



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



**Provider Information**

|                           |  |  |                              |
|---------------------------|--|--|------------------------------|
| PROVIDER NAME:            |  |  |                              |
| FEDERAL TAX ID:           |  | PROVIDER NUMBER:                                       |                              |
| PROVIDER CONTACT:         |  | PHONE NUMBER:  |                              |
| SERVICES ES WILL PROVIDE: | <input type="checkbox"/> EMPLOYMENT SERVICES | <input type="checkbox"/> SUPPORTED EMPLOYMENT SERVICES | <input type="checkbox"/> OJT |

**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**

1.  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
2.  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
3.  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
4.  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<br>(MM/YYYY TO MM/YYYY): | FROM |  | TO |  |
| DESCRIPTION OF WORK PERFORMED:          |      |  |    |  |
| YOUR NAME IF DIFFERENT FROM EMPLOYMENT  |      |  |    |  |
|   |      |  |    |  |
| EMPLOYER                                |      |  |    |  |
| ADDRESS                                 |      |  |    |  |
| PHONE NUMBER                            |      |  |    |  |
| JOB TITLE                               |      |  |    |  |
| DATES EMPLOYED<br>(MM/YYYY TO MM/YYYY): | FROM |  | TO |  |
| DESCRIPTION OF WORK PERFORMED:          |      |  |    |  |
| YOUR NAME IF DIFFERENT FROM EMPLOYMENT  |      |  |    |  |
|   |      |  |    |  |
| EMPLOYER                                |      |  |    |  |
| ADDRESS                                 |      |  |    |  |
| PHONE NUMBER                            |      |  |    |  |
| JOB TITLE                               |      |  |    |  |
| DATES EMPLOYED<br>(MM/YYYY TO MM/YYYY): | FROM |  | TO |  |

|  |      |  |    |  |
|--|------|--|----|--|
| DESCRIPTION OF WORK PERFORMED:         |      |  |    |  |
| YOUR NAME IF DIFFERENT FROM EMPLOYMENT |      |  |    |  |
|  |      |  |    |  |
| EMPLOYER                               |      |  |    |  |
| ADDRESS                                |      |  |    |  |
| PHONE NUMBER                           |      |  |    |  |
| JOB TITLE                              |      |  |    |  |
| DATES EMPLOYED (MM/YYYY TO MM/YYYY):   | FROM |  | TO |  |
| DESCRIPTION OF WORK PERFORMED:         |      |  |    |  |
| YOUR NAME IF DIFFERENT FROM EMPLOYMENT |      |  |    |  |
|  |      |  |    |  |
| EMPLOYER                               |      |  |    |  |
| ADDRESS                                |      |  |    |  |
| PHONE NUMBER                           |      |  |    |  |
| JOB TITLE                              |      |  |    |  |
| DATES EMPLOYED (MM/YYYY TO MM/YYYY):   | FROM |  | TO |  |
| DESCRIPTION OF WORK PERFORMED:         |      |  |    |  |
| YOUR NAME IF DIFFERENT FROM EMPLOYMENT |      |  |    |  |
|  |      |  |    |  |
| EMPLOYER                               |      |  |    |  |
| ADDRESS                                |      |  |    |  |
| PHONE NUMBER                           |      |  |    |  |
| JOB TITLE                              |      |  |    |  |

|  |      |  |    |  |
|--|------|--|----|--|
| DATES EMPLOYED<br>(MM/YYYY TO<br>MM/YYYY):   | FROM |  | TO |  |
| DESCRIPTION OF WORK<br>PERFORMED:            |      |  |    |  |
| YOUR NAME IF<br>DIFFERENT FROM<br>EMPLOYMENT |      |  |    |  |

### 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.

### 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.

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

Signature: \_\_\_\_\_

I hereby certify that I've reviewed the Employment Specialist Training presentations on [Services](#) and [Overview](#), and completed the [VR New Employment Specialist Training Quiz](#). I've received a score of \_\_\_\_\_. This score will be independently verified by Vocational Rehabilitation.

Signature: \_\_\_\_\_