



APPLICATION FOR EMPLOYMENT

5043 S. 33rd West Avenue

Tulsa, OK 74107

Phone: (918) 446-9994 Fax: (918) 446-9996

www.BrighterDayInc.com

IMPORTANT NOTICE TO ALL APPLICANTS: We perform thorough OSBI, Driving Record and Reference Checks.

If you have ever been convicted of a crime, it will show up when we do your background check. If you have/had tickets or had your driver's license suspended in the last 5 years, it will show up on your reference check. Criminal charges or driving problems will not necessarily keep you from being hired, however submitting **false** information on your application will. Obtaining employment by submitting false information is a crime and Brighter Day will seek criminal charges against anyone who attempts to defraud us.

Answer all questions fully and accurately.

- None of the questions are intended to imply illegal preferences or discrimination based upon non job-related information.
- Use blank paper if you do not have enough room on this application.

PERSONAL INFORMATION (Please Print in Ink)

Date _____

Name _____ Social Security Number _____
Last First Middle

Current Address _____
Street City State Zip

Cell Phone:() _____ Other Phone:() _____ Email: _____

EMPLOYMENT DESIRED

Position Applying for: _____ Desired Wage: _____ Date Available _____

How did you hear about Brighter Day, Inc. _____

Previously applied here? Yes No Date: _____ Previously employed here? _____ Dates: _____

List any relatives working here _____

HOURS DESIRED: [] Full Time [] Part Time How many hours would you like to work each week? _____

Brighter Day does not guarantee any hours and the company may not be able to grant you the hours indicated.

Brighter Day has 3 basic shifts plus weekend hours. Shifts will vary depending on your work location. Generally there are three shifts per day during the week and various weekend hours. *Brighter Day does not assign any shifts on a permanent basis; assignments change as circumstances change.*

Circle Shifts you *Prefer To Work*: Day Afternoon/Evening Overnight Weekend

Indicate All Hours You are Willing to Work Below:

Mon _____ Tues _____ Wed _____ Thurs _____ Friday _____ Sat _____ Sun _____

DHS-DDSD CERTIFICATION

Please check all current training certificates. Copies of training certificates are preferred, but not required with your application. Proof of current certification will be required before hiring and placement occurs.

- | | | |
|--|--|---|
| <input type="checkbox"/> Foundations (Core 40) | <input type="checkbox"/> 2 Day Overview | <input type="checkbox"/> Communications |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Ethical & Legal | <input type="checkbox"/> Connections |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Nuts & Bolts | <input type="checkbox"/> Skill Building |
| <input type="checkbox"/> MAT | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Other |
| <input type="checkbox"/> ETL I | <input type="checkbox"/> Health Day 1 | _____ |
| <input type="checkbox"/> ETL II | <input type="checkbox"/> Health Day 2 | _____ |

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS	DIPLOMA/CERTIFICATES
HIGH SCHOOL			
COLLEGE			
OTHER			

Give a complete listing of all other training, certificates, and their expiration dates.

GENERAL INFORMATION

Failure to completely and truthfully answer the following questions could result in an immediate termination of the employment process and prosecution for fraud as provided by law.

We are required by State law and contract requirements to perform certain background checks on each individual employed by us. A "yes" answer to the questions below does not necessarily prohibit your employment.

1. Have you ever been fired, discharged or asked to resign from any job? [] YES [] NO
If yes, give details explaining the situation? _____

2. Other than minor traffic tickets, have you ever been **convicted** of any misdemeanors and/or felony charges? [] YES [] NO
If yes, provide year, state, county and details of each offense. _____

3. Have you ever been the subject of an investigation concerning abuse, neglect, or exploitation of a person who was under your care? [] YES [] NO
If yes, provide details explaining the situation(s). _____

4. If hired, can you furnish proof you are 18 years of age or older? [] YES [] NO
5. If hired, can you provide verification of your legal right to work in the United States? [] YES [] NO

All Direct Care Staff are required to transport clients in their personal vehicles. A perfect driving history is not required, but staff must have a record that would demonstrate responsible driving practices.

6. Do you have a safe and dependable vehicle? [] YES [] NO
7. Will your vehicle be available to you during all work hours you may be assigned? [] YES [] NO
8. Do you have current liability insurance on this vehicle? [] YES [] NO
9. Do you have a current Oklahoma Driver's license? [] YES [] NO
10. Have you had any traffic tickets or vehicular accidents or had your license suspended in the last 5 years? [] YES [] NO
If yes, give details. _____

11. Is there any reason that you know of that you will need leave time in the next twelve months? [] YES [] NO
If yes, give details explaining the situation. _____

12. Will you abide by all safety rules of Brighter Day, Inc.? [] YES [] NO
13. If injured, I authorize my employer to use best judgment for emergency treatment. [] YES [] NO
14. Are you a Veteran? [] YES [] NO
 - Did you receive anything other than an honorable discharge? [] YES [] NO
 - Are you currently in the Reserves? [] YES [] NO

EMPLOYMENT HISTORY

Starting with your most recent job, **please list all employment during the past 10 years.** Account for all gaps in time. Use an additional sheet of paper if extra space is needed. Include all military service.

1. Employer		Address		Salary	Phone #
Job Title	Supervisor	Employment Dates From: To:		May we contact? YES NO Reason for leaving	
2. Employer		Address		Salary	Phone #
Job Title	Supervisor	Employment Dates From: To:		Reason for leaving	
3. Employer		Address		Salary	Phone #
Job Title	Supervisor	Employment Dates From: To:		Reason for leaving	
4. Employer		Address		Salary	Phone #
Job Title	Supervisor	Employment Dates From: To:		Reason for leaving	
5. Employer		Address		Salary	Phone #
Job Title	Supervisor	Employment Dates From: To:		Reason for leaving	
6. Employer		Address		Salary	Phone #
Job Title	Supervisor	Employment Dates From: To:		Reason for leaving	
7. Employer		Address		Salary	Phone #
Job Title	Supervisor	Employment Dates From: To:		Reason for leaving	
8. Employer		Address		Salary	Phone #
Job Title	Supervisor	Employment Dates From: To:		Reason for leaving	
9. Employer		Address		Salary	Phone #
Job Title	Supervisor	Employment Dates From: To:		Reason for leaving	
10. Employer		Address		Salary	Phone #
Job Title	Supervisor	Employment Dates From: To:		Reason for leaving	

USE THE SPACE BELOW TO ACCOUNT FOR ALL GAPS IN EMPLOYMENT

Include start and end dates.

PERSONAL REFERENCES (Do not include past employers or relatives)

NAME	YEARS KNOWN	DAYTIME TELEPHONE

REMARKS

List any other skills, abilities or experiences that would be helpful in determining your ability to perform the job requested.

CERTIFICATION

Please read each statement carefully before signing.

I certify that all information provided in this application, including the "Employment Application Supplement" form is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand and agree that falsification or omission of facts on this application is cause for dismissal. I further understand and agree that if employed, employment is based on the ability to meet the minimum job requirements, satisfactory completion of all required training, and background checks satisfactory to the company.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Signature _____

Date _____

Brighter Day is An Equal Opportunity Employer

We do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Direct Care Staff
Supervisor: Program Coordinator
Status: Non-Exempt
Date: 4/19/2019



Direct Care Staff Job Description

Summary

Under direction, provides services which enables clients to attain and maintain the highest level of independence possible.

Minimum Job Requirements

- Must be at least 18 years old.
- Must be able to pass an OSBI background check as required by The Department of Human Services.
- Must pass a Motor Vehicle Report as required by the Department of Human Services.
- No history of abuse, neglect or exploitation.
- Ability to speak/read English well enough to communicate with DDSD clients.
- Possess a current Driver License.
- Proof of current liability insurance required.
- Ability to read and write legibly.
- Must pass all DDSD required training and keep all certificates current.
- Must possess a safe and reliable vehicle to transport DDSD clients.
- Excellent interpersonal and coaching skills.
- Must have high level of confidentiality.
- Willing to work anywhere in the Tulsa Metro area.

Responsibilities and Duties

- Read, understand and follows the client's Individual Plan (IP).
- Provides needed assistance to clients in the following areas:
 - Hygiene, toileting dressing, and other areas of daily living.
 - Cleaning and organizing the client's home and yard.
 - Preparation of meals.
 - Caring for the client's clothing and ensuring the client is appropriately dressed for the season and activity.
 - Administration of medications and documents as required by the client's IP.
 - Transport clients to appointments, outings and activities, grocery store, etc.
- Provides assistance and encouragement in activities, ensures attendance in activities as required by the client's team and scheduled in an Activities Calendar.
- Completes required paperwork including incident reports, progress notes, medical records, charting, time sheets, mileage forms and other paperwork as required.
- Reliability and flexibility a must.
- Advocates for the client(s).
- Other duties as assigned by the supervisor.

Performance and Professionalism

- Maintains confidentiality and privacy at all times according to policies and procedures; uses discretion when discussing confidential matters.
- Demonstrates courteous and cooperative behavior with clients, families, co-workers, case managers, and supervisors.
- Exhibits professional standards through appearance and demeanor.

Physical Requirements

- This position is a Safety Sensitive position.
- Ability to stoop, twist and bend for extended periods of time.
- Must have the physical ability to stand for extended periods of time; walk; sit; use hands; reach with hands and arms; speak; hear; and see.
- Must be able to independently pick up and transport objects weighing 25 lbs. on a regular basis and occasionally lift 50 pounds, as needed.
- Ability to lift, move or assist assigned clients* with or without the assistance of another staff member or mechanical device.

*Clients' weight vary depending on health condition, gender, etc.

Work Environment: The noise level in the work environment is usually moderate.

I understand to perform this job successfully, I must be able to perform each essential duty satisfactorily. I have reviewed the job requirements and I verify I possess the skills required and am able to perform the minimum requirements of this position. I understand reasonable accommodations may be made to permit individuals with disabilities to perform some essential functions. I understand the clients we serve along with the conditions of employment and requirements of the work environment.

Signature

Date

Print Name

Note: *This job description is not intended to be all-inclusive. An employee will also perform other duties as required by management. Brighter Day Inc. reserves the right to revise and or change job duties as needed to ensure compliance with State regulations. Moreover, management reserves the right to change job descriptions, job duties, or schedules based on the needs of the clients. This job description does not constitute a written or implied contract of employment.*



Employment Application Supplement



General Information

Applicant (print) _____ Date _____

BRIGHTER DAY, INC.
Provider agency

A community services worker (CSW) may be prosecuted criminally for having sexual contact with a person in their care. CSW's must sign this form per Section 1430.3 of Title 10 of the Oklahoma Statutes known as the Breanna Bell Act.

As I apply for a job as a CSW, I understand:

- prior to hiring me, the community services provider is required by Oklahoma law to conduct a search of:
 - criminal history records with Oklahoma State Bureau of Investigation (OSBI); and
 - Oklahoma Department of Human Services (DHS) Community Services Worker Registry (Registry);
- the community services provider is prohibited by Oklahoma law from hiring, contracting with, or using as a volunteer, any person:
 - convicted, plead guilty, or plead *nolo contendere* to misdemeanor assault and battery or a felony, except under circumstances described in Oklahoma Administrative Code (OAC) 340:100-3-39; or
 - whose name appears in the Registry;
- my employment may be terminated if my name appears in the Registry, even though my name may not have been in the Registry at the time of my application or my hiring;
- I must report to the community services provider all of my current and previous employers who provide services to children and adults who are vulnerable;
- giving false information regarding my current and previous employers may result in termination of my employment; and
- Section 405.3 of Title 10 of the Oklahoma Statutes requires DHS to establish and maintain a Restricted Registry, also named Joshua's list. Individuals recorded on the Restricted Registry are prohibited from licensure, ownership, employment, unsupervised access to children, and/or residence in a facility or program, licensed, certified, operated, or contracted by, or with, DHS. Foster parents who contract with DHS are also subject to the Restricted Registry.

Signatures

Applicant signature _____ Date _____

Routing

- Original - community services worker personnel record
- Copy - community services worker



Employment Application Supplement



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Applicant signature _____ Date _____

Routing

Original - community services worker personnel record

Copy - community services worker

YOUR COPY!



The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return your completed form to the Receptionist.

Date Completed: _____

Name: _____ Applying For: _____

Gender: Male Female

Please check one of the descriptions below corresponding to the ethnic group with which you identify.

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

Please return form to the receptionist. Thank you for your participation.

Availability to Work

PRINT PLEASE

Employee Name: _____ Cell Ph #: (____) _____-_____

I am currently a FT PT (circle one) Direct Care Staff & work _____ hours per week now.

I want to work _____ hours per week.

- Your flexibility and willingness to work when a Program Coordinator calls you (even on short notice) will increase the opportunity for more hours.
- The more houses you have been In-Serviced to work in, will increase the opportunity for more hours. Call your Program Coordinator to be In-Serviced at more houses.
- We have more staffing needs for weekends, evenings and holidays.
- If/When your availability changes, fill this form out again. If you want to change to a full-time schedule contact your Program Coordinator.
- List the House #/Clients you have been In-Serviced to Work: _____

I am available to work the following hours:

Day of Week	List Specific Times (AM/PM) Available OR Anytime	Total Hrs.	For Office Use
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

_____ Total hours/wk

Signature: _____ **Date:** _____