approved.

APPLICANT SIGNATURE: _____ **DATE:** _____

Transportation

Will you be transporting VR clients?

Yes

No

If you will be transporting VR Customers, please provide the following:

Valid Driver's License

Valid Vehicle Registration

Valid Automobile Insurance with minimum coverage 50,000/100,000 unless the Provider's Insurance

Coverage includes Automobile Liability which covers any Automobile. Please provide a copy of the Automobile Declaration page (not the whole policy).

Certification

I hereby certify that, to the best of my knowledge, the above information is correct. Omissions, falsifications, misstatements, or misrepresentations above may determine me unqualified to provide services to Customers of Vocational Rehabilitation under the above Provider's Manual. I consent to the release of my employment history from any of the above-mentioned employers to Vocational Rehabilitation.

Signature: _____

I hereby certify that I am a subcontractor or independent contractor of the above Provider, **and I have attached the employment agreement between myself and the Provider.** Failure to provide this information will result in the Provider being in violation of the Employment Services Manual held with Vocational Rehabilitation. This agreement must include, at a minimum, the individual's duties will be consistent with the services provided under the VR Provider Manual, language specifically addressing whether the individual will be covered under the Provider's general liability insurance or the individual will carry individual general liability coverage, and language regarding confidentiality of Customer information.

I hereby certify that I am NOT a subcontractor or independent contractor of the above Provider.

Signature: _____

I hereby certify that I have reviewed the Employment Specialist Training presentations on [Services](#) and [Overview](#), and completed the [VR New Employment Specialist Training Quiz](#). I have received a score of _____. VR requires a screenshot of the ES quiz score along with the applicant's printed name and signature on the screenshot

Signature: _____

