

SunriseArc – A Great Place to Work !

Join Us

Complete & sign the Application (Be sure to include your phone number)

Required Qualifications

- Completion of High School Requirements
- Age 21 minimum for drivers
- 2 Years Work Experience
- Minimum of 1 Year paid Experience in field
- Ability to pass a drug test, background screening and driving record check
- no Medicaid Waiver Services conflict

Step 1. Interview with management and initial HR paperwork completed. (45 minutes)

Step 2. Hiring date and completion of hiring paperwork (1 hour)

Bring Along - proof of education

- 2 (ID's)

- Completed hiring paperwork from Day 1

Welcome to Our Team !

(7/13)



POSITION DESCRIPTION

POSITION:
(DSP I)

Direct Support Professional I

HOURLY, NON-EXEMPT POSITION

LOCATION: All SunriseArc service locations

PURPOSE: To support individuals to reach their personal outcomes.

REPORTS TO: Program Manager

REQUIRED QUALIFICATIONS:

1. A Strong Willingness to Serve Others
2. High School Diploma or GED with proof of completion
3. Valid Florida Drivers License with an insurable driving record and insurable age of 21.
4. Physical condition allowing for safe, repeated, satisfactory completion of essential functions of position defined in this description.
5. Able to pass in first 90 days of employment, the Department of Children and Families background screening which includes FDLE, FBI finger print and local law check.
6. Core Competency, Zero Tolerance, CPR, First Aid, Behavior Assistant, TACT, AIDS/HIV, Orientation and Medication Certification training must be completed within the first 90 days of employment and kept current with required re-certifications.
7. Ability to pass both a pre-employment drug screen and random drug screening.
8. Two year confirmed paid work history
9. One year paid work experience with persons with developmental disabilities or equivalent.

STANDARDS:

1. Demonstrates the ability to work effectively with individuals and their families, direct support, technical and professional staff.
2. Demonstrates the ability to communicate effectively in English both orally and in writing.
3. Demonstrates the ability to follow the Standards of Conduct and Code of Ethics.

Achieve with us.

RESPONSIBILITIES:

HEALTH AND SAFETY

1. This position is a Mandatory Reporter of any suspected abuse, neglect or exploitation following all DCF guidelines and to participate in all DCF investigations.
2. Responsible for the safety, support and supervision of all individuals.
3. Monitors each individual's health status and report concerns to supervisory staff.
4. Competently carries out emergency medical actions as trained.
5. Assists in the provision of routine health care and personal care needs.
6. Performs duties to maintain a clean, safe and healthy environment.
7. Reliably follows emergency procedures as trained.
8. Transports individuals using SunriseArc vehicles only.

PERSON DIRECTED PROGRAMMING

1. Implement My Vision, My Support Plan, My Satisfaction Survey
2. Supports individuals to achieve their own personal outcomes.

QUALITY OF LIFE

1. Respect all individuals as people diligently following the Clients' Bill of Rights.
2. Facilitate a quality environment, both enriching and stimulating, specific to the needs of the individual.
3. Strives to maintain positive attitude at all times to ensure individuals are surrounded by a pleasant and comfortable environment.

ORGANIZATION'S POLICIES AND PROCEDURES

1. Assists other staff and works as a contributing team member to accomplish the company's mission.
2. Works in accordance with assigned work schedule following SunriseArc Attendance Policy.
3. Reports all work related injuries to Human Resources and comply with workers' compensation procedures.
4. Complies with any company request for a Fitness For Duty exam at company expense.
5. Provides a medical release to return to work when requested by management or Human Resources.
6. Abides by and acts in accordance with all SunriseArc Policies and Procedures.
7. Attends all mandatory staff meetings including staff team meetings and mandatory company meetings.
8. Performs all other duties as assigned.

DOCUMENTATION

1. Provide documentation as trained for this position.
2. Reports and documents unusual behavior, incidents and activities involving injury or property damage.

SunriseArc, Inc. retains the right to change and/or modify the duties and essential functions of this position at any time.

I understand that any **SERIOUS** violations of performance policy or conduct policy as defined in the SunriseArc Policy and Procedures Handbook may result in immediate termination of employment.

I have read this job description, received an explanation of the essential job functions and understand the job requirements.

Employee signature

Date

Supervisor signature

Date

Job description reviewed: _____ Date: _____

Job description reviewed: _____ Date: _____

Job description reviewed: _____ Date: _____



Sunrise of Central Florida

Environment/Physical/Tools/Physical requirements of TACT Participation

| Environmental Conditions | NP=Not Present | O=Occasionally | F=Frequently |
|--------------------------|----------------|----------------|--------------|
| | NP | O | F |
| Exposure to Weather | X | | |
| Extreme Cold | X | | |
| Extreme Heat | X | | |
| Wet and/or Humid | X | | |
| Noise | | | X |
| Vibration | | X | |
| Dust, Fumes, Gases | X | | |
| Standing | | | X |
| Walking | | | X |
| Sitting | | X | |
| Reclining | X | | |
| Lifting up to 50# | | X | |
| Carrying | | | X |
| Pushing | | | X |
| Pulling | | | X |
| Climbing | | X | |
| Balancing | | X | |
| Stooping | | | X |
| Crouching | | | X |
| Kneeling | | | X |
| Crawling | | X | |
| Reaching | | | X |
| Handling | | | X |
| Fingering | | | X |
| Feeling | | X | |
| Talking | | | X |
| Hearing | | | X |
| Near Vision | | | X |
| Mid Vision | | | X |
| Far Vision | | | X |
| Depth Perception | | | X |
| Twisting | | X | |
| Visual Acuity | | | X |
| Color Vision | | | X |
| Field of Vision | | | X |

SunriseArc retains the right to change and/or modify the duties and essential functions of this position at any time.

I have read, understand and am capable of the physical requirements of the *Direct Support Professional* position

Employee Signature: _____ Date: _____

Employee Name Printed: _____ Date: _____

Achieve with us.



Sunrise of Central Florida

January 26, 2009

T.A.C.T is an aggression control program trained, required and used at SunriseArc in the performance of our services to clients with significant behavioral and aggression control challenges. Successful completion of the training and appropriate use of the techniques is an essential safety requirement of all direct support staff at SunriseArc and is an essential job function for all direct support job descriptions. The safety of our clients and staff depends on the staff members' ability to effectively use the T.A.C.T techniques.

The company may require that you have a Fitness of Duty Exam by a physician of their choice at company expense if there is a question of any physical limitations.

If you are pregnant, you are advised to get a physician's release to take T.A.C.T training.

ACKNOWLEDGEMENT:

I understand that it is an essential job requirement for my position at SunriseArc, Inc. that I be physically capable of carrying out the techniques of T.A.C.T on a regular basis when working with clients at any job location. SunriseArc is not able to accommodate for physically limiting conditions nor guarantee lighter work is available.

I also understand that SunriseArc reserves the right to request a Fitness of Duty Exam at the company's expense in order to better define my physical ability to perform my job.

Printed Name

Signature

Date

I am physically capable of performing all the requirements of T.A.C.T Training and daily application of the techniques while performing my job.

Printed Name

Signature

Date

Achieve with us.



Sunrise of Central Florida

Employment Application

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract and the receipt of this application does not mean that job openings exist and does not obligate the Organization in anyway. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without regard to sex, marital status, race, age, creed, religion, national origin or the presence of disabilities. Qualified applicants may request affirmative action hiring. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment we will conduct background checks including local law and fingerprinting and drug screen. If you need help completing application, please notify the person that gave you this application. Every effort will be made to accommodate you. The Organization relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentation, falsifications, or material omissions in any of the information or data may result in the Organizations exclusion of the individual from further consideration for employment, or if the person has been hired, termination of employment. We appreciate your interest in our Organization.

Applicant's Signature: _____

CONTACT INFORMATION

| | |
|---------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| Referral Source | |
| | |

AVAILABILITY

Which position are you applying for?

Which schedules are you requesting?

| | |
|------------------------------------|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> On Call (pool) |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Evenings |

Are you 18 years of age or older? Yes No

Are you currently employed? Yes No

Are you a Medicaid Waiver Provider? Yes No

EDUCATION PLEASE CIRCLE HIGHEST GRADE LEVEL COMPLETED 7 8 9 10 11 12 13 14 15 16+

| | | | | | | | | | | |
|-------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|--|--|--|
| High School | | | | | Address | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| College | | | | | Address | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |

Proof of High School Education is required.

Yes No Have you used any names or social security numbers other than those listed on this application?

Yes No Have you ever been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, a felony or misdemeanor, other than a minor traffic violation? If so, please describe the nature of and details about the crime, the date of the adjudication or plea, and the penalty imposed as a result of the adjudication or plea. Have you ever been a defendant in a lawsuit for an intentional tort, including but not limited to actions for intentional infliction of emotional distress, assault, battery, false imprisonment, defamation, invasion of privacy, or fraud? If so, please describe the nature of and details about the lawsuit and its final disposition. (In accordance with company policy, this information will be reviewed for job relatedness.)

Job Related Skills

List any languages you are fluent: _____

Yes No Do you have a valid Drivers License?

DL# _____ Type _____ State of Issue _____

Yes No Have you had any moving violations? Please describe: _____

Yes No Do you have an insurable driving record?

Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job.

Yes No have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the essential physical and intellectual requirements of the job explained to you?

| REQUIRED 2 YEAR WORK HISTORY WITH 1 YEAR CAREGIVING EXPERIENCE | | | | | | |
|--|--|----|-----------------|------------------------------|-----------------------------|----|
| Begin with most recent employer | | | | | | |
| Company | | | | Phone | () | |
| Address | | | | Supervisor | | |
| Job Title | | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | | |
| From | | To | | Reason for Leaving | | |
| May we contact your previous supervisor for a reference? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

| | | | | | |
|--|--|-----------------|------------------------------|-----------------------------|-----|
| Company | | | | Phone | () |
| Address | | | | Supervisor | |
| Job Title | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | |
| From | | To | | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

| | | | | | |
|--|--|-----------------|------------------------------|-----------------------------|-----|
| Company | | | | Phone | () |
| Address | | | | Supervisor | |
| Job Title | | Starting Salary | \$ | Ending Salary | \$ |
| Responsibilities | | | | | |
| From | | To | | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| | | | | | |

| REFERENCES | | | | | |
|--|--|--|--|--------------|-----|
| <i>Please list three professional references that are non relatives.</i> | | | | | |
| Full Name | | | | Relationship | |
| Company | | | | Phone | () |
| Address | | | | | |
| Full Name | | | | Relationship | |
| Company | | | | Phone | () |
| Address | | | | | |
| Full Name | | | | Relationship | |
| Company | | | | Phone | () |
| Address | | | | | |

Please attach separate sheet if needed.

Please help us get to know you. Please answer the following questions to the best of your ability.

1. What has been your favorite job and why did you like it?
2. If all jobs were paid the same, what profession would you choose and why?
3. Why do you like to help people?
4. What will you be doing 5 years from today?

Please use reverse side if extra space is needed

Please describe any additional information about your work experience in health care, group homes, training centers, home care, working with individuals with developmental disabilities.

Certification & Release: I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Applicant's Signature: _____

Date: _____