



Conditional Hire Form

(To be used for new hires that have not been cleared to work through ISS Human Resource Department)

Name of Participant: _____

Participant or Designee email: _____

Participant or Designee Contact Number: _____

****Is the Participant under the age of 18: ___ YES ___ NO**

****Central Database Registry form required to clear staff to work with anyone under the age of 18****

Is this Conditional Hire replacing a staff that no longer works for this Participant? ___ YES ___ NO

If yes, please provide the name of the staff(s) that are no longer working:

Name of Conditional Hire: _____

*****Is this conditional hire a guardian or standby guardian? ___ YES ___ NO**

*****Is the conditional hire a family member of the participant? ___ YES ___ NO**

*****If so, what is the relation to the participant? _____**

*****Does the conditional hire reside at the same address as the participant? ? ___ YES ___ NO**

Conditional Hire Email: _____

Conditional Hire Contact Number: _____

(Conditional hire does not guarantee candidate's hire, it allows Independent Support Services to process their application and other necessary forms as required and perform all state mandated background checks. Once background checks and necessary forms are completed and reviewed the candidate and participant or designee will be contacted with approval to hire.)

If approved what position/ title(Please put an x next to the position):

___ Self-Hired Comm Hab ___ Self-Hired SEMP ___ Self-Hired Respite
___ Paid Neighbor-CH ___ Live-in Caregiver-CH ___ Self-Hired Staffing Support-(IDGS-Lead Staff)

If approved what salary will conditional hire start at: \$ _____

Signature of Participant or Designee/ Date

This form should be emailed to hr@issny.org