

Smithwright Services
Application for Employment



We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age (except where required by law), disability, marital or veteran status, sexual orientation or any other legally protected status.

Position Applying For: _____ Date of Application: _____

How did you hear about us?

- Advertisement Friend Walk-in
 Employment Agency Relative Other: _____

Last Name	First Name	Middle Name
Address		
	City, State	Zip
Telephone Numbers		EMAIL
Home:	Cell:	

Are you over the age of 21 years of age? Yes No

Have you ever filed an application with us before? Yes No

Have you even been employed with us before? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

On what date would you be eligible for work? _____

Are you available to work: Full-time Part-time Relief Temp

Are you currently on lay-off status or subject to recall? Yes No

Have you been convicted of any crime within the last 7 years, including, misdemeanors or driving with a suspended license? Yes No

If yes, please explain: _____

EDUCATION

	Name and Location of School	Course of Study	Years Completed	Diploma, Degree, Certificate Y or N
High School				
Vocational/Technical School				
College Undergraduate				
College Other				
Other (Please specify)				

Describe any specialized training/experience that you have, particularly working with persons with disabilities:

Describe any supervisory experience that you have:

EMPLOYMENT EXPERIENCE

Start with your current or most recent job. Include volunteer work that pertains to the position(s) for which you are applying. (You may exclude organizations that indicate race, color, religion, gender, national origin, disability, or other protected status.)

Current or Most Recent Employer	Dates Employed From: _____ To: _____	Work Performed
City, State		
Telephone Number(s)		
Job Title	Starting Pay: _____ Ending Pay: _____ (salary/hourly)	Certifications/Trainings/Licenses:
Supervisor		
Reason for Leaving		

Employer	Dates Employed From: _____ To: _____	Work Performed
City, State		
Telephone Number(s)		
Job Title	Starting Pay: _____ Ending Pay: _____ (salary/hourly)	Certifications/Trainings/Licenses:
Supervisor		
Reason for Leaving		

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Employer	Dates Employed From: _____ To: _____	Work Performed
City, State		
Telephone Number(s)		
Job Title	Starting Pay: _____ Ending Pay: _____ (salary/hourly)	Certifications/Trainings/Licenses:
Supervisor		
Reason for Leaving		
Employer	Dates Employed From: _____ To: _____	Work Performed
City, State		
Telephone Number(s)		
Job Title	Starting Pay: _____ Ending Pay: _____ (salary/hourly)	Certifications/Trainings/Licenses:
Supervisor		
Reason for Leaving		

OTHER QUALIFICATIONS: Summarize special job-related skills and qualifications or other information you feel may be helpful to us in considering your application.

Personal References (non-work related):

- 1. _____
Name Phone Number Relation
- 2. _____
Name Phone Number Relation
- 3. _____
Name Phone Number Relation

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of this organization. In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, regulations, policies and procedures as set out by the employer and applicable law.

Signature of Applicant Date

PERSONNEL DEPARTMENT ONLY

Schedule Interview Yes No Interview Date: _____

Employed Yes No Date of Employment: _____

Job Title: _____ Beginning Wage: _____

Authorized: _____ Date: _____
Name and Title

SCHEDULING AVAILABILITY

Employees are typically required to work at least one weekend shift.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7AM-3PM							
3PM-11PM							
11P-7AM							
OTHER (write in)							

Place your initials in the boxes for the days and shifts that you are available to work.

Please note any ongoing restrictions to your availability below:
(e.g. unavailable Wed eves. 6-9 PM)

Upon hire I agree that I am generally available for the days and hours described above. I understand that my on-going employment is reliant on this availability; both for training and working scheduled shifts. If this schedule changes, I will notify my supervisor within three working days.

Signature

Date

Pre-Interview Questionnaire

1. Write one paragraph describing why you are applying for this position. Tell us why we should hire *you*.

2. What does the word "disability" mean to you?

3. What are the most important elements of an agency that works as a team? Why?

4. What qualities do you look for in a supervisor? In a co-worker? Please elaborate.

Essential Certifications, Verifications and Functions of the Job Responsibilities:

1. Do you have a valid Social Security Card? YES NO (*SS Card must be provided if hired*)
2. Do you have a current Washington State Driver's License? YES NO (*License must be provided if hired*)
3. Do you have a well-maintained car and valid car insurance? YES NO (*Verification of Insurance must be provided if hired*)
4. Are you willing to take clients out in your car? YES NO
5. Do you have a high school diploma/GED? YES NO
6. Are you willing to submit to a Washington State Background Check? YES NO
7. Are you related to anyone working for Smithwright Services? YES NO
8. Do you have the following certifications?: (*Check all that apply*)

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| FIRST AID | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| CPR | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| HIV/AIDS TRAINING | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| FOOD HANDLERS | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| TB TEST VERIFICATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| NAR OR CNA | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| FUNDAMENTALS OF CARE | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DDD SPECIALTY TRAINING | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

9. Below are the essential functions required of all Smithwright Residential Care Specialist, please check yes or no based on your capabilities.

Lifting, transferring and moving up to 100 pounds YES NO

One and two per transfers YES NO

Assisting residents who have fallen, have seizures and/or need positioned, etc. YES NO

Carrying groceries and/or resident supplies, etc. YES NO

Bending, scooping and/or reaching YES NO

Positioning residents in physical therapy and in wheelchairs YES NO

Dressing residents changing spoiled clothing YES NO

Do laundry YES NO

Reaching for above or below to retrieve or store items YES NO

Cleaning house, i.e., mopping, vacuuming and/or dusting, etc. YES NO

Minor repair and maintenance, i.e., fix shower curtains, tightening wheelchairs, repairing minor furniture/equipment breaks, checking automobile for safety, etc. YES NO

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10. Communicating in a professional and courteous manner with residents, staff, public, medical and DSHS professionals, guardians, etc., in person and via telephone, as well as in writing?

Making telephone calls to doctor's office, vendors, DART, vocational agencies, DSHS/DDD, parents and/or guardians, etc. YES NO

Obtaining information, solving problems, scheduling appointments/meetings. YES NO

Acting as a community liaison and modeling good public relations to clients. YES NO

Communicating clearly, consistently and courteously with other staff. YES NO

11. Reading and writing in numerous documents on a daily basis.

Communication Log, Program and Med Books YES NO

Med I.D. notes, Incident Reports and Financial Records. YES NO

Data Collection YES NO

12. Driving Clients and/or operating wheelchair lift van to transport clients. YES NO

13. Assisting clients, both those in wheelchairs and who are mobile, in and out of vehicles. YES NO

14. Caring for adults and/or children with developmental disabilities, fragile medical conditions, severe seizure disorders and/or mental illness. YES NO

15. Calming residents, re-directing aggressive or dysfunctional behaviors. YES NO

16. Assisting with medication dispersion, tube feedings and other medical procedures. YES NO

17. Physically escorting clients, preventing them from doing themselves or others harm without harming anyone in the process. YES NO

18. Performing CPR or First Aid, calling 911 in the case of any emergency. YES NO

19. Making decisions regarding life-threatening and/or explosive resident issues quickly. YES NO

Remaining calm and professional when dealing with critical and/or routine situations. YES NO

20. Using common sense when problem solving. YES NO

I, _____ (*print name*) have read and understand the above information and agree that my responses to the above questions are true to the best of my knowledge.

Signature

Date

21. On the following page there is a blank "Incident Report" form. Document the following scenario (see below). Complete as much of the Incident Report as possible. Be creative, even if you are not sure exactly where to put specific information.

SCENARIO: Cameron Lane (a client) has just arrived home from his work (Vocations R' Us). As a staff person you notice that Cameron's shirt is wet and suggest that he change his clothes so that he can stay warm and so the shirt can be washed. Upon assisting Cameron to change his shirt you notice redness, swelling and blistering on his lower right chest and abdomen. The blisters are watery, with redness around them.



SMITHWRIGHT SERVICES INCIDENT REPORT

Today's Date: _____ Name: _____ Client Staff

Program Site: _____ Incident Date: _____ Time of incident: (am/pm) _____

Type of Incident: Behavior Medication; Person who made error: _____
 Medical/Injury Other (Please Explain): _____

Others involved/Present: _____

What was occurring prior to or at the time of the incident (antecedent)?

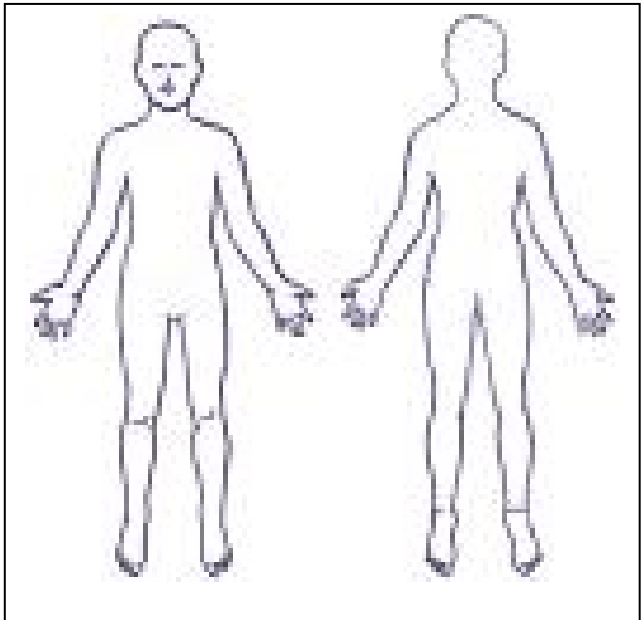
Description of Incident:

Immediate Action Taken:

If an injury has occurred, please mark the appropriate area(s) on the figure to the right. (Please print clearly.)

Other information regarding the injury, such as location, color, size, etc.:

Steps to avoid similar future incidents: _____



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Report Written By: (Please Type or Print) _____ Title: _____

Signature: _____ Date Written: _____

Lead Staff Signature: _____ Date _____

Supervisor's follow-up/investigation results, including any other pertinent details of the event:

Program Director Signature _____ Date: _____

Lead Signature _____ Date: _____

Copy to Executive Director

Notification:

- DDD Resource Mgr. Date: _____ Phone/E-mail: Fax (Ph: 425-339-4862/ Fax: 425-339-1984)
- Parent/Guardian Date: _____ Phone/E-mail: Fax
- R.N./Del. Nurse Date: _____ Phone/E-mail: Fax
- APS or CPS Date: _____ Phone/E-mail: Fax Name of Worker: _____
- Licensor: Date: _____ Phone/E-mail: Fax
- Physician: Date: _____ Phone/E-mail: Fax
- Other: _____ Date: _____ Phone/E-mail: Fax

Copy of final report: Faxed to DDD Field Office (425-339-1984) To Whom: _____

Date: _____ Sent by: _____ No notification of DDD necessary.



SMITHWRIGHT SERVICES CERTIFICATION REQUIREMENTS

THE FOLLOWING CERTIFICATIONS MUST BE UP TO DATE AND PRESENTED TO SMITHWRIGHT PROGRAM DIRECTOR OR HUMAN RESOURCES AS FOLLOWS:

BEFORE REPORTING TO WORK

- ❖ Washington State Drivers License
- ❖ Liability Car Insurance
- ❖ Proof of High School Diploma or GED
- ❖ Results of TB Test
- ❖ Food Handlers Permit (Children's Program and Group Home)
- ❖ 2 References for Children's Program and Supported Living Program
- ❖ 3 References for Group Home
- ❖ NAR/CNA License (Group Home and Supported Living)

AT ORIENTATION

(These Forms must be completed Smithwright Services will obtain necessary information.)

- ❖ Driver's Abstract Form Completed
- ❖ Background Authorization Form Completed

WITHIN 30 DAYS OF FIRST DAY

(If You Don't Currently Have)

- ❖ Nurse Delegation Core Training (Group Home and Supported Living)
- ❖ Fundamentals of Care Training (Group Home)
- ❖ DDD Specialty Training (Group Home)
- ❖ Current First Aid and CPR
- ❖ Blood Borne Pathogens Training

ALL CERTIFICATIONS MUST BE KEPT ACTIVE – IF YOUR CERTIFICATION IS EXPIRED YOU MAY BE SUSPENDED FROM ALL WORK UNTIL CERTIFICATIONS ARE RENEWED