C.C.C.D.D., Inc.

Date of Application:	

(256) 737-1915 Fax (256) 734-3231 1807 Beech Avenue SE Cullman, AL 35055

Employment Application

Please complete the entire application and email it to twilson@cccdd.com.

It is the policy of the Cullman County Center for the Developmentally Disabled, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

1.Applicant Information	n: Full Name:				
Home Address:					
City/State/ZIP:					
How do we contac	t you? Phone #:	Email:			
2. Are you seeking _	Full-Time (30-40 hours)	Part-Time (less than 30 hours))		
_	Day Shift: (ex; 6a-2p=8; 6	6a-6p=12)			
_	Afternoon Shift (ex. 2p-1	0p=8; 7a-7p=12)			
	3 rd shift (ex: 6p-6a=12;7p-7a=12)				
_	Flexible to positions open	ed			
3.Are you at least 18 ye	ars old? □Yes □No				
4. Do you have dependa	ble transportation to and from work	? □Yes □No			
5.If you are offered emp	ployment, when would you be avail	able to begin work?			
6.If hired, are you able ☐ Yes ☐ No	to submit proof that you are legally	eligible for employment in the United	1 States?		
•	rm essential functions of a Direct Ses No What reasonable according	apport Professional with or without remmodation if any, would you	asonable		
8.Have you ever been c	onvicted of a felony or misdemeand	or?			
□Yes, I was convi	cted of		_		
on	(date) in	(city),	(state)		
\square No					
	. CRIMINAL RECORD DOES NOT CONSTI' YPE OF EMPLOYMENT.	TUTE AN AUTOMATIC BAR TO EMPLOYME	NT UNLESS		

most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application. Employer Name: Supervisor Name: Address: City/State/ZIP: Job duties: Reason for leaving: Dates of Employment (month/year): Pay Rate Final: \$______ Employer Name: _____ Supervisor Name: Address: City/State/ZIP: Job duties: Reason for leaving: Dates of Employment (month/year): Pay Rate starting: \$______Pay Rate Final: \$______ 10. Applicant's Education and Training: *High School/GED Name and Address: *College/University Name and Address: Did you receive a degree? □Yes □No Military Service: □Yes □No Branch: Specialized Training: 11. Will you consent to a mandatory controlled substance test? \Box Yes \Box No

9. Applicant Employment History – List your current or most recent employment first. Please list all jobs (including self-employment, military service, and volunteer activities) which you have held, beginning with the

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize the Cullman County Center for the Developmentally Disabled, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I understand that this is a simple application, and I may be required to provide more information if considered for employment.

I acknowledge that I will also complete information for a pre-screening of a criminal background history and drug screening prior to completion of the hiring process.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature	 Date	-

What is a Direct Support Professional (DSP)?

(Brief description/overview)

A DSP is a support person serving Adults with Developmental Disabilities in their day-to-day life activities. Most people with some types of developmental disabilities function independently, but in different abilities than others. A DSP is a paid person that assist the person with learning new abilities and experiences on a day-to-day basis. Just as you may have had a person in your life to help you learn skills or learn to do simple things such as prepare meals, simple housekeeping duties, take you places in your community etc. people with disabilities need that type of support in their life. CCCDD Inc. is a provider of these services in both residential and day program settings here in the Cullman Area.

The DSP ensures that residents have assistance with daily livings skills such as but not limited to; Hygiene needs, Self-care needs, Housekeeping, Socialization, Outings within the community, Self-direction, Self – independence, and leisure activities.

The DSP is responsible for documenting daily notes of the day's activities, outings and recording any incident/accidents as they may occur.

The DSP assist each person served on individual basis based on the support needed specified in the person center plan.

The DSP is responsible for administering medication if certified by CCCDD MAS Nurse, if eligibility/certified to administer medication the DSP is also a (MAC) Medication Administration Certification- worker.

The DSP is responsible for ensuring the setting's interior /exterior and vehicles are maintained with cleanliness and care, reporting needs within the setting to their setting coordinator/supervisor.

The DSP ensure that ALL person served are SAFE, HEALTHY and HAPPY.

This is a brief overview of what a DSP is; a complete job description will be reviewed with employee -prior to and upon hire.