



PERSONAL

Name: _____ Date: _____

Current Address: _____

Phone(s): _____ Email address: _____

Are you 18 or older? Yes No (IDAPA 16.03.230.04c - you must be 18 years of age or older to provide direct resident care)

Referral Source: Advertisement Friend Relative Other _____

If an employee referred you, please give us their name: _____

Type of work or position desired: _____

2nd Preference _____ Date Available _____

Full-Time Part Time Number of hours / week desired _____

Shift Preferences: Day Shift Swing / Evening Night

Were you previously employed by us? Yes No If yes when & where? _____

What was the reason for your separation with us? _____

List experience, skills or qualifications which you feel would especially qualify you for work with the our Organization: _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Did You Graduate?	List Diploma or Degree
High School				
College				
Other Specify				

EMPLOYMENT

Please list present and past employment beginning with your most recent:

Name and Address of Company and Type of Business	Dates of Employment	Job Title and Duties
Phone	Name of Supervisor	
Wages: Start Final	Reason for leaving:	
What will this employer say was the reason for your leaving?		
How much notice did you give when resigning? If none, explain:		

Name and Address of Company and Type of Business	Dates of Employment	Job Title and Duties
Phone	Name of Supervisor	
Wages: Start Final	Reason for leaving:	
What will this employer say was the reason for your leaving?		
How much notice did you give when resigning? If none, explain:		

Name and Address of Company and Type of Business	Dates of Employment	Job Title and Duties
Phone	Name of Supervisor	
Wages: Start Final	Reason for leaving:	
What will this employer say was the reason for your leaving?		
How much notice did you give when resigning? If none, explain:		

Have you ever been terminated or been asked to resign from any job? Yes No If yes, how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No If yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No If yes, how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion:

Have you ever been charged with a felony? Yes No

Have you been convicted of a felony? Yes No

If you answered Yes to either of the above questions, please explain the circumstances below:

Additional Work-Related, School, or Volunteer References

Name	Position	Company	Work Relationship (supervisor, coworker)	Phone

Personal References (not former employers or relatives)

Name	Address	Phone	Number of years known

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, gender, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside.

I understand that the Company may now have, or may establish, a drug-free work place or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT - EXPRESS OR IMPLIED - WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIC PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY TS POLICY OF EMPLOYMENT AT-WILL.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

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, ACCURATE, AND COMPLETE. I UNDERSTAND THAT MY EMPLOYMENT IS CONTINGENT UPON MY PASSING A STATE OF IDAHO DEPARTMENT OF HEALTH & WELFARE BACKGROUND CHECK.

_____ Initials

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Signature of Applicant

Date

DIRECT CARE AIDE

JOB DESCRIPTION

Summary

Milestone Decisions, Inc. provides services for Individuals with Intellectual Disabilities in a residential (group home) setting. The 'group home' is their home. Our goal is to ensure that the individuals we support achieve their maximum possible growth and highest level of community integration through a meaningful life. The Direct Care Aide supports residents in all aspects of their daily life through ongoing skills training and personal care assistance; performs a number of ongoing responsibilities in accordance with State and Federal regulations related to Intermediate Care Facilities for the Intellectually Disabled (ICF/ID) under general supervision and guidance.

Essential Functions

1. Provide training/assistance to residents in all areas of daily living, including: communication skills, social skills, and personal care needs such as bathing, toileting, dressing, feeding, self-administration of medications, and oral hygiene as outlined in the resident's Individual Program Plan
2. Maintain resident confidentiality in accordance with company policy and federal regulations
3. Be knowledgeable and respectful of Resident Rights
4. Interact with and develop positive relationships with residents
5. Treat all employees and residents with dignity and respect
6. Communicate professionally and effectively with all residents' legal guardians and family/friends, community members, state and federal organizations or business contacts
7. Communicate daily at change of shift to ensure communication concerning residents' moods, behaviors, appointments, health, or any other significant information
8. Know whereabouts and conditions of assigned residents at all times
9. Safeguard personal property of residents
10. Accompany assigned residents on designated activities and/or outings
11. Assist residents in clothing selection appropriate to weather conditions and activities
12. Check and ensure that all documentation is accurate and completed in a timely manner, including, but not limited to:
 - a) Program data
 - b) ABC behavior data
 - c) Incident/Accident and Health Status Reports
 - d) Medication charting
 - e) Dietary information
13. Receives and maintains training in Assistance with the Self Administration of Medications (SAMS), to include:
 - a) Make consistent and accurate medication passes
 - b) Follow all policy and procedures for medication passes
 - c) Attend any required in-services or staff meetings regarding medication administration
 - d) Follow policy and procedure on infection control
14. Be aware of and abide by all company policies and procedures
15. Responsible for promptly notifying supervisor of all injuries, resident to resident contact, possible abuse/neglect/mistreatment or unusual occurrences involving resident's health, safety, and/or property
16. Model appropriate behavior and conduct
17. Assist in food handling preparation, serving and storage in a safe and sanitary manner
18. Attend, as required, all meetings or in-service trainings
19. Accept changes in work shift, area or days off which in the opinion of the Administrator are necessary for proper care and training of residents
20. Follow nursing directions as assigned
21. Perform all aspects of infection control
22. Be aware of and able to perform evacuation procedures
23. Follow the chain of command
24. Any other reasonable duty assigned to you either verbally or in writing by the House Administrator, Direct Care Supervisor, or Regional Administrator

Non-Essential Functions

1. Arrange transportation of residents to scheduled activities as needed
2. Transport residents in company vehicles

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. While performing the duties of this job, the employee is regularly required to talk and hear. **This position is very active and requires standing, walking, bending, kneeling, stooping, and crouching. The employee must frequently lift or move objects and residents weighing over 50 pounds.** The employee must be capable of performing a two-person transfer/lift of an individual weighing 160 pounds. Specific vision abilities required by this job include: close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

Travel: No travel is expected for this position

Education Requirements

1. High school diploma or equivalent

Competencies

1. Ability to follow instructions, organize and set priorities
2. Competency in reading and writing in English
3. Teamwork orientation
4. Stress management/composure
5. Ethical conduct
6. Flexibility

Additional Eligibility Qualifications

1. Minimum age of 18
2. Home or cell phone
3. Health and Welfare Criminal Background Check initiated (continued employment eligibility contingent upon results of Criminal Background Check)

Preferred Experience: Prior experience working with individuals with Intellectual Disabilities

Level of Authority: No supervisory responsibilities

Report to: QIDP/Direct Care Supervisor

I understand and agree to all of my responsibilities as a Direct Care Aide

Employee Signature

Date



611 S. Main St., Moscow, ID 83843

phone: 208-883-8262

fax: 208-883-1569

WORK REFERENCE RELEASE OF INFORMATION

I authorize Milestone Decisions or its agents to confirm all statements contained in this application and / or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding Milestone Decision's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Milestone Decisions or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Milestone Decisions and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize Milestone Decisions to provide truthful information concerning my employment to future employers and hold Milestone Decisions harmless for providing such information.

Signature of Applicant

Date

Printed Name