

Application Requirements

Please be sure to read this list prior to applying for any DSP position. This list is some of the requirements that must be met for your application to be considered. If you have any questions the front desk can assist you.

1. Passing a Background Check
2. Clean DMV Record
3. TB Clearance
4. Valid Driver License + second form of identification
5. Reliable Transportation
6. Current Vehicle Registration
7. Current Vehicle Insurance (your name must be listed as a driver)
8. High School Diploma or transcripts
9. Proof of Vaccination
10. Must be 21 years of age

Family Options, LLC

559-275-2323

Fax:

559-275-2323

Date:

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunities and will not unlawfully consider any factors of race, religion, age, creed, national origin, gender, disability veteran status, genetic information or any and all other unlawful biases regarding federal, state or local laws with regard to workers or applicants.

TO BE CONSIDERED FOR EMPLOYMENT, ALL APPLICANTS MUST FILL OUT THIS FORM COMPLETELY. THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED BY OUR COMPANY. THIS FORM BECOMES A PART OF YOUR EMPLOYMENT RECORD IF YOU ARE HIRED. THIS APPLICATION IS ONLY VALID FOR 30 DAYS.

PERSONAL INFORMATION

| | | | |
|---|--|------------------|--|
| Name (including first, middle and last names): | | Home Phone: | |
| Present Address (including city, state, zip): | | | |
| Alternate/Cell Phone Number: | | Are you over 21? | |
| If you have lived at above address less than 12 months, list previous address (including city, state, zip): | | | |
| Have you worked or do you have work experience or education under a different name? If so, please list (including first, middle and last names): | | | |
| Can you supply documentation of your identity and authorization to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no | | | |
| Do you have Relatives or Friends working for Family Options? <input type="checkbox"/> yes <input type="checkbox"/> no | | | |
| If yes, Please give Name and Relationship: _____ | | | |

WORK INTEREST

| | | | | |
|--|--|---|-----------------|--------------------------|
| Position applied for: | Type of employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Other _____ | Shift preferred: | Minimum salary: | Earliest available date: |
| Have you ever filed an application with our company before? <input type="checkbox"/> yes <input type="checkbox"/> no | | When? | Where? | |
| Have you ever been interviewed by our company before? <input type="checkbox"/> yes <input type="checkbox"/> no | | When? | Where? | |
| Shift & hours you can work: 1 st shift _____ 2 nd shift _____ 3 rd shift _____ | | | | |
| Would you accept part time work? <input type="checkbox"/> yes <input type="checkbox"/> no | | Would you accept temporary work? <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Please indicate the hours you would be willing to work whenever scheduled or requested: | | | | |
| Overtime <input type="checkbox"/> yes <input type="checkbox"/> no Weekends <input type="checkbox"/> yes <input type="checkbox"/> no Holidays <input type="checkbox"/> yes <input type="checkbox"/> no Rotation <input type="checkbox"/> yes <input type="checkbox"/> no | | | | |
| Briefly state your reasons for interest in employment with our company or any other comments with regard to work interest: | | | | |
| Do you have reliable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | |
| If the position requires travel, are you willing, and do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, DL# _____ State: _____ | | | | |

| | |
|--|---|
| Are you currently employed? ____ yes ____ no | May we inquire of your current employer? ____ yes ____ no |
|--|---|

List the names of employers in consecutive order with present or last employer listed first. Account for all periods, including military services. If self-employed, give firm name and supply additional references. **PLEASE GIVE BOTH MONTH AND YEAR.**

| WORK HISTORY | | | |
|---------------------------|-------------|---------------------|------------|
| Name of Employer: | | Dates Employed: | |
| Address: | | From: | Mo. Yr. |
| | | To: | Mo. Yr. |
| Telephone | Your Title: | | |
| Nature of Business: | | | |
| Name/Title of Supervisor: | | Reason for Leaving: | |
| Duties: | | | |
| Name of Employer: | | Dates Employed: | |
| Address: | | From: | Mo. Yr. |
| | | To: | Mo. Yr. |
| Telephone | Your Title: | | |
| Nature of Business: | | | |
| Name/Title of Supervisor: | | Reason for Leaving: | |
| Duties: | | | |
| Name of Employer: | | Dates Employed: | |
| Address: | | From: | Mo. Yr. |
| | | To: | Mo. Yr. |
| Telephone | Your Title: | | |
| Nature of Business: | | | |
| Name/Title of Supervisor: | | Reason for Leaving: | |
| Duties: | | | |
| Name of Employer: | | Dates Employed: | |
| Address: | | From: | Mo. Yr. |
| | | To: | Mo. Yr. |
| Telephone | Your Title: | | |
| Nature of Business: | | | |
| Name/Title of Supervisor: | | Reason for Leaving: | |
| Duties: | | | |

Duties: _____

Have you ever been terminated from employment? _____ Yes _____ No

If yes, please explain: _____

Have you ever served in the military? _____ Yes _____ No

Branch of Service: _____ Final Rank: _____

EDUCATION

| List All Schools Attended | Name & Address of School | No. of Years | Graduated? | Degree of Type of Diploma | Major Course of Study |
|---------------------------|--------------------------|--------------|------------|---------------------------|-----------------------|
| High School | | | | | |
| College/University | | | | | |
| College/University | | | | | |
| Graduate School | | | | | |
| Business/Technical | | | | | |

If you have not graduated from high school, do you have a GED? _____ yes _____ no
 No. of test _____ Date of test _____ Place taken _____

If you went to college but did not graduate, how many credit hours are needed for your degree? Associate _____ Bachelor _____

List any scholarships, academic honors, awards or special achievements:

List languages which you speak proficiently:

List languages which you read proficiently:

CERTIFICATIONS/LICENSES

| Type | Agency or State Issued | Date Issued | Number |
|------|------------------------|-------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

REFERENCES

| Name | Address | Phone | Occupation |
|------|---------|-------|------------|
| | | | |
| | | | |
| | | | |

SPECIAL SKILLS

| OFFICE | Typing wpm: | Shorthand wpm: | Speed writing wpm: |
|--|------------------------------------|--|---------------------------------|
| Data entry: <u> </u> yes <u> </u> no | 10-Key: <u> </u> yes <u> </u> no | Calculator: <u> </u> yes <u> </u> no | Fax: <u> </u> yes <u> </u> no |
| COMPUTER | Hardware: | Software: | Other Computer Training: |
| List those skills and abilities (personal skills, qualities, work style, interpersonal ability, communication, etc.) you feel particularly qualify you for a position with us: | | | |

ADDITIONAL TERMS AND CONDITIONS OF EMPLOYMENT

Affidavit

Initials: _____

_____ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

_____ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.

_____ I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.

_____ I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties as well as any time throughout my employment according to company policy.

_____ I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.

_____ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

_____ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

_____ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other Company rules and regulations. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

_____ I certify that as a part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the position of _____. I certify that I understand each requirement and that I am capable of meeting each and every requirement.

Signature: _____

Date: _____

Printed Name: _____

Please complete the following

1. $16+14=$

2. $359+35=$

3. $251-60=$

4. Gas reimbursement is .47 cents a mile, you drive 4.0 miles from your client's home to the market, 4.9 miles from the market to the clothing store, then 8.9 miles back to the client's home. How much should be reimbursed to you?

5. After buying an iPod for \$68.00, Harry has \$50.74 left. How much did Harry have to begin with?

6. Maria gives \$7.15 to Jessica. If Maria started with \$27.00 How much does she have left?

7. While driving, when is it ok to text?
 - a) Never
 - b) While stopped at a red light
 - c) While the car is in motion
 - d) None of the above

8. Is it legal to hold your phone, while driving, with it on speaker phone?
True False

JOB DESCRIPTION

| | |
|------------------|--|
| Position: | Direct Service Professional (DSP) |
| Employee Status: | Non- Exempt |
| Reports To: | House Manager/ Program Supervisor |

PURPOSE:

To perform this job successfully, an individual must be able to perform each duty satisfactorily. You may be asked to visit different homes based on the needs of the client and scheduling. You will work to support developmentally disabled individuals in their development of basic living and social skills with the primary goal of integrating them into the community to the best of their ability.

ENVIRONMENT:

Family Options offers family in-home services and support to adults with developmental disabilities. We are committed to providing QUALITY services to individuals in a nurturing family environment. Family Options partners with the individual enrolled in the program, their family, regional center, and/or community friends or groups to support an individualized plan of care for each client.

The following is a list of major duties and responsibilities for this position along with certain supportive duties. It is not all-inclusive. Other duties and responsibilities may be added as needed and in addition, management, as appropriate, may modify this job description.

The requirements are:

- Supervise and train consumers in their home as outlined by the individual service plan by providing consumer independent living skills training.
- Develop service recipient's basic living skills (e.g., social, domestic, and hygiene) through instruction and encouragement.
- Coach clients with preparing meals, self-care needs, grocery shopping and household needs, etc.
- Must have the ability at all times to provide transportation based on the desire/need of the client for appointments, shopping, entertainment, etc.
- Cooperate with scheduling and be flexible to work at different home sites on an as needed basis to support our client base.
- Complete community integration while monitoring the health and safety of the clients receiving services.
- Maintain knowledge of the principles of each client service needs and or behaviors to re-direct/coach them with individual goals.
- Develop strong working relationships with community agencies, program supervisor, house managers, Program Manager, etc.
- Represent and positively promote program to funding source, community agencies, families, and related groups.
- Utilize experience and trainings to assess behavior characteristics of the specified client population in order to make decisions that relates to the development of the client as outlined in the independent living skills training plan.
- Maintain complete confidentiality of client information at all times.
- Maintain/complete and current client records and files.
- Provide summaries of clients' progress in the home and community to your supervisor and report any problems to your supervisor timely to allow any concerns to be addressed.

- Maintain prompt communication with Family Options Supervisors, CVRC, coworkers or any approved family member.
- Submit timecard and reimbursement sheets to the Case Manager and/or Program Supervisor according to the timelines stipulated in policy.
- Attend all required in-service and staff meetings as scheduled by Supervisor.
- Submit copy of insurance binder to the Human Resources department prior to expiration of binder on file.
- Maintain consumer's outlined medical plan as directed by physician
- Maintain a safe environment for the service recipient; prevent harm to service recipient, self, and others.
- Ensure the health and safety of consumer in your care through training and re-direction as per Crisis Prevention and Intervention training program.
- Follow all policy and procedures as outlined in employee handbook and title 17 regulations.
- Represent and positively promote program to funding source, community agencies, families and related groups.
- Report any safety concerns/incidents to management in a timely manner.
- Follow outlined program plans in relation to behavioral programs.
- Other duties as assigned by supervisors.

OTHER REQUIRMENTS

- Reliable car to transport clients as needed. This is something that can occur at a moments notice and you must be prepared to transport a client at any time.
- Schedules can change and the homes/locations you are required to report to can change based on client need. You are expected to have the ability to drive to different work sites throughout the day as needed.
- Current/valid driver's license, car insurance and registration and clear background check and drug screen throughout employment.
- Most work undertaken in service recipient's home
- Conditions vary by home and service recipient
- Flexible work schedules to meet individual service recipient needs
- While working as a DSP, employees may be required to deal with the following conditions: 1) unconventional schedules—Family Options operates programs and services 24/7, 365 days a year; 2) possible exposure to blood borne pathogens; 3) possible exposure to profanity, violent, and/or offensive behavior from the consumers.
- In order to perform these functions and meet the requirements put forth by the Division of Developmental Disabilities, applicants for the Direct Support Professional position must: 1) be able to legally work in the United States; 2) be 21 years of age; 3) for assignments that require the employee to drive a vehicle, must meet the qualifications of a driver as established by our insurance carrier and Family Options policy; 4) have a high school diploma or GED; 5) be able to pass a background check and receive a fingerprint clearance card from the Department of Public Safety.
- Computer literate in MS Office and Excel.
- Experience maintaining confidentiality and/or items sensitive in nature.
- Mathematic ability

BEHAVIOR SKILLS/COMPETENCIES

1. Able to use a systematic approach to problem solve to maintain accurate records and preparing clear reports for informational, auditing and operational use.
2. Decision Making/Problem Solving: Able to take action in solving problems with exhibiting judgment.
3. Organizing own work, setting priorities and meeting critical deadlines; and

4. Communication to interact effectively with co-workers, managers, subordinates and the general public sufficient to convey information and to receive work direction.
5. Must have basic knowledge and understanding of use to allow for easy use of phones, email, faxing, copier, scanning.
6. Ability to define realistic, specific goals and objectives; to prioritize deadlines.
7. Ability to write clearly and effectively presenting new ideas and to document activities; to read and interpret written information.

PHYSICAL REQUIREMENTS:

This position is performed in a home environment and requires walking frequently throughout the day. This individual must be able to assist patients with cleaning, meal preparation, driving to appointments, shopping, stamina to maintain attention to detail despite interruptions, strength to lift and assist clients, lifting a minimum of up to 50 pounds; vision to read printed materials and a computer screen, and hearing and speech to communicate in person and over the telephone.

I have been provided with a copy of this job description. I understand I am responsible to perform the essential functions and responsibilities listed in this description, and that I am to ask my supervisor for clarification regarding any information or statements within this job description I may not understand. I also understand I may request a reasonable accommodation with my Supervisor to assist in me successfully performing the essential functions and responsibilities of this position.

Employee Signature/Date

Supervisor Signature/Date