



# Quality Assurance Team Member Application

Value  
Of  
Individual  
Choices and  
Experiences

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

*(Please print or type)*

Last Name	First Name	Middle Initial	Date of Application
Street Address		City	State      Zip Code
Telephone Number(s)		Social Security Number	
E-mail Address			
Current Employer			Telephone
Address			
<b>*If currently employed by a licensed service provider for individuals with developmental disabilities, is your employer aware of your interest?    Yes ___      No ___</b>			
Name of Immediate Supervisor (May be contacted for reference)			Phone Number of Supervisor

Do you have a valid driver's license?      Yes \_\_\_      No \_\_\_

Do you have access to a personal computer?      Yes \_\_\_      No \_\_\_

Will you be sponsored by a provider agency?      Yes \_\_\_      No \_\_\_

Please list any accommodations you require \_\_\_\_\_  
\_\_\_\_\_

Please list the disability populations you have worked with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

	Name and address of school	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				

## Employment Experience

Employer
Address
Telephone Number(s)
Job Title/Work Performed
Dates Employed: From _____ to _____

Employer
Address
Telephone Number(s)
Job Title/Work Performed
Dates Employed: From _____ to _____

Employer
Address
Telephone Number(s)
Job Title/Work Performed
Dates Employed: From _____ to _____

## Additional information

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Why are you interested in becoming a Quality Assurance team member? \_\_\_\_\_

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What does it mean to be person-focused? \_\_\_\_\_

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After the initial training, Quality Assurance team members are required to do a minimum of two reviews a year, although many team members elect to do more. Please circle the months you would be available to do reviews.

Jan   Feb   Mar   Apr   May   Jun   Jul   Aug   Sep   Oct   Nov   Dec

Please describe any other information you think would be helpful in considering your application \_\_\_\_\_

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## **Applicant's Statement**

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**I certify that answers given herein are true and complete to the best of my knowledge.**

**I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision regarding my suitability for the position I am being considered for.**

**I hereby request and authorize any and all of my current and/or former employers and any other persons indicated as a reference to furnish the Region 10 Quality Assurance staff any information regarding my previous employment. Except where my written statement upon this form specifically requests no investigation be made. I hereby release each employer from any and all liability for furnishing such information.**

**I have read, understand and agree to comply with the requirements and responsibilities outlined in the material which was included in the application.**

**If selected for the position, I agree to keep all information gathered on individuals receiving support and service providers confidential.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return your completed application to:**

**MN Region 10 Quality Assurance  
6301 Bandel Road NW  
Rochester, MN 55901**