



1509 Washington Street, Suite B, Midland, MI 48640
Ph.: 989-837-8350 Fax: 989-698-0101
Web site: www.paomidland.org

Personal Assistance Options Employment Application

Thank you for your interest in working as a direct support professional in Supported Community Living. The job that you are applying for is vital for the success of the people we serve. Supported Community Living is a collaborative effort of Personal Assistance Options, Community Mental Health, The Arc of Midland and other agencies to support people with developmental disabilities and mental illness in the Midland community.

Personal Assistance Options has four direct care staff positions; Personal Assistant, Mentor, Stipend Sleeper, and Resident Companion. Briefly, the **Personal Assistant** position involves working in the home of a person with a disability and providing whatever support and assistance the person needs to be successful in the community. Duties include: cooking meals, cleaning, assistance with bathing and grooming, grocery shopping, laundry, helping people get to know neighbors, helping people participate in community and more. A **Mentor** helps a person develop interests and achieve certain goals. The **Stipend Sleeper** position involves spending the night with a person with a disability and responding to emergencies that may arise. The employee would normally be sleeping but must be available to help as needed. The **Resident Companion** position involves living full time in a home with a person with a disability and providing emergency support as in the case of the Stipend Sleeper. It is expected that the employee may become a friend of the person being served.

We require that direct care staff work every other weekend and some holidays. If hired, you will be employed by Personal Assistance Options and assigned to work with a team that may be led by a Supports Coordinator or team leader. It is either the team leader's or a Supports Coordinator's job to schedule your hours and monitor your performance: therefore it is important to note that you will be employed by Personal Assistance Options but you work for and are responsible to the person with a disability whom you serve.

Please complete the application as fully as possible and bring to our office:

Personal Assistance Options
Midland Towne Center
1509 Washington Street, Suite B
Midland, MI 48640

- Please be advised that as part of the screening process we will perform a criminal background check, Community Mental Health Recipient Rights Check, and contact references before the interview process begins
- We require drug testing for employment
- After employment your telephone number may be given to other employees for scheduling purposes only

*Personal Assistance Options Mission:
Providing support to individuals with disabilities based on their personal needs and goals*

Name: _____

Phone: _____

Questions to be asked by Personal Assistance Options Before an Application is Accepted

Our requirements include a high school diploma or GED, a valid Michigan driver's license, current insurance and registration on a reliable vehicle.

- 1) You would be working with people with disabilities. Would you have a problem transporting people in your car and doing personal care, yard work and household duties?

- 2) As an employee you will have to work weekends, nights, holidays, is this a problem? What hours are you available to work?

- 3) Do you have a reliable vehicle?

- 4) When and where are you available to be reached by phone?

- 5) We do a criminal background, recipient rights and reference check before an interview. A drug test for employment is required. Are any of these a problem for you?

- 6) You may be called in an emergency basis. Is this going to be a problem?

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Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Social Security Number _____

Drivers License No _____ Expiration Date _____

Education:

High School/Equivalent _____ Did you complete _____

College _____ Degree completed _____

Work experience:

Employer: _____ Dates worked: _____

Address _____ Phone: _____

Duties: _____

Reason for leaving: _____

Employer: _____ Dates worked: _____

Address _____ Phone: _____

Duties: _____

Reason for leaving: _____

Employer: _____ Dates worked: _____

Address _____ Phone: _____

Duties: _____

Reason for leaving: _____

Other Qualifications:

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Name _____ Date _____

Often this job requires you to lift heavy packages or even a person. Can you do this? _____

Do you have a Michigan license? _____

Do you have more than 6 points on your driving record? _____ If yes please explain _____

Have you been convicted of a crime? _____ If yes, please explain (Please note we are required by federal funding sources to ask this question)

Please list three personal references (attach any letters of reference that you have):

Name: _____ Address: _____ Phone #: _____

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Name: _____ Address: _____ Phone #: _____

If you have a resume, certificates of training, performance reviews, college transcripts or military discharge papers it would be helpful for us to have a copy attached to your application.

How did you hear about the position? _____

Have you ever worked with people with disabilities or mental illness? _____
If yes, please explain _____

Briefly explain why you would like to be a direct care worker for a person with a developmental disability or mental illness.

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As a prospective employee of Personal Assistance Options, I understand that it is this agency's policy to secure conviction criminal history information, as part of our pre-employment screening process using the information provided below.

Name: _____

Previous married or maiden names: _____

Date of Birth: _____

Sex: _____

Race: _____

Social Security Number: _____

Driver's License Number: _____ Expiration Date: _____

I understand that the above information is required by the Central Records Division of the Michigan Department of State Police, Lansing, Michigan. I authorize Personal Assistance Options to utilize the above information for the sole purpose of obtaining a Criminal History Record check under the provisions of the Michigan Freedom of Information Act, P.A. 442 of 1976.

Signature of Prospective Employee

Date

Personal Assistance Options Equal Employment Opportunity Policy

Personal Assistance Options is an equal opportunity employer. No employee or applicant for employment shall be unlawfully denied an employment opportunity for which he or she is qualified because of race, color, creed, religion, national origin, sex, age, height, weight, marital status, veteran status, disability or handicap. It is the policy of Personal Assistance Options to comply with all federal and state laws affecting employment, including laws that define and prohibit discrimination. Employment decisions involving employees of Personal Assistance Options such as hiring, promotion, demotion, transfer, selection for training, recruitment, separation, layoff, termination, salaries, benefits or other forms of compensation, will be made on the basis of individual merit and qualification. Employment status decision making by Personal Assistance Options may also consider factors such as education, training, skills developed, prior job experience, prior job performance, attitude, ability to work with others, leadership and potential for growth in the job.

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We want you to know that checking references is an important part of our hiring process. In addition to contacting the persons you provide us as references, we may also contact other business associates, acquaintances, and friends. We ask all references a series of questions about work experience, character, personal habits, educational background, and personality.

I certify that all information furnished on this application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact will be reason for (1) my not being offered employment or (2) dismissal at any time from service.

I understand and agree that my employment and compensation is at will and may be terminated at any time by me or Personal Assistance Options (PAO) with or without cause and with or without previous notice. I acknowledge that no PAO employee or representative has made any representations altering my status as an at will employee, and I understand that any change in that status must be made in writing.

I understand that any action or suit against PAO arising out of my employment or termination of employment, including but not limited to, claims arising under state or federal civil rights statutes must be brought within 180 days of the event giving rise to the claims or be forever barred and will be submitted to final and binding arbitration. I waive any limitation to the contrary.

I give Personal Assistance Options my consent to check listed references and others as listed in the first paragraph, verify information and obtain reports from consumer reporting agencies.

I agree that I will not hold Personal Assistance Options responsible for any result of the reference check. I agree that Personal Assistance Options can, at any time during my employment, request a Criminal Background check, driving record check, Recipient Rights check, or speak to previous employers without my additional consent.

I understand that employment is subject to passing a pre-employment drug screen which is paid for by Personal Assistance Options.

My signature below signifies agreement with all of the above points.

Applicant Signature

Date

Applicant Printed Name

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CONSENT TO RELEASE INFORMATION

Company _____

I authorize you to release information to Personal Assistance Options about my past employment.

Applicant Signature

Applicant Printed Name

Date

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