

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 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 _____ ALTERNATE PHONE _____

EMAIL ADDRESS _____

POSITION APPLIED FOR _____

AVAILABLE TO WORK FULL TIME PART 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 REVIEWED 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 1 2 3 4 GRADUATED? YES NO

MAJOR _____ DEGREE _____

UNDERGRADUATE COLLEGE:

NAME _____

ADDRESS _____

YEARS COMPLETED 1 2 3 4 GRADUATED? YES NO

MAJOR _____ DEGREE _____

GRADUATE / PROFESSIONAL:

NAME _____

ADDRESS _____

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, 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.

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 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. 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 PDSI 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 and that the agency may move me from home to home based upon the needs of the individuals.

SIGNATURE OF APPLICANT _____ DATE _____

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

To Submit to Lehigh
use this email address:
Lehigh@persondirectedsupports.com

To Submit to Chambersburg
use this email address:
Chambersburg@persondirectedsupports.com

To Submit to Lancaster
use this email address:
Lancaster@persondirectedsupports.com