



Personal Assistance Options

Personal Care • Quality Assistance • Individual Options

1509 Washington Street, Suite C
Midland, MI 48640
Phone: (989) 837-8350
Fax: (989) 698-0101
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 and other community agencies providing support to individuals with differing abilities based on their personal needs and goals.

Personal Assistance Options has two different positions within the organization. Please indicate which position(s) you are interested in:

- Direct Support Professional** – to support an individual who has some type of disability, who is living in their own home or apartment and wants to be as independent in the community as possible. The people you might work with could be a Senior citizen who needs additional help in their home due to age-related challenges, someone who has been in an accident and has physical limitations, or a developmental disability (occur before the age of 22 and affects their life substantially – examples include brain injury, Down Syndrome, Cerebral Palsy, Autism).
- Mentor** – helps youth develop skill building and achieve specific goals. You will work closely with the parent(s), the assigned Community Mental Health therapist and the PAO Mentoring Coordinator.

We require that direct care staff work every other weekend and some evenings and some holidays.

Please complete the application return to:

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

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

Name: _____ Phone #: _____



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Our requirements include a High School Diploma or GED, a valid Michigan driver's license, current insurance and registration on a reliable vehicle.

- 1.) Where did you hear about this position?
- 2.) Have you previously worked for or applied at Personal Assistance Options? If yes, when?
- 3.) Were you referred to Personal Assistance Options? If yes, by whom?
- 4.) You would be working with people with disabilities. Would you have a problem transporting them in your vehicle, assisting with personal care, doing yard work and household duties?
- 5.) As an employee, you will be required to work every other weekend, some evenings and some holidays. Can you do this?
- 6.) What hours are you available to work?

M	T	W	Th	F	S	S

- 7.) Do you have a reliable vehicle?
- 8.) We do a criminal background, recipient rights and reference check before an interview. A drug test will also be required prior to employment. Are any of these a problem for you?



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Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Education:

High School/GED: _____ Did you complete? _____

College: _____ Did you complete? _____

Military Service: Branch _____ Date: _____

Work Experience: May we contact your current employer? Yes No

Employer: _____ Dates worked: _____

Address: _____ Phone #: _____

Duties: _____

Reason for leaving: _____

Employer: _____ Dates worked: _____

Address: _____ Phone #: _____

Duties: _____

Reason for leaving: _____

Employer: _____ Dates worked: _____

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Do you have any physical limitations that would prevent you performing the duties of the position?

Yes No If yes, please explain: _____

Do you have a valid Michigan Driver's License? Yes No

Do you have 6 or more points on your driving record? Yes No

If yes, please explain: _____

Have you been convicted of a crime? Yes No

If yes, please explain: _____

Please list 3 personal references: ~No Family Members~

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Have you ever worked with people with disabilities or mental illness? Yes No

If yes, please explain: _____

What talents or qualities do you have which you feel are important in order to work with individuals with differing abilities: _____



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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 the pre-employment screening process using the following information provided below.

Name: _____
 First MI Last

Previous married or maiden names: _____

Date of Birth: _____

Sex: Male Female

Race: Caucasian/White Black/African American Hispanic/Latino Asian
American Indian/Alaskan Native Native Hawaiian/Pacific Islander Two or more races

Personal Assistance Options is required by law to submit a report to the Equal Opportunity Employment Commission which "provides a count of their employees by job category then by ethnicity, race and gender." In order to do this, we ask all applicants to voluntarily fill out the form that follows. If you do not wish to fill this form out, please let the person who takes your application know. PAO decisions on hiring will not be affected by your decision to fill (or not to fill) out the form.

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



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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, prior job experience/performance, attitude, and ability to work with others, leadership and the potential for growth in the job.

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 must be made in writing.

I understand that any action or suit against PAO that arises out of my employment or termination of employment including but not limited to, claims arising under state and 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 and to verify information and obtain reports from consumer reporting agencies.



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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. I also understand and agree that Personal Assistance Options may request a drug screen at any time.

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

Applicant Signature

Date

Applicant Printed Name

**AUTHORIZATION TO DISCLOSE
EMPLOYEE INFORMATION
AND RELEASE OF LIABILITY
(ORR CHECK)**

I, _____ authorize Bay Arenac Behavioral Health (BABH) and the
(print full name)
BABH Office of Recipient Rights to disclose to the Provider/Consumer listed below any and all information in your possession regarding any violation of recipients' rights committed by me. I recognize that any disclosure cannot include confidential client information protected by any Federal, State, or common law.

I, _____ release BABH and BABH Office of Recipient Rights, its
(print full name)
officers, its agents and its employees for disclosing the information requested by me and I shall indemnify and hold harmless should any claims, suits or actions be filed against them.

PREVIOUS PLACES OF EMPLOYMENT:

1. _____ Dates employed: _____ to _____
2. _____ Dates employed: _____ to _____
3. _____ Dates employed: _____ to _____
4. _____ Dates employed: _____ to _____

Applicant's Signature	Date	Previous Names Used (print)
Witness Signature	Date	Applicant's Birth Date

INFORMATION TO BE SENT TO:

PAO, Attn: Lydia Crampton

Provider/Consumer

cramptonl@paomidland.org or Fax: 989-698-0101

Street Address

City State Zip Code Fax

RIGHTS OFFICE USE ONLY

The above applicant Does Does not have a substantiated recipient rights violation(s) according to BABH records.

c
By: _____ Date: _____
BABH Office of Recipient Rights