



# **Application for Employment**

PLEASE PRINT & FILL OUT APPLICATION <u>COMPLETELY</u>, EQUAL OPPORTUNITY EMPLOYER <u>incomplete applications will NOT be considered</u>

| CONTACT INFO  | )RM      | ATION:                 |            |         |          |                   |         |                         |                     |                       |
|---|----------|------------------------|------------|---------|----------|-------------------|---------|-------------------------|---------------------|-----------------------|
| Name  |          |                        |            |         |          |                   |         | r's Date                |                     |                       |
| Telephone # ()  |          |                        |            |         |          |                   | Email   |                         |                     |                       |
| Mailing Address   |          |                        |            |         |          |                   |         |                         |                     |                       |
| Driver's Lice   |          |                        |            |         |          |                   |         |                         | -                   |                       |
| Physical Add  |          |                        |            |         | ss)      |                   |         |                         |                     |                       |
| <b>EMPLOYMENT</b>   | DES      | IRED:                  |            |         |          |                   |         |                         |                     |                       |
| Position Applyir  | ıg Fo    | r 🗆 Trai               | nee 🗆 🗅    | SP 🗆    | LPN 🗆    | ]RN □             | QIDP    | □Maintenan              | ce 🗆 Other:         |                       |
| Available for   |          |                        |            |         |          | ,                 | Are yo  | ou available to w       | ork on weekends     | ? □YES □NO            |
| Are you available   |          |                        |            |         |          |                   |         |                         | ork evenings?       |                       |
| Are you available   | to wo    | ork midni              | ghts? □'   | YES □N  | 0 Wha    | t date, if        | hired   | •                       |                     | ork?                  |
| COUNTY PREFERRED: □Union □Pulaski □Williamson                           |          |                        |            |         | 1        | Salary Desired \$ |         |                         |                     |                       |
| EDUCATION, T  | RAII     | VING, &                | EXPER      | IENCE   |          |                   |         |                         |                     |                       |
| SCHOOLS   | NA       | ME & AD                | DRESS      |         |          |                   |         | # OF YEARS<br>COMPLETED | COURSES OR<br>MAJOR | DEGREES OR<br>DIPLOMA |
| HIGH SCHOOL   |          |                        |            |         |          |                   |         | COMPLETED               | MAJOR               | DIFLOMA               |
| COLLEGE/  |          |                        |            |         |          |                   |         |                         |                     |                       |
| UNIVERSITY  |          |                        |            |         |          |                   |         |                         |                     |                       |
| OTHER vocational, apprenticeship  |          |                        |            |         |          |                   |         |                         |                     |                       |
|   | ) (A)    | /MENIT                 | C: 1 1:    | Mili    | `        |                   |         |                         |                     |                       |
| PREVIOUS EMF  | ience, l |                        |            |         |          | must comp         | lete th | is section; do not w    | rite, "see resume". |                       |
| Dates//Supervisor   | r        | 27                     |            | Employe | r        |                   |         |                         | Job Title & Duties  |                       |
| From:   |          | Name                   |            |         |          |                   |         |                         |                     |                       |
| To<br>Supervisor:   |          | Address<br>Telepho     |            |         |          |                   |         |                         |                     |                       |
| Supervisor.   |          |                        | for leavir | 1g      |          |                   |         |                         |                     |                       |
|   |          |                        |            | -6      |          |                   |         |                         |                     |                       |
| From:   |          | Name                   |            |         |          |                   |         |                         |                     |                       |
| То  |          | Address                |            |         |          |                   |         |                         |                     |                       |
| Supervisor:   |          | Telepho                |            |         |          |                   |         |                         |                     |                       |
|   |          | Reason                 | for leavi  | ng      |          |                   |         |                         |                     |                       |
| From:   |          | Name                   |            |         |          |                   |         |                         |                     |                       |
| То  |          | Address                |            |         |          |                   |         |                         |                     |                       |
| Supervisor:   |          | Telepho                |            |         |          |                   |         |                         |                     |                       |
|   |          |                        | for leavi  |         |          |                   |         |                         |                     |                       |
| May we contact the e  Do you have any work at Chamne If yes, please exp | oth      | er exper<br>are? (i.e. | ience, t   | raining | , qualif | ications          | or sl   | kills which ma          | ike you feel esp    |                       |
|   |          |                        |            |         |          |                   |         |                         |                     |                       |
| SOLVE THE PU  | JZZL     | E:                     |            |         |          |                   |         |                         |                     |                       |
| 1 2   | 3        | 4                      | 5          | 6       | 7        | 8                 | 9       | 10                      | circle the m        | istak.                |
|   |          |                        |            |         |          |                   |         | _                       |                     |                       |

|  | REFERENCE   |   | s NOT related to you)  |  |  |
|--|---|---|--|--|--|
| Name   |   | Relationship  | Address  | Telephone  | # of years acquainted  |
| <u>.                                    </u> |   |   |  |  |  |
|  |   |   |  |  |  |
|  |   |   |  |  |  |
| RSONAL                                       | INFORMATI   | ON & HISTORY  |  |  |  |
| hamness Care I                               | Management does no  | ot discriminate on the bas                                      | is of race, color, religion, sex, national origi   | n, ancestry, age, men                              | tal or physical disability, veteran  |
|  |   | atus, sexual orientation or                                     |  |  |  |
|  |   |   | before? If yes, when?  |  |  |
|  |   |   | rrent or former employee? If y   | es, Who/how?                                       |  |
|  |   |   | tation to & from work?   |  | <u>-</u>   |
|  |   |   | <b>5.</b> Are you eligible to work i   |  | ates? ∐YES ∐NO   |
| •  | -   | •   | ? $□$ YES $□$ NO Explain if <b>N</b> o   |  |  |
| '. Do you ha                                 | ave <u>any limita</u>                                       | ı <b>tions</b> on your abil                                     | lity to perform job related func   | tions on the po                                    | sition for which you   |
| re applying                                  | g? □YES □NO   | If yes, describe  | the conditions & nature of you   | r work limitatio                                   | ons (e.i. lifting, prescription  |
| r non prescri                                | ption drugs that n  | nay hamper your abili   | ty to drive or perform, emotional inst   | ability, etc)                                      |  |
| _  | -   |   | ·  | ·  |  |
| 3. Do you ta                                 | ke prescriptio  | n/nonprescription   | n drugs that should be disclose  | d? List medica                                     | tions. Chamness Care reserves  |
| he right to cond                             | -<br>luct random drug tes                                   | sting.  |  |  |  |
| ). Have you                                  | ever plead "gu  | uilty", "no contest"  | or been convicted of a crime in  | ncluding sex re                                    | lated or child abuse   |
|  |   |   | the nature of the crime(s), whe  |  |  |
|  |   | •   |  |  |  |
|  |   |   |  |  |  |
| NSWERING "YES                                | " TO THESE QUESTION   | IS <u>DOES NOT CONSTITUTE</u> A                                 | AN AUTOMATIC BAR TO EMPLOYMENT. FACTO  | RS SUCH AS DATE OF T                               | HE OFFENSE, SERIOUSNESS &  |
|  |   |   | ED FOR WILL BE TAKEN INTO ACCOUNT.   | <del></del>  |  |
| -  |   | invicted of a felony  | y? $\square$ YES $\square$ NO If yes, state th   | e nature of the                                    | crime(s), when &   |
| where conv                                   |   | .1 11 1.1 0 1   | AV 1 P 1 OCC CV  | . 0 16   |  |
|  |   |   | Worker Registry, Office of Inspe   | ector General (                                    | OIG) Sanctions or  |
|  |   | If yes, please exp  |  |  |  |
| -  | -   | -   | e ability to lift at least 50lbs &   | carry it 10 feet                                   | ? □YES □NO Are   |
| ou willing                                   | to demonstrate  | e this? □YES □N   | 0  |  |  |
| DDI ICANT                                    | STATEMENT   |   |  |  |  |
|  |   | withheld any information tha                                    | at might adversely affect my chances for employ  | ment, and that the answ                            | vers given to me are true and correct to                                       |
| e best of my know                            | ledge. I further certify                                    | that I, the undersigned appl                                    | icant, have personally competed this application   | . I understand that any                            | omission or misstatement of material   |
| t on this applicati<br>time elapsed bef      | on, or on any documen<br>ore discovery. I hereby            | it used to secure employmen<br>v authorize Chamness Care N      | it shall be grounds for rejection of the applicatio<br>Management to thoroughly investigate my refere  | n or for immediate disc<br>ences work record, educ | harge if I am employed regardless of<br>ation, and other matters related to my |
| itability for emplo                          | yment further for form                                      | ner employer or agency whe                                      | re I work to disclose to Chamness Care any and a   | all letters reports and o                          | ther information related to my work  |
|  |   |   | former employers, and all other persons, corporagation or disclosure. I consent to all background      |  |  |
| cluding driving inf                          | formation records. In o                                     | consideration of my employi                                     | ment, I agree to conform to the rules and standar  | rds of the agency and ev                           | verything my employment &  |
|  |   |   | without notice, at any time, either at my option<br>f an applicant identity and legal authority to wor |  |  |
| amination. I have                            | no lifting restrictions a                                   | and am able to physically per                                   | rform tasks to care for the Individuals served. I  | understand this applica                            | tion remains current for only 30 days.   |
|  |   | nployer and still wish to be o<br>of the foregoing applicant st | considered for employment, it will be necessary tatement.  | to reapply and fill out a                          | new application. I certify that I have   |
|  |   | THE ABOVE APPLICA   |  |  |  |
|  |   |   |  | <b>.</b>   |  |
| gnature of <i>i</i>                          | Applicant:  |   |  | Date:  | /  |
| <u>lease bring t</u>                         | he following who  | en you return this ap   | plication (you will not be seriously considered  | without these items)                               | Return this application to   |
| D'   | ☐ Driver's licen  |   |  |  | Chamness Care, Inc   |
| Bring  | ☐ High school d   |   |  |  | 1955 Rt 146 East   |
| all  | <ul><li>☐ Social Securit</li><li>☐ DSP Certificat</li></ul> |   |  |  | Anna, Il 62906   |
|  |   |   | documents Applicants do not write below  | this line: Intended fo                             | •  |
| uments                                       | , I 33101 301   | processo  | FF To not made below   |  |  |
| terview:                                     |   | NO DATE   | By:  | · · · · · · · · · · · · · · · · · · ·              |  |
| SP Certifi                                   | ed? □YES □N   | IO Cleared or   | n Registry? □YES □NO   |  |  |
|  |   |   | -g <b>,</b>  |  |  |

### **DSP JOB DESCRIPTION**



TITLE Direct Support Professional (DSP)

REPORTS TO RESIDENTIAL SERVICES DIRECTOR/ CILA HOUSE MANANGER

### **CHAMNESS CARE MISSION**

Equipping individuals & their families with the skills to thrive through providing solutions, resources, & support.

#### **CHAMNESS CARE VISION**

CC believes in a world of dignity, opportunity & inclusion for all people. We believe that people are capable of full participation in their community when provided the appropriate solutions, resources, & support.

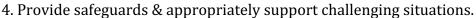
| CHAMNESS CARE VALUES |   |  |  |  |
|----------------------|---|--|--|--|
| RESPECT              | People should be treated with courtesy & respect in recognition of their dignity. |  |  |  |
| CHOICE               | Individuals should make decisions & choices about their lives.                    |  |  |  |
| SOLUTIONS            | Options, opportunities & solutions are the focus rather than problems.            |  |  |  |
| CREATIVITY           | Imagination & innovation create a rich, progressive environment.                  |  |  |  |
| QUALITY              | Services should be excellent, resulting in meaningful impact.                     |  |  |  |
| EXPERIENCE           | The opportunity to fail & succeed increases potential & experience.               |  |  |  |
| COMMUNITY            | Individuals should be active participants in their communities.                   |  |  |  |
| INDEPENDENCE         | Give support, but don't rescue; Give assistance, but don't enable.                |  |  |  |
| RESPONSIBILITY       | Personal choices & appropriate behavior increases social opportunities.           |  |  |  |
| EMPLOYMENT           | Work is the first & preferred option for working age adults.                      |  |  |  |

**SCOPE:** Direct Support Professionals (DSPs) work with individuals who have autism or other developmental disabilities in Chamness Care, Inc.'s 24 Hour CILA Program. DSPs assist individuals to become more integrated in their communities by maximizing the person's strengths, interests & abilities. The aim is for the person to direct their own activities that create a meaningful life including contributing to the community & developing relationships. Support may occur in a variety of settings & may include providing personal care, assistance with daily living activities, job coaching, teaching/developing skills, advocating with the individual, assisting in communication & self-expression, & ultimately supporting the individual in meeting his or her own goals.

#### **DUTIES & RESPONSIBILITIES:**

- 1. Support people to achieve personal outcomes that characterize a high quality of life.
  - Listen carefully & communicate respectfully & clearly with the people you support.
  - Support people to choose, understand & learn new skills.
  - Understand, follow through, & document support plans, goals, activities, progress, etc.
  - Support people with daily living skills & personal support needs.
  - Facilitate activities that provide people with social capital & connections to the community.
  - Demonstrate fairness, exercise patience, understanding creativity & flexibility.
  - Assist people in planning & structuring activities.
  - Bring your own skills, strengths & interests to supporting peoples' activities.
  - Support people to exercise their rights & responsibilities in all areas of their lives.
- 2. Engage in respectful communication.
  - Use person-first or preferred language when appropriate.
  - Maintain confidentiality & support privacy at all times.
  - Talk with people & include them in discussions about their lives. Be honest, reliable, dependable,
     & professional
- 3. Support people to have optimal health & well being.
  - Understand & follow supports for optimal health.
  - Administer medications accurately & reliably.
  - Monitor medical conditions thoroughly & consistently.

- Ensure that people are free from abuse, neglect & exploitation.
- Complete needed reporting & documentation.



- Follow any outlined financial supports.
- Support individuals with positive behavioral techniques to avoid challenging situations & promote respect & dignity.
- Be a safe & conscientious driver. Follow the rules of the road & company safety measures.
- Know the proper techniques & be able to respond to emergencies such as accidents, fires, tornados, or other situations
- 5. Positively represent Skills to Succeed.
  - Uphold agency values.
  - Understand & follow through with agency systems & protocols.
  - Follow agency policies & procedures.
  - Communicate positively & clearly with your supervisor & coworkers.
  - Meet established timelines & deadlines.
  - Maintain satisfactory attendance to work shifts, staff meetings & other assigned agency functions.
  - Complete needed trainings by established deadlines.
  - Complete duties assigned by supervisor or designee.

#### **EQUIPMENT OPERATION**

Medical equipment (i.e. gait belt, leg braces, walkers, wheelchairs)

Communication devices (i.e. books, picture boards, hearing aids, sign language)

Transportation devises, (i.e. car/van, wheelchair lift, hoyer lift,)

Domestic appliances (i.e. stove, vacuum, microwave, dishwasher, lawn mower)

Treatments (i.e. Nebulizer, TED hose, CPap, oxygen, glucose monitoring, medication administration)

### PREFERRED QUALIFICATIONS & EDUCATION:

| High school diploma or equivalent.   |
|--|
| 18 years of age or older   |
| Successful completion of a certified Direct Support Person as required by the IDHS.            |
| Ability to pass criminal/registry background checks  |
| Clear tuberculosis screening   |
| A valid driver's license & reliable means to & from work                                       |
| Ability to pass & maintain required trainings such as CPR/First Aid, Medication Administration |
| & Positive Behavioral Support Training   |
| Experience working with people with intellectual or other developmental disabilities.          |
| Ability to relate positive image to participants, their families, support people & the         |
| community.   |
| Ability to work cooperatively with peers & supervisor.   |
| Good physical & mental health & stability.   |

**WORKING CONDITIONS:** DSPs work in a changing environment that adjusts to the needs of the individuals in services. The environment may be fast-paced with interruptions, distractions & deadlines. DSPs need to be flexible & able to adjust to changing needs or activities. Depending on the needs of the individuals, the work can be physically demanding including transferring or supporting people with



mobility needs, lifting or moving items up to 50 lbs, walking/standing for extended periods or providing support through CPR/First Aid, behavioral support, & other interventions. Site may have pets.

### PHYSICAL REQUIREMENTS/ ESSENTIAL FUNCTIONS:

Lifting & moving (e.g., adult service participants from wheelchair to bed) Lift a minimum of 50 lbs.

Pulling (e.g., van doors, wheelchairs into elevators, a person up in bed)

Pushing (e.g., wheelchairs, doors, carts)

Flexing (e.g., reaching) Bending & crouching

- Must be able to assist individuals in & out of the bed, car, bath, shower, etc.
- Must be able to help individuals evacuate the house in an emergencies
- Must be able to ease an individual to the floor during an episode or seizure
- Must be able to assist in getting an individual up off the floor after a fall
- Must be able to purchase, load & carry groceries into the homes & put away.
- Must be able to push an individual in a wheelchair up the ramp
- Must be able to drive individuals to & from appointments
- Must maintain a valid Illinois driver's license
- Must have a reliable means of transportation to & from work.

Must be able to operate vehicle lifts, Hoyer lifts & general office equipment & appliances

### **REQUIRED TRAININGS:**

New Employee Orientation, Intro to Developmental Disabilities, CPR/First Aid, Positive Behavior Supports, Medication Administration, Abuse, Neglect & Exploitation, Blood Borne Pathogens, Person-Centered Planning, HIPAA/Privacy & Confidentiality, & any other assigned trainings. Must attend all mandatory trainings.

#### **EVALUATION CRITERIA MAY INCLUDE:**

Attendance & punctuality.

Ability to work with & complement team, RSD & COO goals.

Initiative & ability to assist with, at times lead activities for groups in program & community settings. Attitude toward participants, families, staff, & supervising professionals.

#### CHANGES IN JOB DESCRIPTION, JOB RESPONSIBILITIES, ETC.:

Chamness Care reserves the right to make changes to job descriptions, job responsibilities & functions, employment practices, supervisory lines of authority, employment titles, at site assignment etc. as it deems necessary.

I have read & understand the position description as written. I also understand that this position may be updated to more accurately reflect the position. Subject to random or reasonable suspicion drug testing. Refusal by employee to take a requested drug test will be grounds for dismissal.

## **Employee Signature/Date**

