**SPECIALTY PRODUCTS & SERVICES INC.**

1203 COUNTY ROAD 431, DEXTER MO 63841

 AN EQUAL OPPORTUNITY EMPLOYER

|  |
| --- |
| **APPLICATION FOR EMPLOYMENT****(PRE-EMPLOYMENT QUESTIONNAIRE)** |
| **PERSONAL INFORMATION** | DATE:      /     /      |
| SSN#:       -       -       |
| NAME:        |       |       |
| LAST | FIRST | MIDDLE |
| PHYSICAL ADDRESS:        |       |       |       |
| STREET | CITY | STATE | ZIP |
| MAILING ADDRESS:        |       |       |       |
| STREET | CITY | STATE | ZIP |
|  |
| PRIMARY PHONE#      | ADDITIONAL CONTACT #      |
| **APPLICANT SCREENING QUESTIONS** |
| 1. | Are you 18 years of age or older? | Yes [ ]  | **No** **[ ]**  |
| 2. | Are you lawfully able to become employed in this country because of visa or immigration status? | Yes [ ]  | **No [ ]**  |
| 3. | Do you have a high school diploma or GED? | Yes [ ]  | **No [ ]**  |
| 4. | Do you have an operational vehicle with liability insurance? | Yes [ ]  | **No [ ]**  |
| 5. | Have you ever been convicted of any crime except for minor traffic offenses? | Yes [ ]  | No [ ]   |
| 6. | Have you ever been substantiated of any abuse or neglect charge by any state agency? | **Yes [ ]**  | No [ ]   |
| 7. | Do you have any medical conditions that will hinder your ability to perform job duties, or any medical conditions that raise concern with you about the job? (Job Duties are listed on the last page of the application) | **Yes [ ]**  | No [ ]   |
| Please provide detailed explanations for any **(bold)** answers: |
|       |
|       |
|       |
| **PLEASE SEE THE RECEPTIONIST AND/OR HUMAN RESOURCES MANAGER BEFORE CONTINUING THE APPLICATION IF YOU HAVE CONCERNS AFTER ANSWERING THE SCREENING QUESTIONS.** |
| **Employment Desired** |
| POSITION APPLYING FOR:       |
| DATE YOU CAN START:       -       -       | SALARY DESIRED:       |
|  |
| ARE YOU CURRENTLY EMPLOYED: YES [ ]  NO [ ] MAY WE CONTACT YOUR CURRENT EMPLOYER: YES [ ]  NO [ ]  |
| HAVE YOU BEEN EMPLOYED WITH THIS COMPANY BEFORE: YES [ ]  NO [ ]  WHEN:       |
| NAME AT TIME OF PREVIOUS EMPLOYMENT:       |
| WHO REFERRED YOU? (NAME ONLY 1 PERSON IF ANY) | YES [ ]  NO [ ]  WHO:       |
| ARE YOU RELATED TO PAST OR PRESENT CONSUMERS: YES [ ]  NO [ ]  WHO:       |
|       |
| **RECORD OF EDUCATION**LIST GRAMMAR SCHOOL, HIGH SCHOOL, JR COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL, ETC. |
| **NAME AND LOCATION OF SCHOOL** | **DATES OF ATTENDANCE****MO/YR. TO MO/YR.** | **COURSE OF STUDY** | **SEMESTER HOURS OR****CLOCK HOURS** | **LIST DIPLOMA****OR** **DEGREE ATTAINED** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **SPECIALIZED SKILLS** |
| MILITARY, ATHLETIC, ETC….      | PRESENT MEMBER IN NATIONAL GUARD OR RESERVES      | RANK IN ARMED FORCES      |
| **RECORD OF EMPLOYMENT** |
| BEGIN WITH CURRENT OR MOST RECENT EMPLOYER. ATTACH ADDITIONAL SHEETS IF NECESSARY. RESUME MAY BE USED IF ALL INFORMATION IS AVAILABLE. |
| **EMPLOYER NAME, ADDRESS, PHONE** | **FROM** | **TO** | **POSITION** **HELD** | **NAME OF** **SUPERVISOR** | **REASON FOR****LEAVING** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|  |
| **PERSONAL REFERENCES**PLEASE LIST THREE PEOPLE NOT RELATED TO YOU AND HAVE KNOWN FOR AT LEAST ONE YEAR. |
| **NAME** | **PHONE NUMBER** | **YEARS ACQUAINTED** |
|       |       |       |
|       |       |       |
|       |       |       |
| **IN CASE OF EMERGENCY NOTIFY:** |
| **NAME/RELATIONSHIP** | **ADDRESS** | **PHONE NUMBER** |
|       |       |       |
|       |       |       |
|  |  |  |
| I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME AT MY OR THE COMPANY’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN THE COMPANY’S PRESIDENT AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.  |
| **SIGNATURE:**  | **DATE:** **/****/** |
| **REFERENCE CHECK**I       (print name) AUTHORIZE RELEASE OF INFORMATION FOR SPECIALTY PRODUCTS AND SERVICES INC., QUAIL RUN GROUP HOME, OR THE GROVE TO COMPLETE REFERENCE CHECKS. |
| **APPLICANT SIGNATURE:**  | **DATE:**  |
| **EMPLOYEE QUALIFICATION FOR HIRE** |
| EMPLOYEE:       , FULLFILLS THE FOLLOWING MINIMUM REQUIREMENT FOR HIRE AS AN IN-HOME SERVICE AIDE. |
| EMPLOYEE IS 18 YEARS OF AGE: YES [ ]  NO [ ]   |
| EMPLOYEE IS ABLE TO READ, WRITE, AND FOLLOW DIRECTIONS: YES [ ]  NO [ ]   |
| **EMPLOYEE MEETS ONE OF THE FOLLOWING EXPERIENCE QUALIFICATIONS** |
| **NOTE\*\*\*: FOR THE FOLLOWING EXPERIENCE CATEGORIES IT IS NECESSARY TO PROVIDE A DETAILED EXPLANATION AS TO WHY THE PERSON IS QUALIFIED IN THE ADDITIONAL INFORMATION SECTION.** |
| 1. **HE/SHE HAS AT LEAST 6 MONTHS PAID EXPERIENCE AS:**
 |
| AGENCY HOMEMAKER: YES [ ]  NO [ ]   | NURSES AIDE: YES [ ]  NO [ ]   | MAID: YES [ ]  NO [ ]   |
| 1. **HAS AT LEAST ONE YEAR EXPERIENCE (PAID OR UNPAID) CARING FOR:**
 |
| CHILDREN: YES [ ]  NO [ ]   | ELDERLY: YES [ ]  NO [ ]   | INFIRM: YES [ ]  NO [ ]   |
| 1. **HAS SUCCESSFULLY COMPLETED TRAINING AS:**
 |
| CERTIFIED NURSES AID:YES [ ]  NO [ ]   | LPN: YES [ ]  NO [ ]   | RN: YES [ ]  NO [ ]   |
| **ADDITIONAL INFORMATION:**  |
| EMPLOYEE SIGNATURE:       | DATE:      /     /      |
| SUPERVISOR SIGNATURE:       | DATE:      /     /      |
| **ESSENTIAL JOB DUTIES** |
| IMPLEMENTS AND CARRIES OUT INDIVIDUAL OR GROUP ACTIVE TREATMENT PLANS AND ASSISTS IN DEVELOPING AND TEACHING LIVING SKILLS RELATED TO SELF-HELP, EDUCATION, RECREATION, SOCIALIZATION, ETC., AND ESCORTS CLIENTS AS ASSIGNED. MUST HAVE VALID DRIVERS LICENSE. MUST HAVE A RELIABLE SOURCE OF TRANSPORTATION TO GET TO WORK.ASSISTS WITH CONSUMER GROOMING AND HYGIENE PROGRAMS. PERFORMS GROOMING AND HYGIENE (INCLUDING DRESSING, BATHING, TOILETING, AND FEEDING) FOR CONSUMERS UNABLE TO DO SO. COOKING, CLEANING, ASSIST (WHEELCHAIR CONSUMERS) WITH TRANSFERS.RESPONDS TO HEALTH CARE NEEDS FOR CONSUMERS BY OBSERVING, REPORTING CHANGES IN PHYSICAL CONDITIONS, BEHAVIOR, AND EMOTIONAL RESPONSE. SUPERVISE CONSUMERS FOR SAFETY NEEDS AND MAINTAINING A SAFE AND CLEAN ENVIRONMENT FOR CONSUMERS BY KEEPING THE AREA FREE FROM MATERIALS WHICH COULD POSE A HAZARD TO CONSUMERS.TIMELY RECORDING OF CASENOTES, INCIDENT/INJURY REPORTS, AND DAILY CHART COMPLETION AS INSTRUCTED.KNOWS PERSONAL PLANS, PHYSICALLY INTERVENES, REDIRECTS, AND CARRIES OUT BEHAVIOR SUPPORT PLANS. RESPONDS TO BEHAVIOR PROBLEMS IN OTHER AREAS AND TO ELEMENTS.RESPONDS TO INTERNAL AND EXTERNAL DISASTERS (SUCH AS FIRES, TORNADOES, ETC.) IN ORDER TO PROTECT CONSUMERS, STAFF, AND PROPERTY.WORKS ASSIGNED SCHEDULE AND WORKS ON OTHER SHIFTS AS DIRECTED IN ORDER TO PROVIDE SUFFICIENT STAFF COVERAGE.SUCCESSFULLY COMPLETES INITIAL AND CONTINUING COMPETENCE TRAINING.ATTENDS WORK ACCORDING TO FACILITY POLICIES IN ORDER TO ENSURE ADEQUATE STAFF COVERAGE.ESSENTIAL REQUIREMENTS: THIS POSITION REQUIRES THAT YOU WORK WITH PEOPLE WHO HAVE MENTAL RETARDATION AND/OR DEVELOPMENTAL DISABILITIES WHO MAY NEED ASSISTANCE IN ALL AREAS OF DAILY LIVING. YOU MUST BE ABLE TO LIFT, PUSH OR PULL 50 LBS., BEND, STOOP, WALK, AND BE ON YOUR FEET FOR PERIODS OF TIME.WE ARE A 24 HOUR FACILITY WITH THREE SHIFTS. YOU MUST BE WILLING TO WORK NIGHTS, WEEKENDS, AND HOLIDAYS. |
|       I CAN PERFORM ALL OF THE ABOVE DUTIES. (WITH OR WITHOUT ACCOMMODATIONS, AS DEFINED BY ADA STANDARDS) |
|       I CANNOT PERFORM ALL OF THE ABOVE DUTIES. |
|       I CANNOT PERFORM THE FOLLOWING DUTIES:       |
|  |
| SIGNATURE:       | DATE:      /     /      |