



Regional Quality Council Reviewer Application

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 (optional)		
E-mail Address			
Current Employer			Telephone
Address			
Name of Immediate Supervisor (May be contacted for reference)		Phone Number of Supervisor	

Do you have reliable transportation? Yes ____ No ____ (Type _____)

Are you able to perform all essential job duties and functions of the position for which you are applying either with or without reasonable accommodations? Yes ____ No ____

Please list any accommodations you require: _____

Education

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

Employment/Volunteer 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 _____

Additional information

Why are you interested in becoming an RQC Reviewer?_____

What does it mean to be person-centered?_____

After the initial training, RQC Reviewers are required to do a minimum of two reviews a year, although many Reviewers elect to do more. Please list the months you would be available to do reviews:

What counties are you willing to travel to do reviews? Please circle all that apply.

Region 10 -- Olmsted Wabasha Houston

Please describe any other information you think would be helpful in considering your application_____



Applicant's Statement

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 authorize any employer and/or other reference listed to furnish Region 10 Quality Council any information regarding previous employment or experience unless otherwise indicated, 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.

If selected, I understand the Region 10 Quality Council will complete a background study for purposes of evaluating whether I am qualified for the position for which I am applying. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.

Signature of Applicant

Date

Please return your completed application (by email or postal mail) along with one written reference to the Regional Quality Council contact listed below:

Regional 10 Quality Council
6301 Bandel Rd NW, Suite 605
Rochester, MN 55901
Kerri Leucuta or Karen Larson
(507) 287 2032
kerril@arcse-mn.org or klarson@arcse-mn.org

Page 4 | 4
Created 9/6/2017

To improve the quality of services and supports for people with disabilities

6301 Bandel Rd NW, Suite 605, Rochester, MN 55901
Phone (507) 287-2032