

## Mission

The mission of Person Directed Supports is to provide an opportunity for people and their families to learn about a larger world and to make decisions about how they choose to experience and contribute to the resources, joys, and traditions of the community. Through a person centered planning process, comprehensive supports coordination, and best practice treatment and habilitative approaches; people will learn, grow, and enjoy a wide array of new experiences, relationships, and activity

Our mission is to support people to create and enjoy happy and meaningful lives.

**Please check off the qualifications for employment at Person Directed Supports, Inc.**

- Are you at least eighteen years of age?
- Do you have your own car?
- Do you have car insurance?
- Do you have means of communication? (i.e. house phone)
- Are you comfortable assisting men and women with toiletry needs?



EMPLOYMENT APPLICATION

PERSON DIRECTED SUPPORTS, INC. DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, AGE, SEX, CREED OR NATIONAL ORIGIN, NON JOB RELATED DISABILITY, SEXUAL ORIENTATION OR AFFECTIONAL PREFERENCE, MARITAL STATUS, POLITICAL OR UNION AFFILIATION.

Please print and complete the entire application. If any of the following questions are not answered completely or accurately, you will be asked to complete the information again, which may cause a significant delay and/or the inability to process this application.

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Position Applied For \_\_\_\_\_

Available to Work \_\_\_\_\_ Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Date Available to Start \_\_\_\_\_

Salary Desired \_\_\_\_\_ Least acceptable salary \_\_\_\_\_

How did you hear about Person Directed Supports? (Be specific)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been an affiliate or division of Person Directed Supports? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give entity and date(s): \_\_\_\_\_  
\_\_\_\_\_

Have you ever filed an application with any affiliate or division of Person Directed Supports?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, give entity and date(s).

Do you have the legal right to be employed in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have documentation to support the above? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you resided in Pennsylvania for the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, when did you move to Pennsylvania? Date \_\_\_\_\_

If you are under the age of 18, will you be able to furnish a work permit for employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

### WORK HISTORY

List the names of all employers, giving the most recent position first. Please give the month and year for each position listed. In addition, be sure to list all health or human services providers for which you have worked. If you need additional space, please continue on another sheet of paper.

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Dates Employed from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Dates Employed from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Dates Employed from (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_

Have you ever been charged/convicted/on probation and/or plead guilty of any crime?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
(Information regarding charges and/or convictions will not necessarily disqualify you for employment, but will be reviewed in light of the duties and responsibilities of the position being sought.)

Driver's license number \_\_\_\_\_ State \_\_\_\_\_ Currently valid? Yes \_\_\_\_\_ No \_\_\_\_\_  
(A valid driver's license, acceptable driving record and reliable transportation are required for all positions.)

### EDUCATION

#### HIGH SCHOOL

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Years completed \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Major \_\_\_\_\_ Degree \_\_\_\_\_

#### UNDERGRADUATE COLLEGE

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Years completed \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Major \_\_\_\_\_ Degree \_\_\_\_\_

#### GRADUATE/PROFESSIONAL

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Years completed \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Major \_\_\_\_\_ Degree \_\_\_\_\_

#### PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

List any professional licenses \_\_\_\_\_  
License Number \_\_\_\_\_

Has your professional license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

List any relevant certifications:

\_\_\_\_\_  
\_\_\_\_\_

**RELATED INFORMATION**

Please list any other qualifications, Professional organizations, and/or volunteer experiences that are applicable to the position for which you are applying. You may exclude any whose name would indicate the race, religion, creed, color, national origin, or ancestry of its members.

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**REFERENCES**

If you worked for previous employers under another name, please give that name:

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Are you currently employed? Yes  No

If yes, may we contact your present employer? Yes  No

Give three work-related references who we may contact:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Phone \_\_\_\_\_ Occupation \_\_\_\_\_

## APPLICANT SCREENING FORM

Applicant Name \_\_\_\_\_ Date Screened \_\_\_\_\_

Position Applying For: \_\_\_\_\_

- Check that the application is completed and have the applicant complete any missing areas
- Give a brief explanation of the position and what is involved:  
Are they still interested in the position? Yes \_\_\_\_\_ No \_\_\_\_\_

**Position and Program Details:** (check programs and hours in which you are willing to work)

MR Residential \_\_\_\_\_ MR Day Program \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Hourly \_\_\_\_\_ List Unavailable Days \_\_\_\_\_

Are you able to be flexible with hours and days of work? Yes \_\_\_\_\_ No \_\_\_\_\_  
What are your hours of availability? \_\_\_\_\_

**Schedule of Hours Needed:** (these are standard shifts; however, hours can vary between them)

MR Residential – Support Staff    1<sup>st</sup> shift (7-3) \_\_\_\_\_ 2<sup>nd</sup> shift (3-11) \_\_\_\_\_ Overnight (11-7) \_\_\_\_\_

MR Day Program – Support Staff    7-3 / 8-4 \_\_\_\_\_

Split Shift \_\_\_\_\_ Weekends \_\_\_\_\_ Holidays \_\_\_\_\_

**An essential job function is transporting individuals:**

Do you have a valid drivers license?    Yes \_\_\_\_\_ No \_\_\_\_\_    In what State? \_\_\_\_\_

Do you have your own transportation?    Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have auto insurance?    Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any traffic violations in the last three years? Any Accidents?    Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain/list: \_\_\_\_\_

Is there any reason why you would be unable to transport individuals during work hours with your personal vehicle, if necessary? \_\_\_\_\_

All new employees are required to take a physical and drug screening test, do you have any problems with this?    Yes \_\_\_\_\_ No \_\_\_\_\_

**Another essential job function is lifting various weight requirements and helping perform toileting and bathing needs.**

Do you have any lifting restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, restriction amount \_\_\_\_\_

Are you able to perform and comfortable with the following:

Personal Care / Hygiene	_____	Toileting Care	_____
Bathing	_____	Cooking	_____
Documentation / Paperwork	_____	Cleaning	_____
Money Handling	_____	Driving	_____

Are you comfortable working with individuals of either gender? Yes \_\_\_\_\_ No \_\_\_\_\_

At PDS, we assist the individuals in living their lives to the fullest, which includes normal daily activities such as faith based functions, doctor appointments, shopping, etc. Are you willing and able to transport and accompanying individuals to their community outings? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please check all you are willing to work with:**

Physical Handicaps \_\_\_\_\_ Non-Ambulatory \_\_\_\_\_ Behavioral Problems \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

Applicant Verification Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Primary Interviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Interviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION AND RELEASE OF INFORMATION**

I hereby give Person Directed Supports, hereafter known as PDS, and any of its affiliates and divisions, the right to thoroughly investigate my past employment, education, police record activities, and I release from all liability all persons, companies, and corporations supplying such information. I indemnify PDS against any liability which might result from conducting such an investigation. I understand that any false answers or statements of implications made by me in this application or other required documents will be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between PDS and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon PDS unless made in writing by the President and Chief Executive Officer. If any employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason at all, with or without prior notice, and that PDS retains the same right. I acknowledge by signing below that I fully understand that I am applying to the Agency and not one particular home. Further I understand by signing below that the Agency may move me from home to home based up the needs of the individuals.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

Your application will be considered for any reason for any vacancies for 30 days after it is received.

**PERSON DIRECTED SUPPORTS IS AN EQUAL OPPORTUNITY EMPLOYER**

**Person Directed Supports, Inc. is a Non-Smoking Agency**

**PERSON DIRECTED SUPPORTS, INC.**

**CONFIDENTIALITY POLICY**

Person Directed Supports, Inc. and the Department of Public Welfare through the 6400 regulations, all information in regards to the individuals that we support is strictly confidential. This includes but is not limited to: names, location of residents, phone numbers, and information in the individual's records, medical conditions, and history. Releases of information must be signed by the individual/representative before being allowed to share information with other outside parties. All records are to be kept locked when not in use.

If there would be any questions in regards to releasing information to anyone, or any questions in regards to this policy, please feel free to ask.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Interviewer Signature)

\_\_\_\_\_  
(Date)

Offense Code	Prohibitive Offense	Type of Conviction
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting In Death	Any
CC2507	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	Any
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3933	Unlawful Use of a Computer	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene and Other Sexual Materials to Minors	Any
CC5903D	Corruption of Minors	Any
CC6301	Sexual Abuse of Children	Any
CC6312	Acquisition of Controlled Substance by Fraud	Felony
CC13A112	Delivery by Practitioner	Felony
CC13A114	Possession with Intent to Deliver	Felony
CC13A30	Illegal Sale of Non-Controlled Substance	Felony
CC13A96	Designer Drugs	Felony
CC13A37		Felony

I do swear/affirm that I have not been convicted of any of the offenses listed above.

Signature

Witness

Please list your top five qualities:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_





person directed supports

Human Services • Community Living Arrangements • Community Based Day Services • Person Centered Planning

MOTOR VEHICLE DRIVE RECORDS  
AUTHORIZATION FORM

I, \_\_\_\_\_, BY SIGNING BELOW,  
RELEASE THE FOLLOWING INFORMATION TO PERSON DIRECTED  
SUPPORTS TO REQUEST A DRIVERS REPORT FOR EMPLOYMENT  
PURPOSES.

NAME (please print): \_\_\_\_\_  
DRIVERS LICENSE #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

1930 Scotland Avenue  
Chambersburg, PA 1720  
(717) 264-6290  
fax (717) 269-3694  
PersonDirectedSupports@

617 East Main Street  
Ephrata, PA 17522

291 Poplar Street  
Catsaqua, PA 18032

1116 West Walnut Street  
Allentown, PA 18102

1666 Eastwood Drive  
Rahkham PA 18018



#### Vehicle Insurance Disclaimer

**One of an employee's main job functions is transporting individuals being supported to various community activities. Each employee is responsible for advising their Automobile insurance company of the use of their automobile. The employee will be responsible for any additional insurance cost of any amending of such a use classification. It is anticipated that employees will comply with state law and insurance company inquiries in providing information on the use of their personal automobile. This is urged since there are Insurance Fraud Statutes in the Commonwealth of Pennsylvania. Failure to abide by these requirements may jeopardize the employee's insurance coverage with their insurer.**

## MODIFIED KEIRSEY TEMPERAMENT SORTER II

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Decide on answer 'a' or 'b' and put a check mark in the proper column of the answer sheet. There are no right or wrong answers since about half the population agrees with whatever you choose.

1. Are you more:
  - a. \_\_\_\_\_ observant than introspective
  - b. \_\_\_\_\_ introspective than observant
  
2. Is clutter in the workplace something you
  - a. \_\_\_\_\_ take time to straighten up
  - b. \_\_\_\_\_ tolerate pretty well
  
3. Are you more:
  - a. \_\_\_\_\_ sensible than ideational
  - b. \_\_\_\_\_ ideational than sensible
  
4. Do you tend to be more
  - a. \_\_\_\_\_ factual than speculative
  - b. \_\_\_\_\_ speculative than factual
  
5. Do you find visionaries and theorists
  - a. \_\_\_\_\_ somewhat annoying
  - b. \_\_\_\_\_ rather fascinating
  
6. Common sense is
  - a. \_\_\_\_\_ usually reliable
  - b. \_\_\_\_\_ frequently questionable
  
7. Are you more frequently
  - a. \_\_\_\_\_ a practical sort of person
  - b. \_\_\_\_\_ a fanciful sort of person
  
8. When finishing a job, do you like to
  - a. \_\_\_\_\_ tie up all the loose ends
  - b. \_\_\_\_\_ move on to something else
  
9. Are you inclined to take what is said
  - a. \_\_\_\_\_ more literally
  - b. \_\_\_\_\_ more figuratively
  
10. Do you more often see
  - a. \_\_\_\_\_ what's right in front of you
  - b. \_\_\_\_\_ what can only be imagined
  
11. Are you more likely to trust
  - a. \_\_\_\_\_ your experiences
  - b. \_\_\_\_\_ your conceptions
  
12. Do you usually want things
  - a. \_\_\_\_\_ settled and decided
  - b. \_\_\_\_\_ just penciled in
  
13. Do you consider yourself
  - a. \_\_\_\_\_ a good conversationalist
  - b. \_\_\_\_\_ a good listener
  
14. Which do you wish more for yourself
  - a. \_\_\_\_\_ strength of will
  - b. \_\_\_\_\_ strength of emotion
  
15. Are you more
  - a. \_\_\_\_\_ routine-based than whimsical
  - b. \_\_\_\_\_ whimsical than routine-based