

Name: _____

Date: _____

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 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 a valid driver's license?

Do you have a reliable means of personal transportation?

If you do not have a reliable means of personal transportation, when was the last time that you drove a vehicle: _____

Do you have car insurance?

Do you have a means of communication? (i.e. house phone, cell phone)

Are you able to attend 2 weeks of 9am-5pm weekday trainings for orientation and reoccurring annually thereafter?

Are you comfortable assisting men and women with toiletry needs?

This application must be completed in its entirety with a verification signature and date. A resume may be attached to further expand on qualifications, but it does not absolve the requirement of a completed application.

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



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 READ AND PRINT 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 SIGNIFICANT DELAY AND / OR THE INABILITY TO PROCESS THIS APPLICATION.

DATE _____ / _____ / _____

LAST NAME _____ FIRST NAME _____ MI _____

CITY, STATE, ZIP _____

PHONE _____ ALTERNATE PHONE _____

EMAIL ADDRESS _____

POSITION APPLIED FOR _____

AVAILABLE TO WORK FULL TIME HALF TIME TEMPORARY

DATE AVAILABLE TO START _____

ACCEPTABLE SALARY RANGE _____

HOW DID YOU HEAR ABOUT PERSON DIRECTED SUPPORTS, INC. ? (PLEASE BE SPECIFIC)

HAVE YOU EVER BEEN EMPLOYED BY ANY AFFILIATE OR DIVISION OF PERSON DIRECTED SUPPORTS, INC. ? YES NO

IF YES, GIVE ENTITY AND DATE(S) _____

INCLUDING WORK AND VOLUNTEERING, HOW MANY YEARS EXPERIENCE DO YOU HAVE IN THE FIELD OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES? _____

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

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, 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) _____

SALARY STARTED : _____ SALARY ENDED : _____

DUTIES: _____

EMPLOYER NAME: _____

ADDRESS: _____

PHONE: _____ JOB TITLE : _____

SUPERVISOR: _____ REASON FOR LEAVING : _____

DATES EMPLOYED FROM (MO/YR): _____ TO (MO/YR) _____

SALARY STARTED : _____ SALARY ENDED : _____

DUTIES: _____

EMPLOYER NAME: _____

ADDRESS: _____

PHONE: _____ JOB TITLE : _____

SUPERVISOR: _____ REASON FOR LEAVING : _____

DATES EMPLOYED FROM (MO/YR): _____ TO (MO/YR) _____

SALARY STARTED : _____ SALARY ENDED : _____

DUTIES: _____

HAVE YOU RESIDED IN PENNSYLVANIA FOR THE LAST TWO YEARS? YES NO

IF NOT, WHEN DID YOU MOVE TO PENNSYLVANIA _____

HAVE YOU EVER BEEN INVESTIGATED, DISCIPLINED, OR DISCHARGED BY AN EMPLOYER FOR CLIENT ABUSE OR NEGLECT? YES NO

IF YES, EXPLAIN _____

HAVE YOU EVER PLEAD GUILTY OR BEEN CONVICTED OF ANY CRIME? YES NO

IF YES, EXPLAIN _____

(INFORMATION REGARDING CONVICTIONS WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT, BUT WILL BE REVIEWD IN LIGHT OF THE DUTIES AND RESPONSIBILITIES OF THE POSITION BEING SOUGHT)

DO YOU HAVE A VALID DRIVER'S LICENSE ? YES NO IN WHAT STATE _____
HAVE YOU EVER BEEN CONVICTED OF ANY DRIVING RELATED OFFENSES? YES NO
IF YES, EXPLAIN _____

(A VALID DRIVER'S LICENSE AND ACCEPTABLE DRIVING RECORD ARE REQUIRED FOR ALL POSITIONS)

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.

EDUCATION

HIGH SCHOOL:

NAME : _____

ADDRESS : _____

YEARS COMPLETED : _____ GRADUATED: YES NO

MAJOR : _____ DEGREE: _____

UNDERGRADUATE COLLEGE:

NAME : _____

ADDRESS : _____

YEARS COMPLETED : _____ GRADUATED: YES NO

MAJOR : _____ DEGREE: _____

GRADUATE / PROFESSIONAL:

NAME : _____

ADDRESS : _____

YEARS COMPLETED : _____ GRADUATED: YES NO

MAJOR : _____ DEGREE: _____

PROFESSIONAL LICENSE AND /OR CERTIFICATIONS

LIST ANY PROFESSIONAL LICENSES : _____

LICENSE NUMBER : _____

HAS YOUR PROFESSIONAL LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, EXPLAIN _____

LIST ANY RELEVANT CERTIFICATIONS : _____

PERSON DIRECTED SUPPORTS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

Per the Department of Public Welfare and the Office of Aging, the following is a list of Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997

OFFENSE CODE	PROHIBITIVE OFFICE	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	1 Felony or 2 Misdemeanors
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 Service	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	Obscene and Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CC13A12	Acquisition of Controlled Substance by Fraud	Felony
CC13A14	Delivery by Practitioner	Felony
CC13A30	Possession with Intent to Deliver	Felony
CC13A36	Illegal Sale of Non-Controlled Substance	Felony
CC13A37	Designer Drugs	Felony

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

Applicant Signature

Date

Witness Signature

Date

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.

AUTHORIZATION AND RELEASE OF INFORMATION

I hereby give Person Directed Supports, Inc. hereafter known as PDSI, 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 PDSI against any liability which might result from conducting such an investigation. I understand that any false answers or statements or implications made by me in this application or other required documents shall 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 PDSI and myself for either employment, contract work, 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 PDSI unless made in writing by the President and Chief Executive Officer. I acknowledge by signing below that I fully understand that I am applying to the agency as a contracted Lifesharing provider and not one particular home or individual.

SIGNATURE OF APPLICANT _____ DATE _____

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