



- T-214 Fort Missoula, Missoula, MT 59804 (406) 549-6413 or 1-800-914-4779, 406-542-0143 Fax
- 1725 MT Highway 35, Kalispell, MT 59901 (406) 755-2425 or 1-866-755-2425, 406-755-2426 Fax

Thank you for your interest in providing services to persons with developmental disabilities whom CDC serves. Enclosed is an application and a Release of Information Form for Child Protective Services and Criminal Background Check which needs to be returned to the Missoula office. Please fill out the Release of Information form(including your middle name) and send it to our office immediately so that we may have the results back prior to the interview.

Also enclosed are three (3) reference forms and accompanying cover letters. Please remember to sign the letters before you mail them. You should send reference forms to three different people you know well and who can answer the reference questions. Reference forms are to be sent directly to CDC from the person who completes them. It is your responsibility to follow up on your requests to make sure all completed reference forms are returned to the Missoula CDC office.

When all the required forms have been returned to the Missoula CDC office, and background checks have been processed, you will be contacted to arrange a convenient time to schedule an interview.

This application packet is required for anyone interested in offering Direct Service Professional Services.

If you have any questions, please feel free to call.

Sincerely,

Kelly Johnson
kjohnson@childdevcenter.org
Direct Support Professional, Foster Care, Recruiter and Manager



•T-214 Fort Missoula, Missoula, MT 59804 (406) 549-6413 or 1-800-914-4779, 406-542-0143 Fax
•1725 MT Highway 35, Kalispell, MT 59901 (406) 755-2425 or 1-866-755-2425, 406-755-2426 Fax

Direct Support Provider - Employment Application

DEMOGRAPHICS:

Full Name: _____ SSN: _____
Address: _____
City: _____ Zip Code: _____
Phone: (home) _____ (work) _____ (cell) _____
E-Mail Address: _____

EDUCATION:

Level of education completed: _____ Name of School: _____

EMPLOYMENT HISTORY: (START WITH THE MOST RECENT JOB)

1) _____
Position/Title _____ Supervisor _____
Employer Name _____ Phone Number _____
Employer Address _____
Employment Start/End (mo/yr) _____ Hours per Week _____

DUTIES: _____

REASON FOR LEAVING: _____

May we contact them? **Y** **N**

2) _____
Position/Title _____ Supervisor _____
Employer Name _____ Phone Number _____
Employer Address _____
Employment Start/End (mo/yr) _____ Hours per Week _____

DUTIES: _____

REASON FOR LEAVING: _____

May we contact them? **Y** **N**

3)

Position/Title	Supervisor
Employer Name	Phone Number
Employer Address	
Employment Start/End (mo/yr)	Hours per Week

DUTIES: _____

REASON FOR LEAVING: _____

May we contact them? Y N

CERTIFICATIONS AND TRAINING:

CPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
First Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
Mandt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
Teaching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
Water Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
Sign Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Level: _____
Behavior Modification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Skill Level: _____
Other:			_____

AVAILABILITY: (PLEASE LIST SPECIFIC *TIMES* YOU AVAILABLE FOR EACH DAY)

_____ **Mon.** _____ **Tues.** _____ **Wed.** _____ **Thurs.** _____ **Fri.** _____ **Sat.** _____ **Sun.**

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

I can provide transportation: Yes No (DSP's must be 18 years or older and have proof of insurance to transport CDC clients).

I will provide service: In family home In my home In Community No Preference

REFERENCES: LIST THE NAME, ADDRESS, PHONE NUMBER AND LENGTH OF TIME KNOWN OF TWO PROFESSIONAL AND TWO PERSONAL REFERENCES WHO WE MAY CONTACT.

Professional: 1) _____

2) _____

Personal: 1) _____

2) _____



•T-214 Fort Missoula, Missoula, MT 59804 (406) 549-6413 or 1-800-914-4779, 406-542-0143 Fax
•1725 MT Highway 35, Kalispell, MT 59901 (406) 755-2425 or 1-866-755-2425, 406-755-2426 Fax

Dear _____:

I am applying to work as a Direct Support Professional for persons with developmental disabilities who are served by the Child Development Center, Inc. (CDC).

These duties may include direct care giving, implementing developmental programs, interacting with families and more.

As an applicant, I am required to have three completed references on file before my application can be processed. These references must be directly related to care-giving and associated duties.

I would appreciate it if you would complete the attached reference form ASAP and return it to: CDC, T-214 Fort Missoula, Missoula, MT 59804.

It is important that you send in the complete form as soon as you can, as my application cannot be processed until all of my references are in the office. Thank you.

Sincerely,



•T-214 Fort Missoula, Missoula, MT 59804 (406) 549-6413 or 1-800-914-4779, 406-542-0143 Fax
•1725 MT Highway 35, Kalispell, MT 59901 (406) 755-2425 or 1-866-755-2425, 406-755-2426 Fax

Return To: Direct Support Professional Manager, CDC
T-214 Fort Missoula
Missoula, MT 59804
406-549-6413

Applicant's Name: _____

Please check your estimation of the applicant's ability for each area indicated below. Use additional paper for more comments.

- 1) Exhibits dependability (punctuality, performing responsibilities, reliable attendance, etc.)
Excellent Good Average Fair Poor Not Observed No Experience
- 2) Displays a positive outlook, pleasant mood, and sense of humor.
Excellent Good Average Fair Poor Not Observed No Experience
- 3) Exercises good judgement (common sense).
Excellent Good Average Fair Poor Not Observed No Experience
- 4) Demonstrates thoughtfulness/warmth towards person in their care.
Excellent Good Average Fair Poor Not Observed No Experience
- 5) Demonstrates good communication skills with non-verbal individuals.
Excellent Good Average Fair Poor Not Observed No Experience
- 6) Demonstrates emotional stability and control in relation to those in their care (does not become over-involved, maintains objectivity).
Excellent Good Average Fair Poor Not Observed No Experience
- 7) Can move into situations with ease (flexible, adaptable, resourceful).
Excellent Good Average Fair Poor Not Observed No Experience
- 8) Works well with co-workers, supervisors, and other team members.
Excellent Good Average Fair Poor Not Observed No Experience
- 9) Demonstrates skill in assisting individuals with self-help skills and activities of daily living.
Excellent Good Average Fair Poor Not Observed No Experience
- 10) Has thorough written communication skills.
Excellent Good Average Fair Poor Not Observed No Experience
- 11) Is a good and patient listener.
Excellent Good Average Fair Poor Not Observed No Experience
- 12) Demonstrates skill in managing atypical, aggressive, inappropriate, and self-stimulating behaviors.
Excellent Good Average Fair Poor Not Observed No Experience
- 13) Shows skill in managing household tasks (food prep, clean-up, housekeeping).
Excellent Good Average Fair Poor Not Observed No Experience

- 14) Manages medical routines effectively.
Excellent Good Average Fair Poor Not Observed No Experience
- 15) Responds effectively to crisis situations.
Excellent Good Average Fair Poor Not Observed No Experience
- 16) Is respectful of the opinions, values, and lifestyles of others.
Excellent Good Average Fair Poor Not Observed No Experience
- 17) Communicates supportively with parents, children, and other family members.
Excellent Good Average Fair Poor Not Observed No Experience
- 18) Describe the applicant's overall ability to give quality care to individuals with developmental disabilities.
Excellent Good Average Fair Poor Not Observed No Experience

To your knowledge, has the applicant ever been convicted of physical, sexual, mental, or emotional abuse or neglect of another person (child or adult)? Yes No If yes, please explain:

Would you hire this applicant to care for a member of your family? Yes No Please explain:

Additional Comments:

Signature of Reference **Date**

Printed Name of Reference

Your Telephone Number

Relationship to Applicant

Reference Full Address