



Central Office: 1517 Chestnut Street (P. O. Box 997) Coshocton OH 43812

Phone: (740) 622-9778 or (800) 722-9778

Fax: (740) 622-0472

Website: www.rhdd.org

RHDD Application for Employment

DATE OF APPLICATION	POSITION APPLIED FOR
CHECK BELOW THE COUNTIES YOU ARE INTERESTED IN OBTAINING EMPLOYMENT	
<input type="checkbox"/> Athens	<input type="checkbox"/> Coshocton
<input type="checkbox"/> Muskingum	<input type="checkbox"/> Morgan
<input type="checkbox"/> Guernsey	<input type="checkbox"/> Holmes
<input type="checkbox"/> Washington	

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE. Applications are kept on file for 90 days. After 90 days, interested applicants may reapply. **IF YOU NEED ASSISTANCE COMPLETING THIS FORM DUE TO A DISABILITY,** please request assistance and RHDD will provide someone to assist you, or you may request some other reasonable accommodation.

EQUAL OPPORTUNITY EMPLOYER - RHDD is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under applicable local, state and federal laws.

NOTICE TO APPLICANTS AND EMPLOYEES: RHDD is a DRUG-FREE WORKPLACE. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

Personal Information

NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER
ADDRESS	TELEPHONE NUMBER
CITY, STATE, ZIPCODE	CELLULAR/PAGER/OTHER NUMBER
How long have you lived at your current address?	If less than 3 yrs at current address, list previous address?

Are you legally authorized to work in the U.S.? YES NO

Are you over the age of 18? YES NO If no, can you furnish a work permit? YES NO

Do you have a High School Diploma or GED? YES NO (Most positions require verification of High School Diploma or GED)

Do you have reliable transportation? YES NO

Answer the following question if driving is required for the position which you are applying:

Do you possess a valid driver's license? YES NO

Have you ever been employed by RHDD before? YES NO

If yes, please list dates and positions: _____

Have you ever been convicted of any type of crime? YES NO

(A criminal conviction will not necessarily bar you from consideration of employment)

If yes, provide date(s) and details: _____

Availability and Type of Employment Desired

RHDD provides 24-hour services, please indicate what days/hours you are available to work:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

Type of employment desired: (Check all that apply) Full-time Part-time Seasonal Temporary

How many hours a week would you like to work? _____ Date available for work? _____ / _____ / _____

Are you able to work overnights? YES NO Are you able to work 2 1/2 day shifts? YES NO

Education			
Name Of School	City, State	# Of Years Completed	Degree or Diploma
HIGH SCHOOL / GED			
COLLEGE			
OTHER			

SPECIALIZED TRAINING, CERTIFICATION, OR EXPERIENCE

Yes	No	Training/Certification	Expiration Date	Comments
<input type="checkbox"/>	<input type="checkbox"/>	CPR	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	First Aid	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bloodborne Pathogens		_____
<input type="checkbox"/>	<input type="checkbox"/>	Medication Administration		_____
<input type="checkbox"/>	<input type="checkbox"/>	Supported-Living, Personal Care		_____
<input type="checkbox"/>	<input type="checkbox"/>	Behavior Support		_____
<input type="checkbox"/>	<input type="checkbox"/>	Crisis Intervention		_____
<input type="checkbox"/>	<input type="checkbox"/>	Feeding/Swallowing Techniques		_____
<input type="checkbox"/>	<input type="checkbox"/>	Communication Techniques		_____
<input type="checkbox"/>	<input type="checkbox"/>	Transferring/Positioning/Lifting		_____

Do you have experience in providing care/treatment for persons with any of the following:

Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/Breathing Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	Memory Impairments / Alzheimer
<input type="checkbox"/>	<input type="checkbox"/>	Bowel Programs	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Issues
<input type="checkbox"/>	<input type="checkbox"/>	Catheter Care	<input type="checkbox"/>	<input type="checkbox"/>	Mental Retardation / Developmental Disability
<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy
<input type="checkbox"/>	<input type="checkbox"/>	Feeding Tubes	<input type="checkbox"/>	<input type="checkbox"/>	Nebulizer Treatments
<input type="checkbox"/>	<input type="checkbox"/>	Gastronomy	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorders
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairments / Deaf	<input type="checkbox"/>	<input type="checkbox"/>	Vision Impairments / Blind

Summarize any additional special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. Include hobbies in which you have learned qualifying skills, and why you would like to work with RHDD.

Note: RHDD provides training for employees. Experience is a plus, but not required.

Work Experience

Please list your last three employment experiences, beginning with the most recent employment. In absence of three employments, volunteer service may be included as work experience.

EMPLOYER NAME	POSITION (JOB TITLE)
ADDRESS	SUPERVISOR'S NAME & TELEPHONE NUMBER
TELEPHONE NUMBER	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
DATES EMPLOYED: FROM _____ TO _____	ENDING WAGE: \$ _____ PER _____
DUTIES PERFORMED	
REASON FOR LEAVING	

EMPLOYER NAME	POSITION (JOB TITLE)
ADDRESS	SUPERVISOR'S NAME & TELEPHONE NUMBER
TELEPHONE NUMBER	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
DATES EMPLOYED: FROM _____ TO _____	ENDING WAGE: \$ _____ PER _____
DUTIES PERFORMED	
REASON FOR LEAVING	

EMPLOYER NAME	POSITION (JOB TITLE)
ADDRESS	SUPERVISOR'S NAME & TELEPHONE NUMBER
TELEPHONE NUMBER	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
DATES EMPLOYED: FROM _____ TO _____	ENDING WAGE: \$ _____ PER _____
DUTIES PERFORMED	
REASON FOR LEAVING	

References

Please list three references who are not related to you and are not previous supervisors listed in the employment section of this application.

Name	Telephone Number	Complete Mailing Address	How Long Have You Known This Person?	Type Of Reference
				<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal
				<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal
				<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal

Applicant Statements

READ THE FOLLOWING STATEMENTS CAREFULLY. ONLY APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

I understand that in connection with the application process, RHDD and its representatives may contact my former employers, educational institutions, references, and other relevant third parties to obtain references. I hereby give RHDD permission to verify any and all information that I have provided on this application and release all parties involved from any and all liability for any and all damage that might result by providing such information.

I understand that RHDD conducts a criminal background check on all applicants as defined by the Ohio Revised Code. I hereby authorize RHDD to conduct a pre-employment background check. I understand that if I am hired, I must submit fingerprints for a BCI/FBI check to the Ohio Bureau of Criminal Identification and Investigation at RHDD's expense.

I understand that RHDD conducts a driving record check to determine insurance eligibility on all applicants who are applying for positions that operate Agency vehicles. I hereby authorize RHDD to conduct a pre-employment driving record check.

I understand that RHDD will check the Ohio Department of MR/DD Abuse Registry pursuant to section 5123.52 of the Ohio Revised Code and the nurse aide registry established under section 3721.32 of the Revised Code to determine employment eligibility.

I understand that screening test for alcohol and illegal drug use may be required before hiring and during employment.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that employment with RHDD is "at-will" which means that either RHDD or the employee may terminate the employment relationship at any time, with or without cause, or prior notice. I understand that this application is not a contract of employment and that no employee or representative of RHDD has authority to enter into a verbal or written contract of employment. Likewise, no applicant or employee should construe any statements made to mean or imply any promise of guaranteed employment or benefits.

I understand that any falsification, misrepresentation or omission of information may prevent my being hired or if hired, may subject me to the immediate termination of my employment with RHDD.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENTS.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____

THANK YOU FOR APPLYING TO RHDD

DIRECT SUPPORT PROFESSIONAL JOB DESCRIPTION

Position: Direct Support Professional (DSP)

Reports to: Program Manager (PM)

FLSA Status: Non-Exempt

Category: Direct Care Staff Member, may be full or part-time position

Supervises: This position has no supervisory responsibilities

Qualifications: Must show evidence of the ability to work constructively with individuals with developmental disabilities. Must demonstrate respect and good will toward residents and co-workers. Must be fully ambulatory in order to gain access to individuals' homes. Valid driver's license and Diploma/GED required.

Basic Function: To possess and practice a commitment to Normalization ideology and provide a home environment to the individuals residing in the home. The Direct Support Professional will work directly with the individual and in groups to help meet their various social, physical and psychological needs.

Primary Responsibilities:

1. Provide direct care and habilitation programming to individuals.
2. Maintain adequate personal hygiene of individual by assisting with bathing, grooming, dressing and undressing, feeding, toileting and positioning when necessary.
3. Report evidence of abuse or neglect immediately to local Program Manager or Executive Director. Utilize agency on-call system.
4. Promptly report to Supervisor any suspected need of medical attention.
5. Serve as chief resource person for the day-to-day status and needs of the individuals.
6. Provide transportation of individuals for ISP and other delegated activities as assigned following RHDD Transportation Rules and Regulations.
7. Administer and document medications and health related task following all RHDD policies and procedures.
8. Work with the professional staff to evaluate assigned individuals' present abilities, progress and potential.
9. Participate in the development and follow-through of assigned Individual Service Plans.
10. Follow and document the program and activities schedule of each individual.
11. Properly use and care for each individual's adaptive equipment: for example: wheelchair, care chair, foot board, lap board, eating utensils, radio, television, etc.
12. Interact with each individual and co-worker in a manner which is consistent with respect for the individual and his/her value as a human being, both physically and socially.
13. Use acceptable language and tones of voice when addressing individuals and co-workers.
14. Maintain a safe, clean, healthful environment for individuals and co-workers, including laundry.
15. Exchange pertinent information about individuals with personnel at the beginning and close of the shift.
16. Keep Supervisor informed of any changes in individual or work schedule.
17. Participate in ongoing staff development activities.
18. Other duties as assigned.

Signature

Date



PRE-EMPLOYMENT SCREENINGS

Office Use Only	Date/by
	A/D
	HRD/S
	Notified

Criminal Background Check

RHDD is required by Federal Law and the Ohio Revised Code to conduct a background check on all employees who work with any individual we serve. Any individual convicted of offenses specified by the County Board of Mental Retardation and Developmental Disabilities in section 5123:2-1- 051 in compliance with Ohio Revised Code Section 5126.281 are rendered un-employable in this field. To satisfy this requirement, RHDD conducts a pre-employment OPENonline background check on applicants. Upon employment, each employee must submit fingerprints for an FBI/BCI check to the Bureau of Criminal Identification and Investigation at RHDD expense.

Driving Record Check

A pre-employment OPENonline driving record check will be conducted on all applicants who are applying for positions that operate Agencies vehicles to determine insurance eligibility.

Ohio Department of Mental Retardation and Developmental Disabilities Abuse Registry

A pre-employment check will be conducted on all applicants to determine whether the applicant is included on the Ohio Department of MR/DD Abuse Registry pursuant to section 5123.52 of the Ohio Revised Code to determine employment eligibility.

Ohio Department of Health Nurses Aide Registry

A pre-employment check will be conducted on all applicants to determine whether the applicant is included on the nurse aide registry established under section 3721.32 of the Revised Code to determine employment eligibility.

Alcohol and Illegal Drug Screening

Screening test for alcohol and illegal drug use may be required before hiring and during employment.

Applicant please print the following information:

NAME(First, Middle, Last)	SOCIAL SECURITY NUMBER	
ADDRESS	PHONE NUMBER	
CITY, STATE, ZIPCODE	DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE

PRE-EMPLOYMENT SCREENING AUTHORIZATION

I, _____, do hereby authorize RHDD to conduct a pre-employment OPENonline criminal background check, OPENonline driver record check, Ohio Department of MRDD Abuse Registry check, and the Ohio Department of Health Nurses Aide Registry check. I understand that I may have to submit to a screening test for alcohol and illegal drug use should I be offered a position with RHDD.

I authorize and allow OPENonline, acting as an agent, to obtain a copy of my driver's licence record/abstract information, which may include personal information, to be used for verification of information and for Employment purposes, and to release my information to RHDD, Employee Services Department.

_____ Applicant's Signature

_____ Date

Authorization To Request Motor Vehicle Record

Federal and state laws provide individuals with privacy rights with respect to personal information contained in their motor vehicle record. Disclosure of your motor vehicle record is permitted under specific circumstances. Two of those circumstances are (1) upon the written consent of the driver, and (2) for use by any insurer or insurance support organization or its agents, employees, or contractors in connection with claim investigation activities, antifraud activities, insurance rating or underwriting.

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

That the undersigned gives his/her consent to the release of his/her driving record for use by the Insured, its agents, employees, contractors, insurers and other insurance support organizations in connection with claim investigation activities, antifraud activities, rating and underwriting.

Driver Name: _____
(Print full name as it appears on your license)

License # and State of Issuance: _____

Date of Birth: _____

Social Security No. _____

Signature of Driver: _____

Date: _____