



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



**Provider Information**

PROVIDER NAME:			
FEDERAL TAX ID:		PROVIDER NUMBER:	
PROVIDER CONTACT:		PHONE NUMBER:	

**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. Please check the box below consistent with the Education and/or Experience for the Employment Specialist applying for registration.**

Four years' experience or employment in a public vocational rehabilitation program; experience in job placement, job coaching, or counseling; or other related experience working with persons with disabilities. OR

A Bachelor's Degree in a related field such as rehabilitation, counseling, social work, psychology, education, human resources, business administration, or economics, from an accredited college or university and one year's experience as described above. OR

A Master's Degree in a related field such as rehabilitation, counseling, social work, psychology, education, human resources, business administration, or economics, from an accredited college or university and six month's experience as described above. OR

An Associate's Degree from an accredited college or university, or a Bachelor's or Master's Degree in an unrelated field, and two years' experience as described above.

All employees who will provide Supported Employment Services must also have a training certificate in Supported Employment from a state or nationally recognized Supported Employment Program. Please provide copy(ies) of the following, if applicable:

- Degree(s)
- Training Certificate(s)

**Employment History**

Employment History must support the option chosen above. Reference checks may be conducted to verify this information. List those duties consistent with above qualifications under DESCRIPTION OF WORK PERFORMED. If more space is needed, please attach a resume.

EMPLOYER				
ADDRESS				
PHONE NUMBER				
JOB TITLE				
DATES EMPLOYED (MM/YYYY TO MM/YYYY):	FROM		TO	
DESCRIPTION OF WORK PERFORMED:				

EMPLOYER				
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PHONE NUMBER				
JOB TITLE				
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PHONE NUMBER				
JOB TITLE				
DATES EMPLOYED (MM/YYYY TO MM/YYYY):	FROM		TO	
DESCRIPTION OF WORK PERFORMED:				

### Volunteer Work

Please enter any volunteer work you've performed in the areas of; job placement, job coaching, counseling or working with persons with disabilities. Include organization's name, and dates (mm/yyyy) of volunteer service.

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### 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  am not a subcontractor or independent contractor of the above Provider. If I am a subcontractor or independent contractor of the Provider, 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.

Signature: