

Dear Applicant,

Thank you for your interest in Respite Connection. Enclosed you will find the 2-page application and job descriptions, as well as the “Non-Law Enforcement Record Check Request” form to allow us to complete criminal background checks. Please fill out the information in the middle of the “Non-Law Enforcement Record Check Request” and sign at the bottom. You need to **add each last name you have had as an adult on the form (that includes maiden and married names)**. If you have only had one last name, only fill the last name blank. We are required to run child and dependent adult abuse background checks as well, but those do not require your signature (just the permission you grant when you sign the application).

Complete and return the **application** and the **“Non-Law Enforcement Record Check Request” form** to the address below. You may include a resume in addition to the application, but that is not required. Thanks for your interest in caring for children and adults with special needs!

Sincerely,

Missy Ringgenberg, Director

Meghann Yager, HR Manager

2469 106th Street, Urbandale, IA 50322
Phone: 515.277.1050, Fax: 515.277.1963

APPLICATION

Today's Date: _____ Full Name: _____

First Last MI

Address: _____
Street Address City State Zip

County: _____ Social Security #: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

What is the best way to reach you? Home Phone Cell Phone Work Phone Email

Do you have a valid driver's license and reliable transportation? Yes No

Are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime, in this state or any other state? Yes No

If yes, please explain _____

EDUCATION:

High School: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other Training/Certificates (CPR, First Aid, etc.) _____

EXPERIENCE:

Please describe your experience working with children, with or without special needs. Personal experience, including parenting, as well as paid and volunteer experiences count! Please specify if your experience includes children or adults with a disability or special need.

REFERENCES:

List three references that preferably have knowledge of your ability to care for children, or adults with a disability or special needs. If you were referred by a current employee or the consumer's family, please list them as a reference.

Name: _____ Phone Number: _____

Relationship: _____ How long known? _____

Name: _____ Phone Number: _____

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Name: _____ Phone Number: _____

Relationship: _____ How long known? _____

EMPLOYMENT HISTORY:

By checking yes, I authorize this employer to release any information regarding my past or present employment to The Respite Connection, Inc.

Company: _____ Phone Number: _____

City, State: _____ Supervisor Name: _____

Job Title: _____ From: _____ To: _____

Reason for Leaving: _____ May we contact? Yes No

Company: _____ Phone Number: _____

City, State: _____ Supervisor Name: _____

Job Title: _____ From: _____ To: _____

Reason for Leaving: _____ May we contact? Yes No

Company: _____ Phone Number: _____

City, State: _____ Supervisor Name: _____

Job Title: _____ From: _____ To: _____

Reason for Leaving: _____ May we contact? Yes No

OTHER INFORMATION:

How did you hear about *The Respite Connection, Inc.*? _____

Were you referred by a current employee? Yes No If yes, who? _____

If you are applying to work with a specific person, please give their name/phone number:

How do you know this individual? _____

***Please note that we will be contacting the individual's parent/guardian for a reference check.**

If you are applying to work with a specific person, are you willing to work with other children or adults with a disability or special need? Yes No Maybe

The information I have provided on this application is accurate to the best of my knowledge and subject to validation by Respite Connection, Inc. I understand that criminal records, child abuse records, and dependent adult abuse records will be obtained, and I hereby authorize Respite Connection, Inc. to obtain a copy of all such records.

Signature of Applicant

Date

****Complete this page only if you are open to being matched with any clients. If you are applying to work with someone specific you do not need to complete.**

AVAILABILITY:

How many hours per week would you prefer to work? _____

Please indicate below the **specific times**, including AM or PM, which you are available to work each day.

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

SATURDAY: _____

SUNDAY: _____

Are you interested in providing services: In the **Consumer's** Home In **your** home

Additional Information: _____

**STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A**

ACCOUNT NUMBER _____

**TO: Iowa Division of Criminal
Investigation**

FROM: The Respite Connection, Inc.

2469 106th Street

Urbandale, IA 50322

Phone # 515.277.1050

Fax # 515.277.1963

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

REQUEST

Last Name
(mandatory)

First Name
(mandatory)

Middle Name
(recommended)

____/____/_____
Date of Birth
(mandatory)

Sex
(mandatory)

____-____-_____
Social Security Number
(recommended)

Other Last Names: _____

Signature of Requester – Agency Representative

There is a separate Form "A" required for each last name submitted

(DCI Use Only)

RESULTS

As of _____, a Name and date of birth check revealed:

CCH record attached

No CCH record found

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature

Date

Job Title: Respite Provider

Purpose of Position: This position provides all the care required to a child or adult with a disability while their parent or guardian is absent. The purpose of respite care is to give the parent or primary caregiver a break from the daily responsibilities of caring for someone with a disability.

Reports to: Human Resources Manager or Service Supervisor assigned to the consumer staff works with.

Essential Functions and Responsibilities:

- Provide care necessary to meet the needs of a consumer, which can include assisting with personal cares such as bathing, dressing, feeding, toileting, etc.
- Provide transportation to activities, as requested by the consumer or parent/guardian.
- Provide assistance needed for the consumer to participate in community activities, which may include accompanying and supervising consumer during activities.

Required Qualifications:

- Must be 16 years old.
- Must either be in high school or have a high school diploma or G.E.D. If applicant does not have either, then must provide a writing sample prior to hire.
- Have a telephone, land or cell with an answering machine or voicemail.
- Must have the ability to complete all documentation of services to meet Medicaid and agency requirements.
- Ability to meet all deadlines as required by this agency.
- Must be able to track hours worked to not exceed approved amounts.
- Must have a passion for providing excellent care to others.
- Must be able to meet the physical and emotional demands of the consumer, which can include lifting, running, and de-escalating emotional situations. Such requirements are different for each consumer. Limits in this area will also limit the amount of work available.

Preferred Qualifications:

- One year or greater experience with children, preferably children with a disability.
- CPR and First Aid certified, or willing to become certified.
- Education beyond high school in a human service or education-related field.
- Have a valid driver's license.
- Have access to a reliable vehicle.

Physical Requirements: May be required to lift to support physical needs of the consumer. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Job Title: Supported Community Living Provider

Purpose of Position: The purpose of the Supported Community Living Provider position is to teach goals that have been specifically identified for each consumer, to increase their level of independence in the future. With increased independence, it is hoped the consumer will enjoy a less restrictive environment than without services.

Reports to: Human Resources Manager or Service Supervisor assigned to the consumer staff works with.

Essential Functions and Responsibilities:

- Teach the skills identified to meet each consumer's individualized goals, which can include social skills, personal care skills, money and budgeting skills, safety skills, and being involved in the consumer's community.
- Find creative and effective ways to teach skills, so that the consumer will have the greatest level of success.
- Provide care necessary to meet the needs of a consumer, which can include assisting with personal cares such as bathing, dressing, feeding, toileting, etc.
- Provide transportation to activities, as needed.
- Provide assistance needed for the consumer to participate in community activities, which may include accompanying and supervising consumer during activities.

Required Qualifications:

- Must be 16 years old.
- Must either be in high school or have a high school diploma or G.E.D. If applicant does not have either, then must provide a writing sample prior to hire.
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