

255 Executive Drive, Suite 309 Plainview, New York 11803 Tel: (516) 338-8777 Fax: (516) 338-9099

Conditional Hire/Title & Salary Request

This form is used to identify a potential staff person. This form does not guarantee hire but serves to notify A-1 Universal Care, Inc. of a potential staff person and allows us to begin processing his/her application and completing all mandated background checks. Once all checks are completed and forms signed, the participant and person/designee will be contacted regarding hire status.

Date:	
Name of Participant:	
Participant/Designee Email:	
Participant/Designee Tel#:	
Name of Conditional Hire:	
Tel# (Best Contact):	
Email (Best Contact):	
If approved, what program will applicant work in: □ Commun	nity Habilitation 🛛 Respite
If approved, what salary will applicant start at: Rate must be included in participant's current approved budget.	
Community Habilitation \$ If approved, how many hours per week will applicant work: Applicant may not work more than 40 hours per week cumulatively.	Respite \$
Community Habilitation	Respite
Does Applicant have competency in basic computer skills in sites and software systems? YES NO (Must poss	ncluding mobile applications, web-based sess these basic skills to qualify)
Signature of Participant/Designee	Date(mm/dd/yy)
Signature of Conditional Hire	Date(mm/dd/yy)

This form can be faxed to (516) 338-9099 or emailed to selfdirection@aluniversalcare.org Attn: Human Resources

FI Processing: Received Date: Approval Date:

Signature: