



Enabling lives, enabling dreams

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Tel.: **(256)489-4696**
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Dear Applicant.

In order to meet or exceed compliance requirements, all applicants must provide the following documentation before being considered for employment:

**GED/High School/College diploma
Valid Driver's License
Social Security Card
Auto Insurance**

Prior to working with Ability Plus consumers, all direct care staff must meet compliance requirements for all phases of Pre-hire Training including the following:

Negative TB Skin Test Result (process conducted during Pre-hire training)

*CPR and First Aid (certification process conducted during Pre-hire training)

*MAC I & II (certification process conducted during Pre-hire training)

*Background Screening **MUST** Comply with Ability-Plus Standards

*CPR must be renewed yearly from the date the certification was received.

*First Aid must be renewed three years from the date the certification was received.

Ability Plus Job Description

Job Title: Direct Care
Reports To: House Manager
Location: Company Wide

Division: Operations

FLSA Status: Non-Exempt
EEO Code: TBD

Summary

The Direct Care is responsible for the care, training and supervision as required of people with mental retardation and other developmental disabilities.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

- Assists in providing self-care and training as directed by the Individualized Support Plan or Behavioral Support Plan as documented. (such as bathing, dressing, toileting, eating, etc.)
- Assists with therapeutic treatments to residents with mental retardation (such as physical exercises, occupational arts and crafts, recreational games, etc.)
- Converses with residents to reinforce positive behaviors and promote social interaction.
- Prepares/serves meals and eats with residents.
- Include residents in community outings and promote community inclusion.
- Accompanies residents on shopping trips and counsels residents in purchase of personal items.
- Observes and documents residents' behaviors
- May give medications as prescribed by a doctor.
- May train parents or guardians in care of deinstitutionalized residents.
- Maintain and submit accurate timesheets and communication logs, etc.
- Carry out direction given by line of management

EDUCATION/BACKGROUND/EXPERIENCE:

- High School Diploma or GED
- Valid U.S. driver's license and acceptable driving record as determined by Ability Plus' insurance carrier.
- Acceptable background check.
- First aid/CPR certification.
- Proof of Auto Insurance Coverage
- SSN

NECESSARY SKILLS/ATTRIBUTES - The ability to:

- Ability to communicate, write and prepare complete, concise and clear reports.
- Ability to perform housekeeping duties.
- Ability to intervene during crisis situations.
- Adequate vision and hearing to be able to supervise clients as required.
- Ability to remain awake, aware and alert during working hours and work independently.
- Dependable
- Committed to the daily care and quality of life of the consumers of Ability-Plus

PHYSICAL/MENTAL DEMANDS AND WORKING CONDITIONS:

- Working conditions are normal for a home health care environment.
- Work may require ongoing weekend and evening work.
- Work will require frequent local driving.
- Work requires ongoing interaction with intellectually disabled clients.
- Work can require frequent walking, standing, bending and lifting up to the weight of an adult.



Disclosure and Authorization to Release Information

I understand that in connection with my application for employment (or promotion); a consumer report may be requested. This report may contain information as to my character, general reputation, personal characteristics or mode of living.

I hereby authorize and request any former employer, school, law enforcement agency, financial institution or other persons having personal knowledge about me to furnish IntelliCorp with any and all information in their possession regarding me, in connection with an application for employment.

I understand and offer my consent for IntelliCorp to inquire into and/or obtain any records such as previous employment, references, educational, motor vehicle records, workers compensation, credit and criminal histories.

I acknowledge that a photocopy or fax of this authorization be accepted with the same authority as the original. According to the Fair Credit Reporting act, I am entitled to know if employment is denied because of information obtained from the Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I understand that my consent will apply throughout my employment, to the extent permitted by law. I have read and understand this disclosure and consent form.

Signature of Applicant

Date

Please print other names you have used

Signature Full Name (*please print*)

The following is for identification purposes (to perform the background check and will not be used for any other purpose)

Drivers License #: _____

State Issued: _____

Social Security Number

Date of Birth

Current Address	City/State	Zip Code	County	Length at Address
Former Address	City/State	Zip Code	County	Length at Address
Former Address	City/State	Zip Code	County	Length at Address
Former Address	City/State	Zip Code	County	Length at Address



Enabling Lives and Dreams

APPLICATION FOR EMPLOYMENT

Position Desired: _____

Date _____

Date available for work _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT

Thank you for deciding to apply for employment with Ability Plus. Please read this material carefully before signing below and on the last page of the application.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and Ability Plus has the same right. No one other than the Chief Executive Officer of Ability Plus has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that Ability Plus reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize Ability Plus to investigate my driving record, my criminal record, my credit history, and my educational background.

I further understand that Ability Plus may contact my previous employers, and I authorize those employers to disclose to Ability Plus all records and other information pertinent to my employment with them. I also authorize Ability Plus to provide truthful information concerning my employment with it to my future prospective employers, and I agree to hold it harmless for providing such information.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I further understand that if I am applying for a field/labor position, any offer of employment will be conditioned upon the results of a post-offer medical examination and drug screen.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date

Signature of Applicant

PERSONAL DATA

Name _____
(Print) Last First Middle

Present Address _____
Street and Number City State Zip

Previous Address _____
Street and Number City State Zip

Telephone Number _____

Email Address _____

Soc. Sec. No. _____

How long have you lived there? _____
Years Months

How long did you live there? _____
Years Months

Mobile/Beeper/Other Telephone Number _____

Place of Birth _____
(City/State)

Have you ever **applied** or **worked** for Ability Plus before? [] Yes [] No **If Yes**, please give dates (month/year) and position: _____

Do you have any friends or relatives working here? [] Yes [] No If Yes, name and relationship: _____

Have you ever been **arrested, pled guilty** or "**no contest**" to a crime or been convicted of a crime? [] Yes [] No

If **Yes**, please give **date** and **details** of each: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment.

Indicate area you are available to work: **check all that apply** [] Huntsville [] Decatur [] Athens

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time, including military services, and any period of unemployment. If self-employed, give firm name and supply business reference. If you need more space for these answers or for other employers, please let us know.

Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip	To (mo/yr)	Final \$	Name and Title of Last Supervisor	
Telephone				

Summarize the nature of work performed and job responsibilities: _____

Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
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Address				
City, State, Zip	To (mo/yr)	Final \$	Name and Title of Last Supervisor	
Telephone				

Summarize the nature of work performed and job responsibilities: _____

Have you ever been terminated or asked to resign from any job? [] Yes [] No If Yes, please explain the circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current and/or past employer(s)? [] Yes [] No If No, please explain: _____

PREVIOUS EXPERIENCE

Please indicate the position or nature of position that you are seeking: _____

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

If you have any of the below certificates, please write there expiration dates:

CPR adult and child	Expiration date: / /20
First Aid	Expiration date: / /20
MAC 1	Expiration date: / /20
CPI	Expiration date: / /20

EDUCATIONAL BACKGROUND

School Name	Years Completed: (Circle)	Diploma/Degree	Major/Minor
High School Name:	9 10 11 12 Date Started: (Month/year) (/)	Did you receive a diploma: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No Completion date: / /	
College/University Name:	1 2 3 4 5 Date Started: (Month/year) (/)	Did you receive a diploma: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No Completion date: / /	
Graduate/Professional Name:	1 2 3 4 Date Started: (Month/year) (/)	Did you receive a diploma: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No Completion date: / /	
Trade or Correspondence Name:	1 2 3 4 Date Started: (Month/year) (/)	Did you receive a diploma: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No Completion date: / /	
Additional Education Name:	1 2 3 4 Date Started: (Month/year) (/)	Did you receive a diploma: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No Completion date: / /	
Other Training Name:			

EMERGENCY INFORMATION

In case of accident or other emergency, who should we contact?

Name _____

Relationship _____

Home address _____
Street City State Zip

Telephone _____

DRIVING INFORMATION

Do you have a **current driver's license**? [] Yes [] No

State: _____ License No.: _____ Expiration Date: _____

Do you have **reliable** transportation to and from work? _____

Has your driver's license ever been **suspended** or **revoked**? [] Yes [] No If Yes, please explain the circumstances: _____

PERSONAL REFERENCES

NOTE: (please use only 1 relative as a reference)

Name	Occupation	Address (City and State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE.

Date

Signature of Applicant