

APPLICATION COVER SHEET INFORMATION

Thank you for your interest in obtaining employment at Blue Water Developmental Housing, Inc., an at-will employer.

Please be sure that all required forms are completed and signed before returning the materials to the office. If you have any questions about any of the enclosed documents please contact me at 810-388-1200.

After receiving and reviewing your materials we will re-contact you regarding the status of your candidacy. Again, thank you for your interest in Blue Water Developmental Housing, Inc.

Sincerely,

Michelle Dineen-Gramer
Administrative Assistant

The following documents are included in this packet:

- Completed Application
 - Copy of driver's license
 - Copy of current auto insurance
 - Copy of diploma/GED/degree
 - Professional references that are available for contact, or two written letters of professional reference
-
- Request for Central Registry Clearance – **MUST BE TAKEN TO YOUR LOCAL FIA OFFICE FOR COMPLETION, RESULTS WILL BE MAILED TO YOU AND MUST BE ATTACHED TO THE COMPLETED APPLICATION AND RETURNED TO THE ADMINISTRATION OFFICE.**
 - Criminal Record Check Consent Form – Must be completed and signed
 - Request for Driver Record Check – must be completed and signed
 - Office of Recipient Rights – Must be completed and signed

ONCE ALL INFORMATION IS COMPLETED, PLEASE RETURN APPLICATION AND ALL REQUIRED DOCUMENTATION TO THE ADMINISTRATION OFFICE. ANY INCOMPLETE APPLICATIONS WITH MISSING DOCUMENTATION WILL BE DENIED.

BLUE WATER DEVELOPMENTAL HOUSING, INC.

1600 GRATIOT, SUITE 1, MARYSVILLE, MI 48040
(810) 388-1200 FAX: (810) 388-0722

EMPLOYMENT APPLICATION

We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, 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. This request should be made in advance so that we can make an accommodation. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify in writing within 182 days after the need is known.

NAME _____ S.S.# (last 4 digits) XXX-XX- _____
ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____ PHONE NO. () _____

Position applied for (see attached Job Description) _____

Please answer all of the following (do not leave any blank):

Have you received and read a job description for all positions for which you have applied? Yes No

Can you perform the duties of the job for which you are applying for with or without accommodation? Yes No

If no, Explain: _____

*If the position you applied for requires driving, do you currently have a valid driver's license? Yes No

DRIVER'S LICENSE # _____

*** Driving records will be obtained only after a Conditional Job Offer has been made to the job applicant.**

Are you 18 years of age or older? Yes No

We are licensed to provide adult foster care for 24 hours a day, 7 days a week, 52 weeks a year. Working any shift overtime is expected for continued employment.

Are you able to meet this requirement: Yes No

Have you ever been convicted of a crime? Yes No

[Note: Affirmative answers to this question may not automatically preclude you from consideration for employment.]

If yes, please explain. _____

Are there any felony charges pending against you? Yes No

Have you ever been administratively determined by a federal, state or local governmental agency to have committed abuse or neglect: Yes No

If yes, when, where and nature of the case. _____

Are you on a court-supervised probation or parole? Yes No

If yes, please explain. _____

Have charges ever been substantiated against you in a Department of Commerce/Department of Consumer and Industry Services or Family Independence Agency adult foster care licensing investigation? Yes No

If yes, please explain (Attach additional pages if necessary) _____

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violations in an investigation by:

Department of Commerce/Department of Consumer and Industry Services Yes No
Department of Human Services Yes No
A local Community Mental Health Recipient Rights Officer Yes No
Any other recipient rights office Yes No

If yes is answered to any of the above, please explain. (Attach additional pages if necessary) _____

Have you ever been employed by this organization before? Yes No

If yes, give dates employed and indicate if employed under a different name: _____

Please indicate the name of any relative already employed by this employer: _____

EDUCATION

High School Attended _____
City and State _____ Graduate or GED

ADDITIONAL EDUCATION

SCHOOL AND ADDRESS **DEGREE** **MAJOR** **GPA**

Do you have any of the following licenses or certifications?

Certified Nurse's aide Yes No
If yes, please indicate your license number: _____
Nursing License Yes No
If yes, please indicate your license number: _____

Other job-related licenses, certifications or credentials Yes No

PERSONAL REFERENCES

NAME ADDRESS PHONE NUMBER
1. _____
2. _____

PROFESSIONAL REFERENCES

NAME ADDRESS PHONE NUMBER
1. _____
2. _____
3. _____

Name and address of person to be notified in case of an emergency:

First Name _____ Last Name _____

Phone _____ Alternate Phone _____

Past Employment Experience (List most recent employer first)		
Employer Information	Dates of Employment	Job Title
Name: _____ Supervisor: _____	From _____	Title _____
Address _____ Phone () _____	To _____	Reason left _____
Name: _____ Supervisor: _____	From _____	Title _____
Address _____ Phone () _____	To _____	Reason left _____
Name: _____ Supervisor: _____	From _____	Title _____
Address _____ Phone () _____	To _____	Reason left _____

I hereby give you my permission to contact the above employers, references and educational institutions to verify the items I listed above. I hereby release Blue Water Developmental Housing, Inc. and the above referenced organization, reference persons and employers for all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers. I consent to releasing any information relating to my job performance which is documented in my personnel file.

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 Blue Water Developmental Housing, Inc., the Department of Human Services, Department of Community Health, local community metal 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 prior employees, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

SIGNATURE _____ DATE _____

I certify that all of the information provided on this application is true, complete and correct. I further understand and agree that falsification, misrepresentation or omission of fact on this application or in any interviews or pre-employment process are grounds for disqualification for consideration for employment if the discovery is made after employment begins.

SIGNATURE _____ DATE _____

This application will be kept current for six (6) months. You will need to complete another application to be considered after this date.

EMPLOYMENT AGREEMENT In consideration of my employment, I agree to conform to the rules and regulations of Blue Water Developmental Housing, Inc. My employment and compensation can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Blue Water Developmental Housing, Inc. or myself. I agree that no one other than the Executive Director of Blue Water Developmental Housing has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. I further agree that no one other than the Executive Director of Blue Water Developmental Housing has any authority to make any changes to this Employment Agreement unless in writing and signed by both the Executive Director of Blue Water Developmental Housing and me.

EMPLOYEE SIGNATURE _____ **DATE** _____
EMPLOYER SIGNATURE _____ **DATE** _____

REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan
Michigan Department of Human Services

INSTRUCTIONS: Complete the following information and submit request to your **LOCAL** Department of Human Services (DHS) Office. See www.michigan.gov/canregistryclearance for information on central registry clearance requests and how to contact the local DHS office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known (Maiden Names/Former Names)		

Indicate below how you want to receive the results of the central registry clearance:

I would like the results mailed to the address on my picture identification.

IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.

I would like to pick up the results from the local DHS office.

IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.

I would like the results mailed to:

Employer/Potential Employer

Address:

Volunteer Agency

Address:

IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD. A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED.

Signature of Requestor	Signature of DHS Staff Person Completing Request
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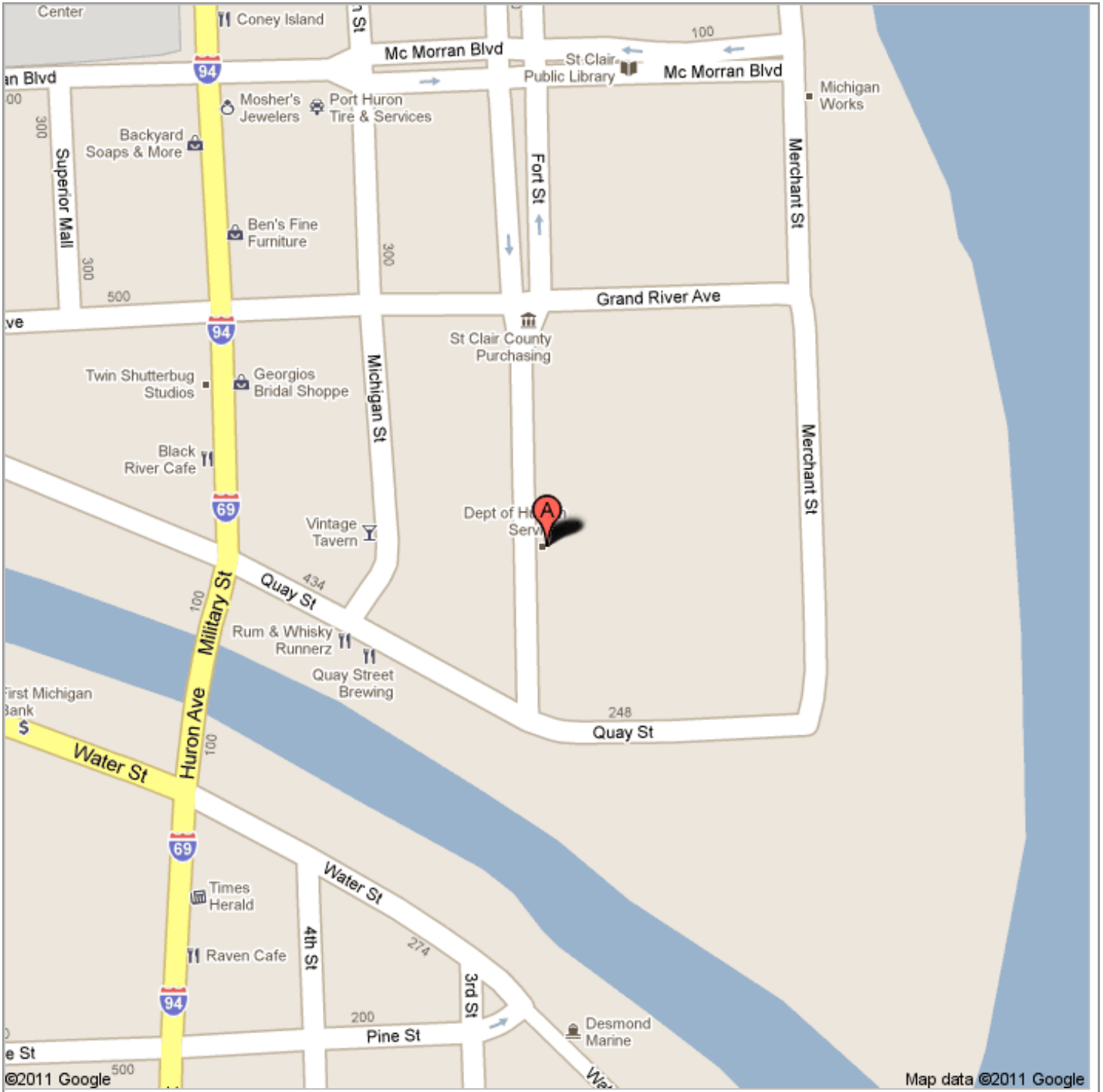
AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627j
RESPONSE: Voluntary
PENALTY: Inappropriate release of this information is a misdemeanor.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



Address **220 Fort St**
Port Huron, MI 48060

Notes The "Request for Central Registry Clearance" form must be taken to your local FIA office (address/map below) for completion, results will be mailed to you and must be attached to your completed application and returned to the BWDH administration office.





OFFICE OF RECIPIENT RIGHTS

MACOMB COUNTY COMMUNITY MENTAL HEALTH

22550 Hall Road

Clinton Township, MI 48036

(586) 469-6528

Fax: (586) 466-4131

AUTHORIZATION TO RELEASE RECIPIENT RIGHTS INFORMATION

I _____ hereby authorize Macomb County Community Mental Health Services, Office of Recipient Rights, to release to the following corporation or provider _____ at the following address _____ any written reports or records regarding substantiated violations of recipient rights against me.

I release the Macomb County Community Mental Health Services, Office of Recipient Rights, from any and all claims, liability and damages that may result from the release of these reports or records. I also understand that because of the nature of my job and licensing requirements, the information provided pursuant to this authorization may be provided to representatives of the Department of Consumer and Industry Services and/or other community health agencies. I hereby consent to the release of this information to these agencies.

Applicant's Name (please print clearly)

Applicant's Signature

Date

Applicant's Maiden Name (print clearly)

Last 4 digits of Social Security Number

Witness's Signature

*Note** If an applicant disagrees with our findings, please contact this office prior to any dismissal to ensure we have the correct person and prevent a possible mix up in identities.*

PLEASE PROVIDE COMPLETE MAILING ADDRESS AND/OR FAX NUMBER ON ALL RELEASE FORMS!

Date

OFFICE USE ONLY

The individual named above DOES _____ DOES NOT _____ have any written reports or records regarding substantiated violations of recipient rights.

Authorized Signature of Office of Recipient Rights

Date

BLUE WATER DEVELOPMENTAL HOUSING, INC.

JOB DESCRIPTION

POSITION: RESIDENTIAL TECHNICIAN I
REPORTS TO: PROGRAM SUPERVISOR

MINIMUM REQUIREMENTS:

- < **High School Diploma or equivalent.**
- < **Experience in the field of mental health preferred.**
- < **Eighteen (18) years of age or older.**
- < **Responsible to maintain a clear driving record in order to legally and safely operate agency vehicles to transport people with special needs to and from community destinations.**

DUTIES:

- A. To carry out the therapeutic prescription of each resident**
 - 1. To implement the program plan as designed by the interdisciplinary team.
 - 2. To administer medication to residents, as directed by the physician and medical guidelines.
 - 3. To transport residents as necessary.
 - 4. To baseline each resident as instructed.
 - 5. To maintain daily performance logs for each resident.
 - 6. To chart time-out, medication, health and parent visits.
 - 7. To attend staff meetings.

- B. To perform housekeeping functions**
 - 1. To do assigned cooking, cleaning, and laundry.

- C. To continually upgrade oneself through inservices**
 - 1. To attend the St. Clair County Community Mental Health Specialized Clinical Services in-service on community placement or the mental health courses at St. Clair County Community College as seems most appropriate.

Employee Signature

Date

Supervisor Signature

Date

Executive Director Signature

Date

BLUE WATER DEVELOPMENTAL HOUSING, INC.

JOB DESCRIPTION

POSITION: ASSISTED LIVING SUPPORT WORKER
REPORTS TO: PROGRAM SUPERVISOR, COMMUNITY BASED SERVICES

MINIMUM REQUIREMENTS:

- < **High School Diploma or equivalent.**
- < **Minimum of six (6) months experience.**
- < **Experience in the field of mental health preferred.**
- < **Eighteen (18) years of age or older.**
- < **Completion of CMH/DMH residential group home training.**
- < **Responsible to maintain a clear driving record in order to legally and safely operate agency vehicles to transport people with special needs to and from community destinations.**

GENERAL RESPONSIBILITIES:

This individual is responsible for providing supports in community settings, to developmentally disabled adults and children living with their families or independently in the community.

TASKS INCLUDE:

1. To implement the Individual Habilitation Plan as designed.
2. To attend meetings as requested; including, but not limited to, community meetings, staff meetings, quarterly and annual meetings.
3. To complete a bi-weekly time sheet and submit it to the Program Supervisor, Community Based Services in a timely manner.
4. To accurately complete needed paperwork as requested. (Example: Staff activity sheets, progress notes and vouchers.)
5. To safely transport consumers as necessary.
6. To attend inservices which update in the human services field for the benefit of the agency.
7. To implement recommendations regarding the consumers we serve in a prompt and effective manner.
8. To follow all policies and procedures of Blue Water Developmental Housing, Inc.
9. To establish and maintain positive relationships with consumers and/or their families.
10. To inform the community services coordinator of issues which may be in conflict with the philosophy, goals and mission of Blue Water Developmental Housing, Inc.
11. To attend special functions as requested.
12. To provide services to consumers other than those usually assigned, as the need arises.