

# Alvord-Taylor Independent Living Services

## Direct Support Professional

### Wages

Position	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
Direct Care Support Staff	\$8.00 (7.85Tr)	\$8.37	\$8.75	\$9.15	\$9.57	\$10.02	\$10.37

After six months of employment and you are scheduled in a 30 or more hours position you will receive benefits, which includes; health, dental and discounted vision insurance. This is at no cost to you, unless dependants are added!

Earned time off begins accruing after six months of employment which totals up to over 3 weeks a year, depending on amount of hours worked weekly.

We observe eight holidays and those are paid out to you after completion of trial period, if in a 30 or more hour's position.

We also have retirement plans and pretax plans for medical and childcare needs available. You can set money aside for these needs prior to taxes being taken out which allows more money to be spent on your personal needs.

SEIU Local 503, OPEU represents Direct Support Professionals



Please list current/past jobs beginning with the most recent. Do not refer to an attached resume. Incomplete applications will NOT be considered

**EMPLOYERS WILL BE CONTACTED**

<b>Employer:</b>	<b>Dates of Employment</b> Month/Year <b>FROM TO</b>	<b><u>Job Title</u></b>	<b>Reason for Leaving</b>
<b>Address:</b>		<b>Description of duties</b>	
<b>Supervisor Name:</b>	<b>Average Weekly Hours Worked:</b>		
<b>Phone #:</b>	<b>Hourly or Salary Wage:</b>		

<b>Employer:</b>	<b>Dates of Employment</b> Month/Year <b>FROM TO</b>	<b><u>Job Title</u></b>	<b>Reason for Leaving</b>
<b>Address:</b>		<b>Description of duties</b>	
<b>Supervisor Name:</b>	<b>Average Weekly Hours Worked:</b>		
<b>Phone #:</b>	<b>Hourly or Salary Wage:</b>		

<b>Employer:</b>	<b>Dates of Employment</b> Month/Year <b>FROM TO</b>	<b><u>Job Title</u></b>	<b>Reason for Leaving</b>
<b>Address:</b>		<b>Description of duties</b>	
<b>Supervisor Name:</b>	<b>Average Weekly Hours Worked:</b>		
<b>Phone #:</b>	<b>Hourly or Salary Wage:</b>		

Please explain fully all gaps in your employment history in excess of one month.

---



---



---

Have you ever been discharged or requested to resign from a position? No Yes, if so explain\_\_\_\_\_

Have you ever been disciplined for attendance or lateness problems? No Yes, if so explain\_\_\_\_\_

**Physical Information:**

You are not required to disclose information about physical or mental limitations that you believe will **not** interfere with your capability to perform the essential functions of the work for which you are applying. On the other hand, if you want us to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided below and suggest the kind of accommodation that you believe would be appropriate.

Do you have access to reliable transportation? No Yes

Any reason why you would not be able to be at work, on time, everyday? No Yes

If you answered "Yes," explain what might prevent you from being dependable and steadily performing all of the work applied for in this application:

If employed, what needs do you have for time off from work?\_\_\_\_\_

**PERSONAL REFERENCES: Please provide three (3) personal references; must include at least one family member. Include name, current address and phone number. REFERENCES WILL BE CHECKED. PLEASE PRINT LEGIBLY.**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

***\*\*The hiring process may take up to two weeks. The first step of this process is to watch our 20 minute job preview video, preferably upon receipt of your application. Upon completion of checking references we will call for interview set up. This is a thorough process to ensure we are picking the right applicants for our clients we support!***

**Applicant Certification**

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 and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company has a drug-free workplace. I understand that if a pre-employment drug 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. If employed, I understand that the taking of drug test is a condition of continual employment and I agree to undergo drug testing consistent with the company policies and applicable federal, state, and local law.

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.

I authorize the company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization form for the background investigation.

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, and party delivering information to the company or its duly authorized representative pursuant to this authorization from any liability, claims, charge, 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 the company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

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 MAXIMM OF SIXTY (60) DAYS, IF YOU WISH TO BE CONSIDERED FOR EMPLOYEMNT 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.**

This agency has my permission to contact references and previous employers as work references.

**Applicants conditionally accepted for employment will be required to complete a criminal history check.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**Alvord-Taylor Independent Living Services  
405 North "A" Street  
Springfield, OR 97477  
(541) 736-3444**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**As part of my application for employment with Alvord-Taylor Independent Living Services, I hereby consent to and authorize the release of any and all information that may be considered in evaluating my qualifications for employment.**

**I therefore release all parties and persons connected with this request from all claims, liabilities and / or damages arising out of providing such information.**

**Signature of applicant** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Other names used** \_\_\_\_\_

## **Alvord-Taylor Independent Living Services**

### **AUTHORIZATION FOR RELEASE OF MOTOR VEHICLE RECORDS**

I understand that my motor vehicle record will be ordered periodically to determine my eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I acknowledge the receipt of the above disclosure and authorize Alvord-Taylor Independent Living Services or their designated agent to obtain my motor vehicle record. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

**Full Name:** \_\_\_\_\_  
*NAME AS IT APPEARS ON DRIVERS LICENSE - PLEASE PRINT LEGIBLY*

**Driver's License #:** \_\_\_\_\_

**State of Issue:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*By my signature I certify that all the above information is true and complete to the best of my knowledge. I understand that, if hired, this form will be made part of my employment application and further understand that the ability to qualify for and maintain organizational auto insurance is a minimum qualification for employment with Alvord-Taylor Independent Living Services*

\_\_\_\_\_  
*For Office Use only*

**Employer's Name:** \_\_\_\_\_ Alvord-Taylor Independent Living Services

**Employer Representative:** \_\_\_\_\_  
*Signature* *Date*