

Items needed for Hiring

Drivers's license

Social Security Card

Resume

Copy of License and Trainings

3 letter references

Physical

High School Diploma

College Degrees



Please note that is important that you complete all parts of the application. If your application is incomplete or do not clearly show the experience and/or training, your application may not be accepted. If you have no information to enter, please write N/A.

NAME AND ADDRESS							
Name (First, MI, Last)				Social Security Number:			
Mailing Address:							
City, State and Zip Code							
Telephone:				Alternate Phone:			
If under 18, please list age				Email:			
Gender: M F				Date of Birth:			
Job Type							
☐ I have no preference	☐ Mon	☐ Tues	☐ Wed	☐ Thurs.	☐ Fri.	☐ Sat.	☐ Sun.
I am seeking a:		☐ Full-time job			☐ Part-time job		
How many hours can you work weekly?		Can you work at Nights?			Date Available to begin		
Have you ever been employed by this organization in the past?		☐ Yes			☐ No		
I certify that I am a U.S. Citizen, permanent resident, or a foreign national with authorization to work in the United States.		☐ Yes			☐ No		
Have you ever been convicted of or entered a plea of guilty, no contest, or had a withheld judgment to a felony?		☐ Yes			☐ No		
If yes, please explain:		Do you have a driver's license? ☐ Yes ☐ No			Driver's license number: Issued in what state?		
Have you had any accidents during the past three years?		How many?			Please explain:		
Have you had any moving violations during the past three years?		How many?			Please explain:		



School	Location	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				
Have you been in the Armed Forces?	☐ Yes	☐ No	Date entered	
Are you now a member of the National Guard?	☐ Yes	☐ No	Discharge date	
Specialty:				
Did you receive honorable Discharge?				

Work Experience (Please list all work experience beginning with your most recent job held.)



Company	Name of Last Supervisor	Hrs/week
Address	Start Date:	Starting Salary:
City, State and Zip Code	End Date:	Final Salary:
Phone Number	Your Last Job Title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact this employer? ☐ Yes ☐ No

Work Experience (Please list all work experience beginning with your most recent job held.)		
Company	Name of Last Supervisor	Hrs/week
Address	Start Date:	Starting Salary:
City, State and Zip Code	End Date:	Final Salary:
Phone Number	Your Last job Title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact this employer? ☐ Yes ☐ No

Work Experience (Please list all work experience beginning with your most recent job held.)		
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City, State and Zip Code	End Date:	Final Salary:
Phone Number	Your Last Job Title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact this employer? ☐ Yes ☐ No

Work Experience (Please list all work experience beginning with your most recent job held.)		
Company	Name of Last Supervisor	Hrs/week
Address	Start Date:	Starting Salary:
City, State and Zip Code	End Date:	Final Salary:
Phone Number	Your Last Job Title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact this employer? ☐ Yes ☐ NO



References

Please include name, phone number, and circumstances of your acquaintance. Exclude Relatives and former employers.

1.
2.
3.
4.

I certify, to the best of my knowledge and belief, that the statements given above truly represent my background and experience. I understand that if I have knowingly misrepresented, omitted, or falsified any of the application information. I will be disqualified for employment consideration or dismissed from employment with the Creative Direction. Further, I understand that as a condition of employment, I may be required to undergo testing for controlled substances. In addition, I hereby authorize my current and former employers (including the U.S. Government or U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to provide Creative Direction with any job-related information requested. I also permit Creative Direction to conduct and court records for investigation of my background if relevant to the job for which I am applying. Notwithstanding any provisions of Federal or State Law I expressly waive any right I may have to review any confidential material or information received by the Creative Direction from a previous employer or educational institution.

Finally, I attest, under penalty of perjury, that I am legally authorized to work in the United States, and that if I am a male between the ages of 18-26, I (please check) have ☐, have not ☐, registered for selective service.

Applicant's Name: _____ Date: _____

**ACKNOWLEDGEMENT OF CONFIDENTIALITY
AND NONDISCLOSURE OF
CREATIVE DIRECTIONS INC.
AND TURNING POINT INFORMATION**

In connection with my activities with Creative Directions Inc. and Turning Point.

I agree to hold all information, materials and operations that I have access and knowledge of confidential and I will not divulge any information to any unauthorized person or without authorization from management. I understand that to divulge of confidential information to any unauthorized person will make me subject to legal prosecution, civil action and / or termination of services contract. I understand that all consumer information is confidential.

Signature

Date

Title

Date

Witness

Date

Title

Date

CLIENT RIGHTS NOTIFICATION FOR STAFF

The following form should be signed prior to active employment, and annually thereafter.

I, _____ (Print Name), an employee of Turning Point, have been informed and trained regarding all policies and procedures on Client rights of consumers.

I understand that in the course of my employment I am obligated to protect all consumers from harm, abuse, neglect and exploitation. I agree to not subject consumers to ANY sort of neglect or indignity. I agree to not inflict abuse upon any consumer.

I agree to not sell goods or services to any consumer. I agree I may purchase goods or services from a consumer if it is for fundraising purposes only,

I further understand that if I violate any rights of clients, or any of the above states, I will be subject to immediate termination. If abuse or neglect is suspected, I will also be reported to the Department of Social Services.

Signature

Title

Date

Witness

Title

Date

**Turning Point
In House Training**

**Special Population Training
On
Mental Health, Intellectual and Developmentally Disabled Adults**

The person listed above received training on the following topic and has understanding that will allow them to effectively serve this population.

Instructor

Date

Turning Point Driving Record Authorization

I _____ hereby authorize Turning Point to check my Driver's License Record randomly or as needed. This effort will be done to review any infractions, traffic violations and etc. that is reflected in my Driver's License Record. This information will be used to monitor my current employment with Turning Point but if my Driver's License record become unsatisfactory to their standards I understand that this may result in corrective actions including dismissal. I will notify management upon any violations and changes to my license and driving privileges.

Signed: _____ Date: _____

Witness: _____ Date: _____

Paraprofessional

Requirements: A minimum of high school diploma or equivalent; 18 years of age or older; physically and mentally able to carry out duties of the job; drivers license with few points; criminal record history that will not affect or reflect on position; no health care registry record of abuse or neglect of consumers or other offenses

Duties:

- Assist residents with every day activities
- Prepare meals
- Document resident progress and other
- Administer Medication if qualified.
- Fill out required paperwork and reports
- Clean facility
- Attend required Training
- Transport Residents
- Schedule doctor appointments.
- Work with residents on goals outlined in treatment plan
- Other needed duties in facility operation

Date Hired: _____

Signature

Title

Date

Witness

Title

Date



Creative Directions Inc. Employee's Handbook

I _____ have read and agree with the policy within the employee handbook. I also had an opportunity to ask any questions that I had in reference to what is written and to assist me with my job. (copy goes in employee file)

Employee signature

Date

Creative Directions Representative

Date

Creative Directions Inc. ORIENTATION

Employee Name: _____

SS#: _____

Area Covered

Date

Hours

General Policies & Procedures

Personnel Procedures

Blood borne Pathogens

First Aid/CPR certification

Medication Administration (required for staff administering medication)

Seizure Management

Client rights

Confidentiality

Documenting in service records

Day-to-Day activities in the group home

Behavior Intervention and Redirection Training

Job Description (signed and placed in personnel record)

I certify all of the trainings have been met prior to working independently with consumers.

Signature

Title

Date

Witness

Title

Date

Creative Directions Medical Evaluation

This individual has come to you in response to a request from this agency for a report on his/her medical condition. It is important for us to know of any medical factors that may interfere with this individual's care for or interaction with Adult Care in Developmental Disability. The individual name below understands that this information will be provided only to our organization.

Name(Last) First Middle Gender Date of Birth

Weight Height Blood Pressure:

Date of TB Skin Test _____ Result _____ Positive _____ Negative

*Date of Chest X-Ray _____ Findings _____

*Required only if tuberculin test positive.

MEDICAL CONDITIONS

Chronic /Ongoing Medical Conditions. _____ Yes _____ No. If Yes, explain:

Communicable Diseases _____ Yes _____ No. If yes, explain.

Limitations to Physical Activity _____ Yes _____ No. If yes, explain.

Behavioral Health Issues/Mental Health Diagnosis _____ Yes _____ No. If yes, explain

I have examined the above named individual and reviewed his/her medical history. It is my opinion that he/she is medically cleared to serve for your organization. _____ Yes _____ No

Physician's, PA's, NP's Signature: _____

Print Name of Physician, PA or NP: _____

Address: _____

Phone# _____ Date: _____