



APPLICATION PACKET

Direct Support Professional



89451 Hwy 101, PO Box 760, Warrenton, OR 97146 (503) 861-3372
21920 NE Glisan St Gresham OR 97030 (503) 491-5005

Thank you for your interest in our organization. We offer a fun and challenging professional environment and work that can add purpose to your life. Before you fill out the application, here are a few things we would like you to know about NW Community Alliance.

Compensation

We offer wages for DSP's in accordance to union wage. Compensation schedules for other positions may differ. The current starting wage is \$12.50 per hour, with an increase after six months and subsequent annual raises. A generous benefit package including medical, dental, vision, life insurance, short term/long term disability, 401k, and flex spending is offered after six months of full time(30 hours a week or more) employment. AFLAC is also available.

Job Requirements

All applicants must pass a criminal history background check, which may include fingerprints. All applicants must pass a pre-employment drug screen and may be subject to reasonable suspicion drug testing during course of employment. All applicants are required to be at least 18 years of age, possess either a high school diploma or a GED certification. All applicants must also present a valid driver's license if applying for a driver's position.

Job Description

We provide service to our clients 24 hours a day, 7 days a week. A variety of shifts are available, including day, swing, graveyard and weekend shifts. Work sites are located in Portland, Astoria, Warrenton, Gearhart and Seaside Oregon.

We have a variety of positions that may involve one or all of the following job duties: distributing medications, handling challenging behaviors, participating in social/community events, cooking, house cleaning, yard maintenance and personal hygiene (i.e. feeding, bathing, changing adult briefs, etc.). We support both genders. Please feel free to express any concerns you may have in regards to the above issues so we can make appropriate placement.



Achieving Better Lives for Everyone

formerly *Coast Rehabilitation Services*

89451 Hwy 101, PO Box 760, Warrenton, OR 97146 (503) 861-3372

21920 NE Glisan St Gresham OR 97030 (503) 491-5005

Required Skills and Abilities

- Exercise consistently sound judgment
- Be detail oriented, self-directed and decisive
- Able to multi-task
- Able to read, write and understand English
- Demonstrate public relations skills and willingness to advocate for people with disabilities
- Demonstrate ability to work as part of a team, with clients' families, with the supported persons, and with the general public
- Able to follow directions, verbal and written
- Able to lift up to 35 pounds based on the needs of the individual being served
- Must be able to communicate and listen effectively

Reasonable accommodations may be made to enable Individuals with disabilities to perform the essential functions of this position.

Essential Duties and Responsibilities

- Follow the Mandatory Abuse Policy
- Be knowledgeable of and uphold NCA* confidentiality policy, individual rights and behavior management policies, the Oregon Administrative Rules.
- Administer medication and/or treatments as per Medication Administration Policy.
- Perform individuals' emergency protocol, first aid, CPR and/or secure necessary emergency medical assistance as needed.
- Provide community inclusion and other identified training.

Orientation/Training

NCA provides a paid two-week orientation and on-site training program to provide all staff with the skills necessary to succeed as a Direct Support Professional.

I have read the above information:

Signature

Print Name

Date



Achieving Better Lives for Everyone

formerly *Coast Rehabilitation Services*

89451 Hwy 101, PO Box 760, Warrenton, OR 97146 (503) 861-3372

21920 NE Glisan St Gresham OR 97030 (503) 491-5005

Protective Services Investigation Check

Please read the following and complete as necessary. If your answer to question 1 is no, please proceed to signature section.

1. Have you ever been an alleged perpetrator in a PSI (Protective Service Investigation) involving children and/or adults?

_____ Yes _____ No

2. County where incident took place: _____

3. Type of alleged abuse: _____

4. Was the investigation:

_____ Substantiated

_____ Unsubstantiated

_____ Unable to substantiate

Signature

Print Name

Date



Achieving Better Lives for Everyone

formerly *Coast Rehabilitation Services*

89451 Hwy 101, PO Box 760, Warrenton, OR 97146 (503) 861-3372

21920 NE Glisan St Gresham OR 97030 (503) 491-5005

Applicant Authorization for Release of Information

I hereby authorize my past employers to release information to NW Community Alliance regarding my employment. The release of information covers my employment records in general, including information on the following questions:

1. Dates of employment;
2. Positions held;
3. The quality and quantity of my work;
4. The attendance habits (excluding workers' compensation, pregnancy, disability and protected absences);
5. My relationship with co-workers and supervisors;
6. My attitude toward work (cooperative, positive, etc.)
7. Reason for leaving and eligibility for rehire;
8. Strong and weak points;
9. Other relevant information regarding my performance, skills, ability, end suitability for employment sought, etc.

I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this Authorization for Release of Information, my application will be rejected.

By signing this form, I agree that NW Community Alliance is authorized to contact my personal references and other references to obtain information that may include current and past Protective Service Investigations prior to my being employed with them.

Print Name

Other last name(s) used

Signature

Date



89451 Hwy 101, PO Box 760, Warrenton, OR 97146 (503) 861-3372
21920 NE Glisan St Gresham OR 97030 (503) 491-5005

AVAILABILITY SCHEDULE

NAME: _____

1. Circle the days that you prefer to work.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

2. What shifts/hours do you prefer to work?

Please write any additional comments regarding your availability:

NW Community Alliance
(Equal Opportunity Employers)

PERSONAL	The information given on this form is solely for the use of Northwest Community Alliance, and will be held in the strictest confidence. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the company. This application will be actively considered for 30 days, and be kept on file to be updated for six months. Please print or type.					
	NAME-LAST		FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
	PRESENT ADDRESS-STREET		CITY	STATE	ZIP CODE	CONTACT TELEPHONE NO. (GIVE AREA CODE)
	MAILING ADDRESS IF DIFFERENT		CITY	STATE	ZIP CODE	PERMANENT TELEPHONE NO. (GIVE AREA CODE)
	REFERRED TO NCA BY?	DATE AVAILABLE FOR EMPLOYMENT			U.S. CITIZEN OR HAVE A VALID WORK PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	
	CHECK APPROPRIATE AGE CATEGORY <input type="checkbox"/> UNDER 18 <input type="checkbox"/> 18 OR OVER	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER			ARE YOU WILLING TO WORK ON-CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO PERFORM SHIFT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO			POSITION APPLYING FOR?	
	ANSWER ALL FOLLOWING QUESTIONS BY CHECKING APPROPRIATE BOX, EXPLAINING "YES" ANSWERS IN DETAIL BELOW.					
	1. HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN?		2. HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		3. ARE ANY OF YOUR RELATIVES OR THEIR SPOUSES OR ANY OF YOUR SPOUSE'S RELATIVES EMPLOYED BY NCA OR ITS SUBSIDIARIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	4. DO YOU HAVE ANY COMPETITIVE OR CONFLICTING BUSINESS INTERESTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		5. MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LIST BELOW AND ON THE REVERSE SIDE YOUR EMPLOYMENT HISTORY OVER THE LAST 10 YEARS (USE SEPARATE SHEET IF REQUIRED). START WITH THE MOST RECENT EMPLOYER ANSWER ALL QUESTIONS, EVEN IF YOU ATTACH RESUME						
EMPLOYMENT BACKGROUND	1. COMPANY NAME		ADDRESS	PHONE NUMBER		
	JOB TITLE(S) AND INCLUDING DATES IN EACH JOB TITLE					
	BRIEF DESCRIPTION OF DUTIES IN LAST JOB TITLE (INCLUDE NO. OF PERSONS SUPERVISES)					
	LAST SUPERVISOR'S NAME AND TITLE			REASON FOR LEAVING		
	2. COMPANY NAME		ADDRESS	PHONE NUMBER		
	JOB TITLE(S) AND INCLUDING DATES IN EACH JOB TITLE					
	BRIEF DESCRIPTION OF DUTIES IN LAST JOB TITLE (INCLUDE NO. OF PERSONS SUPERVISES)					
	LAST SUPERVISOR'S NAME AND TITLE			REASON FOR LEAVING		
	3. COMPANY NAME		ADDRESS	PHONE NUMBER		
	JOB TITLE(S) AND INCLUDING DATES IN EACH JOB TITLE					
BRIEF DESCRIPTION OF DUTIES IN LAST JOB TITLE (INCLUDE NO. OF PERSONS SUPERVISES)						
LAST SUPERVISOR'S NAME AND TITLE			REASON FOR LEAVING			

NW Community Alliance
(Equal Opportunity Employers)

EMPLOYMENT	3. COMPANY NAME		ADDRESS		PHONE NUMBER	
	JOB TITLE(S) AND INCLUDING DATES IN EACH JOB TITLE					
	BRIEF DESCRIPTION OF DUTIES IN LAST JOB TITLE (INCLUDE NO. OF PERSONS SUPERVISES)					
	LAST SUPERVISOR'S NAME AND TITLE				REASON FOR LEAVING	
MILITARY	ACTIVE DUTY BRANCH		DATE OF ACTIVE DUTY		HIGHEST RANK OBTAINED	
	BRIEF DESCRIPTION OF DUTIES					
	RESERVE STATUS		* IF NOT A HIGH SCHOOL GRADUATE LIST NO. OF YEARS OF SCHOOL COMPLETED. ** IF NO DEGREE OBTAINED INSERT NO. OF COLLEGE CREDIT HOURS.			
EMPLOYMENT BACKGROUND	SCHOOL ATTENDED AND LOCATION		DATES ATTENDED FROM TO		MAJOR EMPHASIS	
	HIGH SCHOOL*				TYPE DEGREE DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE**					
	COLLEGE					
	COLLEGE					
	OTHER(MILITARY, SPECIAL AND APPRENTICESHIPS)					
	SPECIAL AWARDS OR RECOGNITION			DO YOU HAVE A CNA CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRST AIDE CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO
VALID DRIVER'S LICENSE STATE EXPIRATION <input type="checkbox"/> YES <input type="checkbox"/> NO			COMPUTER SKILLS/SOFTWARE			
ACTIVITIES	LIST SCHOOL CIVIC OR BUSINESS ACTIVITIES AND OFFICES HELD (EXCLUDE THOSE WHICH REVEAL AGE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN)					
	SUBJECT OF SPECIAL STUDY OR RESEARCH (COLLEGE OR OTHER)					
REFERENCES	LIST THREE PROFESSIONAL REFERENCES WHO ARE NOT RELATED TO YOU (PREVIOUS SUPERVISORS PREFERRED)					
	NAME AND ASSOCIATION		OCCUPATION	ADDRESS	PHONE	YEARS KNOWN
	NAME AND ASSOCIATION		OCCUPATION	ADDRESS	PHONE	YEARS KNOWN
	NAME AND ASSOCIATION		OCCUPATION	ADDRESS	PHONE	YEARS KNOWN
<p>IT IS THE POLICY OF NORTHWEST COMMUNITY ALLIANCE TO PROVIDE EQUALITY OF EMPLOYMENT OPPORTUNITIES TO ALL PERSONS WITHOUT REGARD TO RACE, COLOR, CREED, MARITAL STATUS, GENDER, AGE, NATIONAL ORIGIN OR DISABILITY, NCA IS COMMITTED TO EQUALITY OF OPPORTUNITY TO ALL JOB APPLICANTS AND EMPLOYEES IN PERSONNEL MATTERS INCLUDING RECRUITMENT, HIRING, TRAININGS, PROMOTION, SALARIES, AND OTHER COMPENSATIONS WITHOUT REGARDING TO THE ABOVE FACTORS. NCA IS COMMITTED TO ASSURING THAT ITS WORKFORCE IS REPRESENTATIVE OF THE COMMUNITY IT SERVES, AND WILL TAKE AFFIRMATIVE ACTIONS, AS NEEDED, TO ASSURE SUCH REPRESENTATION.</p> <p>BY ACCEPTING EMPLOYMENT WITH THIS COMPANY, I RECOGNIZE THAT I HAVE NO EXPRESS OR IMPLIED CONTRACTUAL RIGHTS TO CONTINUE EMPLOYMENT WITH THE COMPANY. ADDITIONALLY, I UNDERSTAND THAT JUST AS I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON, THE COMPANY ALSO HAS THE RIGHT TO TERMINATE MY EMPLOYMENT.</p> <p>THE INFORMATION FURNISHED ON THIS APPLICATION IS ACCURATE AND COMPLETED AND I UNDERSTAND THAT FALSIFICATION OF ANY PRE-EMPLOYMENT INFORMATION MAY BE CAUSE FOR DISCHARGE. I UNDERSTAND THAT EMPLOYMENT IS SUBJECT TO SATISFACTORILY PASSING A DRUG SCREEN, CRIMINAL HISTORY CHECK, TB TEST, AND ANY OTHER CONTINGENCIES THAT ARE REQUIRED BY NCA, I UNDERSTAND THAT BY SIGNING THIS APPLICATION I AM GIVING WRITTEN PERMISSION TO CHECK MY REFERENCES.</p>						
DATE _____ APPLICANTS SIGNATURE _____						

NW Community Alliance
(Equal Opportunity Employers)