

Dear Applicant:

Thank you for your interest in our employment opportunities at David's House Ministries. Please take time to read this cover letter carefully. It will explain the general procedures of our hiring process.

David's House Ministries is looking for hard working detail-oriented team members that share our passion for caring and serving individuals with developmental disabilities. This position requires that you: work well with others, receive and complete directives from supervision, are competent to provide care for others, work without direct supervision, and adhere to the policies and procedures of the employer.

You will need to complete the application and obtain at least 2 (two) character references. These can be personal or professional acquaintances. If you have a resume prepared and would like to include that with your application, that is appreciated, but not required. If attaching your resume, you do not need to complete the parts of the application that it covers. Once your application and your 2 (two) character references are received, your application will be reviewed. An interview will then be scheduled if you are selected.

You will also be responsible for obtaining all of the required training and documentation for your employee file. New employees receive a Conditional Offer of Employment which means that they are on a probationary status until meeting the conditions of the Conditional Employment Agreement. Probationary employees that do not meet these conditions may be terminated.

Attached you will find the application packet, job description, and qualification requirements for the position.

Your application will be retained for twelve months from the date it was received. Please do not call to check on the status of your application.

Sincerely,

Shane Metzger, Director of Operations

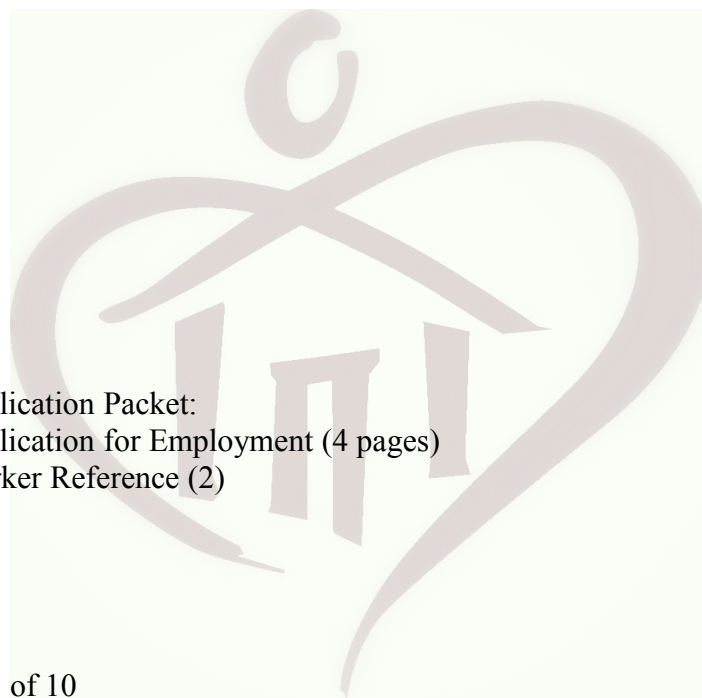
David's House Ministries  
2390 Banner Dr. SW  
Wyoming, MI 49509

office (616)726-1703  
work (616)247-1079  
fax (616)284-4384  
[smetzger@davidshouseministries.org](mailto:smetzger@davidshouseministries.org)

**List of Attachments:**

Information Packet:  
Direct Care Worker's Job Description (1 page)  
Direct Carer Workers Qualifications (2 pages)

Application Packet:  
Application for Employment (4 pages)  
Worker Reference (2)





2390 Banner Dr. SW, Wyoming, MI 49509  
Office (616) 247-7861 Fax (616) 284-3284

<i>Staff use only</i>
Date received: _____
Ref. Source: _____

# Application For Employment

## Section 1: Equal Employment Opportunity Employer

David's House Ministries is an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, gender, religion, national origin, culture, marital status, sexual orientation, spiritual beliefs, socioeconomic status, language, age, weight, color, disability or veteran status in the hiring, promotion, compensation or discipline of employees.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

## Section 2: Applicant's Personal Information

Name: \_\_\_\_\_  
(please print)      FIRST                                  MIDDLE INITIAL                                  LAST

Present Address: \_\_\_\_\_  
                                        NUMBER                                  STREET                                  CITY                                  STATE                                  ZIP

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Social Security: \_\_\_\_\_ (last four only please)      Are you 18 years of age or older? [ ] Yes [ ] No

Can you perform the duties of the job for which you are applying with or without accommodation? [ ] Yes [ ] No  
If no, please explain: \_\_\_\_\_

Have you ever been convicted of a crime? [ ] Yes [ ] No (Answering "Yes" to this inquiry will not automatically disqualify you.)

Are there any pending felony charges against you? [ ] Yes [ ] No (Answering "Yes" to this inquiry will not automatically disqualify you.)

If the position for which you have applied requires you to drive while on duty, do you have a valid driver's license? [ ] Yes [ ] No

Can you pass a drug screen? [ ] Yes [ ] No

Can you meet the physical requirements of the position? [ ] Yes [ ] No

## Section 3: Availability and Interests in Work

For which position have you applied: \_\_\_\_\_

Have you been given a job description for this position? [ ] Yes [ ] No.      Are you interested in Full Time [ ] Part Time [ ] ?

On which date are you available to start work? \_\_\_\_\_      How many hours weekly do you want to work? \_\_\_\_\_

On which specific days and shifts are you available to work?      Are you available for all shifts? [ ] Yes [ ] No

Monday	_____	[ ] Morning	[ ] Afternoon	[ ] Evening	[ ] Night	- specific Hours	_____
Tuesday	_____	[ ] Morning	[ ] Afternoon	[ ] Evening	[ ] Night	- specific Hours	_____
Wednesday	_____	[ ] Morning	[ ] Afternoon	[ ] Evening	[ ] Night	- specific Hours	_____
Thursday	_____	[ ] Morning	[ ] Afternoon	[ ] Evening	[ ] Night	- specific Hours	_____
Friday	_____	[ ] Morning	[ ] Afternoon	[ ] Evening	[ ] Night	- specific Hours	_____
Saturday	_____	[ ] Morning	[ ] Afternoon	[ ] Evening	[ ] Night	- specific Hours	_____
Sunday	_____	[ ] Morning	[ ] Afternoon	[ ] Evening	[ ] Night	- specific Hours	_____

## Section 4: Education and Training

[ ] See Resume

High School: \_\_\_\_\_ City & State: \_\_\_\_\_

Did you graduate? [ ] Yes [ ] No

College: \_\_\_\_\_ City & State: \_\_\_\_\_

Did you graduate? [ ] Yes [ ] No

If yes what degree(s) did you obtain? \_\_\_\_\_

Business or Trade School \_\_\_\_\_ City & State: \_\_\_\_\_

Did you graduate? [ ] Yes [ ] No

If yes what degree(s) did you obtain? \_\_\_\_\_

Do you have experience in working in Adult Foster Care or a related Health Care field? [ ] Yes [ ] No

If "yes" explain experience: \_\_\_\_\_

Do you have any of the following or certification?

Certified Nurse Aide [ ] Yes [ ] No, If "Yes" please indicate your license number: \_\_\_\_\_

Nursing License [ ] Yes [ ] No, If "Yes" please indicate your license number: \_\_\_\_\_

Do you have other job-related licenses, certifications or credentials? \_\_\_\_\_

## Section 5: Employment History

[ ] See Resume

(Please start with present or most recent employer)

Company Name: \_\_\_\_\_ Employment dates (month/year) Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Hourly Pay/Salary: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employment dates (month/year) Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Hourly Pay/Salary: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employment dates (month/year) Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Hourly Pay/Salary: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Are you currently employed? [ ] Yes [ ] No If "yes" where? \_\_\_\_\_

May we contact you current employer? [ ] Yes [ ] No If "no", why? \_\_\_\_\_

If "Yes" who should we call: \_\_\_\_\_ Contact # \_\_\_\_\_

## Section 6: References

[ ] See Resume

Give the names of two (2) personal references not related to you, whom you have known at least one (1) year:

Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_

ADDRESS

CITY

STATE

ZIP

PHONE #

Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_

ADDRESS

CITY

STATE

ZIP

PHONE #

Give the name of one (1) professional references from supervisors, managers or administrators for whom you have worked:

Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_

ADDRESS

CITY

STATE

ZIP

PHONE #

## Section 7: At-will Status

I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between David's House Ministries and me. In addition, I understand and agree that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either David's House Ministries or myself, and that no promise or representations contrary to the foregoing are binding on David's House Ministries unless made in writing and signed jointly by the Director and myself.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 8: Consent

I hereby give you my permission to contact the above employers and references, as well as the educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release David's House Ministries, David's House Inc and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my job performance which is documented in my personnel file. In the event that a prior employer or other organization is obligated to provide any written notice to me, the disclosure of information to David's House Ministries or David's House Inc., I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Human Services, Department of Community Health, local community mental health entities or other governmental agencies or private agencies, for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release David's House Ministries and David's House Inc., the Department of Human Services, Department of Community Health, local community mental health entities and other governmental agencies or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all employers, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 9: Certificate of Applicant (Initial each statement)

\_\_\_\_\_ I understand and agree that my title, duties, compensation, working conditions, and/or David's House Ministries benefits, policies and procedures may change at any time in the future. This will not alter our at-will employment agreement.

\_\_\_\_\_ I understand that, if offered employment, I will, as a condition of my employment, be required to submit proof of my identity and legal right to work in the United States prior to my first day of employment.

\_\_\_\_\_ I understand that I am required to submit to a criminal background check.

\_\_\_\_\_ I understand that if offered a position with David's House Ministries, I must submit to a health appraisal, a TB test, and a drug screen.

\_\_\_\_\_ I understand that I will be required to obtain certificates of course completion within a specified time frame set by the employer. I will also be required to obtain additional training certificates throughout my term of employment here at David's House Ministries. Failure to do so may result in me being terminated from employment.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time lapse before this discovery.

\_\_\_\_\_ I understand that if selected, I will be required to go through an interview or a series of interviews. Information I provide during this interview or series of interviews must be true and accurate. I understand that any omission or misstatement made by myself during the interview process shall be grounds for rejection from employment or for immediate discharge if I am employed, regardless of the time lapse before this discovery.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Worker Recommendation /Character Reference

Applicant's Name: \_\_\_\_\_

The above named person has applied to work at David's House Ministries and has listed you as a character reference. The applicant has signed a consent release allowing our organization to discuss with you their suitability for work with vulnerable adults. Any information you can provide concerning the applicant's character will be greatly appreciated. Please fill out this form and return it in the enclosed envelope.

Position applying for: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Personal or Professional

1. How long have you know the applicant? \_\_\_\_\_

2. Would you recommend the applicant for work with developmentally disabled adults?

Yes  No

3. Please share any strengths this person has that will be an asset to our work force here at David's House Ministries.

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4. Please rate this person on the following items, on a scale from one to five, five being the best rating.

\_\_\_\_\_ Follows instructions well

\_\_\_\_\_ Emotionally Balanced

\_\_\_\_\_ Friendly, easy to work with

\_\_\_\_\_ Cleanliness

\_\_\_\_\_ Trustworthy, dependable

\_\_\_\_\_ House Keeping Skills

\_\_\_\_\_ Caring towards others

\_\_\_\_\_ Professionalism

5. Can you recommend that this applicant be in a position directly responsible for the personal care and medical care of vulnerable adults without any reservations?  Yes  No

Please provide any additional information on this applicant that will be beneficial to us in our hiring decision of this applicant.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where you can be reached: \_\_\_\_\_ Good time to call: \_\_\_\_\_

## Worker Recommendation /Character Reference

Applicant's Name: \_\_\_\_\_

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Position applying for: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Personal or Professional

1. How long have you know the applicant? \_\_\_\_\_

2. Would you recommend the applicant for work with developmentally disabled adults?  
[ ] Yes [ ] No

3. Please share any strengths this person has that will be an asset to our work force here at David's House Ministries.

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4. Please rate this person on the following items, on a scale from one to five, five being the best rating.

_____ Follows instructions well	_____ Emotionally Balanced
_____ Friendly, easy to work with	_____ Cleanliness
_____ Trustworthy, dependable	_____ House Keeping Skills
_____ Caring towards others	_____ Professionalism

5. Can you recommend that this applicant be in a position directly responsible for the personal care and medical care of vulnerable adults without any reservations? [ ] Yes [ ] No

Please provide any additional information on this applicant that will be beneficial to us in our hiring decision of this applicant.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where you can be reached: \_\_\_\_\_ Good time to call: \_\_\_\_\_

## **Job Description: Direct Care Worker**

Part time or Full time position, compensated at an hourly rate. (Detailed in the Employee Compensation Agreement)

### **Direct Supervisor:**

Report directly to the House Manager or to his or her designee. (Shift Supervisor, Training Supervisor, etc)

### **Responsibilities:**

Responsibilities can be grouped into the categories; residential, facility, documentation, communication and team work.

Residential – [R400.14102 (h).] Defines direct care workers as designated by the licensee to provide personal care, protection, and supervision to the residents. Additional responsibilities include: cooking and serving meals, meeting medical regimes, responding to emergencies, ensuring safety and protection, safely transporting, and providing services as specified in the residents Personal Care Agreements for each resident. Direct Care Workers are responsible for knowing and providing for the personal care and medical care needs of each resident under their supervision.

Facility – Responsibilities include: Laundry, cleaning, seasonal needs (yard work, snow removal), and basic household maintenance. Specifically responsible for maintaining the high standards of the ministry by continually presenting the homes in a professional manner. (Tour ready)

Documentation– Responsible for legibly completing resident progress notes, various medical logs, time sheets, house maintenance logs, and other records as needed. Direct Care Workers are also responsible for keeping themselves informed on past records so as to remain informed and knowledgeable of the resident's current status and history.

Communication – Responsible for communicating residential and household needs to the house parents/managers. This includes: changes in a residents health and behaviors, phone calls and messages, parental contacts, doctor contacts, supply needs, maintenance needs, schedule changes, etc.

Team Work – Responsible to work under the supervision of the house manger or their designee and in cooperation with their team mates. This requires that the individual; works well with others, demonstrates responsiveness to requests from others, provides assistance when needed, helps resolve conflicts, does not burden team members with unfinished assignments, does not possess a negative attitude, does not engage in excessive grumbling or complaining, keeps their personal life from affecting others in the workplace, does not produce an overly competitive or unhealthy work atmosphere, refrains from gossip and slander in the workplace.

### **Classification:**

At the time of hire all Direct Care Workers have a Conditional Offer of Employment. Until the conditions of this offer have been met, the employee has a probationary status. This classification will remain in effect until the employee has met the conditions of the Temporary Offer of Employment which includes a review with the recommendation for reclassification.

### **Probationary Employee: (Description and Limitations)**

Probationary Employees are responsible for jobs and assignments given throughout their shift. Tasks may be assigned by training staff, Team Captains, House Managers, Operations Manager, etc. Typical job tasks are laundry, meal preparation, household cleaning, basic household maintenance, landscaping maintenance, phone response, office assistance, resident activity assistance, record keeping, inventory, and reporting resident's needs.



A Probationary Employee is restricted from providing unsupervised direct care to the residents and from being included in the staff to resident ratio. This includes both contract and non-contract beds. They are also not included in the staff to resident ratio required for supervision and safety requirements.

### **Direct Care Worker Qualifications**

1. Must be able to complete required reports and follow written and oral instructions that are related to the care and supervision of residents.
2. Must be suitable to meet the physical, emotional, intellectual and social needs of each resident.
3. Must be capable of handling emergency situations.
4. Before performing assigned tasks, must be competent in all of the following areas:
  - a) Reporting requirements
  - b) First Aid
  - c) Cardiopulmonary resuscitation
  - d) Personal care, supervision and protection
  - e) Residents rights
  - f) Safety and fire prevention
  - g) Prevention and containment of communicable diseases
5. Must be in such physical and mental health so as not to negatively affect the health of any resident or the quality of his/her care.
6. Shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all the following areas:
  - a) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs to be served by the home.
  - b) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.
  - c) Basic first aid and cardiopulmonary resuscitation
  - d) Proper precautions and procedures for administering prescriptive and non-prescriptive medications.
  - e) Preventing and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.
  - f) Non-aversive techniques for the prevention and treatment of challenging behavior of clients.
  - g) An introduction to community residential services and the role of direct care staff.

### **Employment Requirements and conditions**

David's House is required to comply with state and federal laws that govern the hiring of employees and the maintenance of personnel records. Accordingly, David's House must have the following documents on file prior to the commencement of the relationship or by the time otherwise designated:

1. Completed and signed Job Application
2. Employee Medical Release Form (Physical)
3. Tuberculosis Test
4. Federal and State Withholding Tax Forms
5. Employment Immigration Eligibility Form (I-9) – must be completed within three day of hire
6. Two letters of recommendation (can be written by relatives, friends and / or past employers.)
7. Signed Acknowledgments

- a) At-will statement
  - b) Receipt of Personnel Manual
  - c) Manual Changes and Waiver Clause
  - d) Statement of Driver Responsibility
8. A Valid Driver's License (photo copy required)
  9. Certificates of course completion covering the following courses or their equivalent:
    - Basic Health / Vitals / Blood borne Pathogens
    - Basic Medication
    - CPR
    - Environmental Emergencies
    - First Aid
    - Human Needs
    - Nutrition
    - Physical Intervention
    - Positive Techniques
    - Residential Staff-Recipient Rights
    - Role of Direct Care
    - Advanced Health and Medications
    - Limited English Proficiency
    - Cultural Diversity
    - Person Center Planning
  10. Criminal History check, free of any disqualifying convictions. (Completed only after a conditional offer of employment is accepted)
  11. Meet all conditions of the Conditional Offer of Employment.
  12. FBI Criminal History check, free from any disqualifying convictions.
  13. Pass a drug screening test
  14. Meet the physical requirements for the position which are as follows
    - Ability to lift 50 pounds from the ground to waist level.
    - Have unlimited bending and stooping capabilities including but not limited to: bending and stooping as part of a one or two person assist of a resident off the floor; bending and stooping to assist a resident out of a couch, chair, bed, or vehicle; ability to stoop or bend to safely position a resident in a sling for use in a mechanical lift.
    - Standing more than 50% of the shift (A shift may be longer than 8 hours & double shifts may be required.)
    - Walking more than 50% of the shift (A shift may be longer than 8 hours & double shifts may be required.)
    - The full use of both arms, hands, wrist, etc. without restriction, with sufficient fine motor skills to provide personal care and emergency care as needed.
    - Sufficient vision and hearing, with corrective device(s) if needed, to provide accurate observation of the residents and their surroundings.

**Signed Statements:**

\_\_\_\_\_ I have read and understand the job description and am qualified (or will through training and experience meet all qualifications) for the position.

\_\_\_\_\_ I understand and agree that my title, duties, compensation, working conditions, and/or DHM benefits, policies and procedures may change at any time in the future. This will not alter our at-will employment agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_