

AIMES CONSULTING, INC. 3806 Laborde Place Bakersfield, CA 93308

Ph: (661) 589-9992 Fax: (661) 589-9993

AIMES Consulting, Inc. provides supportive living services for adults with intellectual disabilities residing in their own residence.

SUPPORT STAFF

Duties and Responsibilities:

- The health and safety of consumers is our number one priority;
- Help implement the consumer's objectives and behavior plans specified in the IPP/ISP;
- Assist consumers with their personal care needs (ADLS) as necessary to maintain hygiene;
- Assist/teach consumers with all household chores, groceries, plan and prepare meals;
- Assist consumers on all tasks, training and community integration activities;
- Assist/teach consumers to utilize the public transportation system;
- Assist in all medical/dental appointments, including transportation to and from;
- Maintain a clear focus toward developing consumer's independence and positive self-esteem;
- Follow through with all planned activities, and create schedules with consumers;
- Report any and all incidents, behaviors and occurrences immediately, which may include incidents of possible abuse or neglect;
- Will always present self appropriately and as a role model for consumers at home and in the community;
- Document daily charting notes
- Will attend mandatory monthly in-service
- Responsible for safeguarding all client information inside/outside client residence and off duty.

Minimum Qualifications:

- High School Diploma or equivalent (GED)
- Possess valid California Drivers License, DMV printout, insurance coverage.
- * Pass a background check, fingerprints and a criminal records check.
- Must be able to read and write and speak comprehensible English.
- Must be patient and have a capacity to work with very difficult behaviors.
- Must have good overall people skills.
- * Evidence of a TB test (negative) within the last year.
- * Pass random drug screening.
- CPR & First Aid Certification (prior to start date)
- Vehicle in good working condition at disposal during work shifts
 - * Provided by employer upon acceptance of conditional employment offer.
- * <u>In compliance with federal regulation, AIMES adheres to a strict zero-tolerance policy for alcohol and marijuana.</u>

Applications can be submitted Monday-Friday 10am-4pm



AIMES Consulting

Employment Application

Supportive Living Services

			Aþ	piicai	it informat	IOII	STEEL STATE OF THE				1 - 12-
Full Name:			First				Date:				
Address:	Last ddress: Street Address					M.I. Apartment/Unit #					
- C	Dity						State		ZIP Co	ode	
Phone: ()			E-mail Address:			s:					
Date Available:							Desired Sal	ary:	\$		
Position applied for:											
How did you position?	hear about this										
Are you a citizen of the United States?			YES	NO	If no, are	you au	thorized to wor	U.S.?	YES	NO	
Have you ever worked for or applied to this company?			YES	NO	If so, when?						
Are you 18 years or older?		YES	NO								
Do you have access to a vehicle to utilize during scheduled shifts? *This is a requirement for this position.		YES	NO								
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?			YES	NO	If no, des	cribe:					
List your ava	List your availability for each day of the week (each workday begins at 12:00am and ends at 11:59pm):										
	Sunday	Monday	Tuesd	lay	Wednesd	ay	Thursday	Fri	day	Sati	urday
To:											
From:											
, v			700	Ed	lucation		891. 1.0				8- 1
High School:	S		A	ddres	S:YES	NO					
Did y		you graduate?				Degree:					
College: _			A	ddres	s: YES	NO					
		Did	you grad	uate?			Degree:				
Other:			A	ddres	S:YES	NO					
Did you graduate Health Care Training: Addre			uate?			Degree;					
			Address		S:YES	NO					
		Did	you grad	uate?			Degree:				



	Previous Emplo	yment				B	
Company:		Phone:	()				
Address:		Sı	upervisor:				
Job Title: _	Responsibilities:						
From:	To:Reason for Leaving:	NO					
May we con	tact your previous supervisor for a reference?						
Company:		Phone:	()				
Address:		S	upervisor:				
Job Title:	Responsibilities: _						
From:	To: Reason for Leaving: YES						
May we con	tact your previous supervisor for a reference?						
Company:		Phone:					
Address:		S	upervisor:				
Job Title: _	Responsibilities:						
From:	To: Reason for Leaving:						
May we con	tact your previous supervisor for a reference?	NO					
	Reference three PROFESSIONAL references.	S					1
, , , , , , , , , , , , , , , , , , , ,		anahin:					
Full Name:		onship:		9			
Company:			Phone:)		
Full Name:	Relati	onship:					
Company:	9		Phone:)		
Address: _							
Full Name:	Relati	onship:					
Company:			Phone:	, <u>(</u>			
Address: _							



Please lis	t three PERSONAL references.			
Full Name	e:		Relationship:	
Phone:	()	Address:		
Full Name	9.		Relationship:	
Phone:		Address:	95	
Full Name	e:		Relationship:	
Phone:	()	Address:	· Face	
		Milita	ary Service	
Branch:			From:	To:
Rank at D	ischarge:		Type of Discharge:	
If other tha	an honorable, explain:			
EP 3 T	and the same than	Disclaime	r and Signature	
Initials	employment and that the answers certify that I, the undersigned appromission or misstatement of mater shall be grounds for rejection of the time elapsed before discovery. I hereby authorize AIMES Consult and other matters related to my suit the references I have listed to disclet to my work records, without givin Consulting, Inc., my former employ any and all claims, demands or liab	given by no plicant, have ial fact on the is application ting, Inc. to tability for erose to the congress and all collities arising	ne are true and correct e personally completed his application or on any on or for immediate dis- thoroughly investigate imployment unless other ompany any and all lette notice such disclosure other persons, corporation grout of or in any way rel	might adversely affect my chances for to the best of my knowledge. I further this application. I understand that any document used to secure employment charge if I am employed, regardless of my references, work record, education wise specified above. I further authorize is, reports and other information related. In addition, I hereby release AIMES ons, partnerships and associations from atted to such investigation or disclosure.
Initials	or during my employment, if hired Consulting, Inc. In addition, I unde or determinable period and may be myself or the company, and that no company unless made in writing ar	, is intende rstand and eterminated promises and signed by persons hire	d to create an employn agree that if I am emplor agree that if I am emplor is at any time, with or with or representations control or me and the company's ad will be required to ye	ify identity and eligibility to work in the
Printed Name: _	S	Signature: _		Date:



Please Tell Us About Yourself ©
1. What do you feel are your strongest points?
2. What do you feel are your weakest points?
0. Have would athers describe you?
3. How would others describe you?
The page of a Administrative line Code
This area for Administrative Use Only
Date Application Received:
Date Application Received:
Called for interview: Yes No Date:
Interviewed by:
Hours Available:
Interviewer Notes: