



Position: Meals on Wheels Substitute Meal Site Assistant/ Transporter
Reports to: Site Manager, Nutrition Program Manager
Classification: Non-exempt; On-Call, Part-Time

GENERAL POSITION SUMMARY: Assists Site Manager in various aspects of overall site management. Will be present during hours of operation and demonstrate appropriate food safety knowledge, supervise the preparation, delivery and service of meals in accordance with established standards of nutrition, health and sanitation. This is an on-call position that substitutes for the Meal Site Assistant and Transporter positions as needed.

ESSENTIAL FUNCTIONS

- Assists in the set-up, presentation, serving/packing, and cleaning up of meals
- Assists in the preparation of high-quality nutritional food, using standardized recipes as directed by Site Manager
- Assemble food, dishes, utensils and supplies needed for timely meal preparation
- Assist in setting up and cleanup of meal site
- Ensure portion control in meal service line
- Assist in the setup, packaging and cleanup of home-delivered meals
- Operate kitchen equipment as required
- Wash dishes, pots, pans and utensils using approved sanitation methods
- Perform regularly scheduled sanitation and cleaning activities for kitchen and kitchen equipment
- Develop rapport with program participants and promote a friendly atmosphere
- Assist volunteers and provide instruction and guidance
- Attend meetings and trainings as invited
- Maintain confidentiality of all participant/client, staff, and business-related information
- Serve as back-up meal delivery driver as needed
- Load and drive delivery van from central kitchen to nutrition sites
- Other duties as assigned or required

SPECIFIC JOB SKILLS

- Ability to read, write, speak and understand English
- Ability to plan, organize and meet deadlines
- Ability to understand and follow directions
- Ability to operate standard office and kitchen equipment
- Ability to understand and utilize standardized recipes and portion control
- Effective interpersonal skills
- Ability to listen and communicate effectively in-person, on the telephone, and in writing
- Proof of valid Washington State driver's license and the ability to travel using an insured personal vehicle
- Ability to demonstrate respect and sensitivity to the needs of individuals. Willing and able to relate to individuals from all ethnic, racial, religious, or socioeconomic backgrounds.
- Ability to respond calmly and appropriately to all on-the-job situations, including emergencies

WORKING CONDITIONS

- The position requires physical effort as a part of the essential functions. Physical effort may involve: sitting, occasional driving, constant standing and walking, occasional pushing/pulling, frequent bending and twisting at the waist, reaching above shoulder, occasional kneeling, squatting, climbing of stairs and crawling, and frequent lifting and carrying up to 40 pounds

WORK HABITS

- Required work habits include regular scheduled attendance, punctuality, teamwork, initiative, flexibility, courtesy, dependability and professionalism

EDUCATION AND/OR EXPERIENCE

- Must be at least 21 years of age with a High School Diploma or equivalent
- Six months of experience in food service with a thorough knowledge of food preparation, operation of food service equipment and maintaining health and sanitation standards
- Valid Washington State Food Handler's Card or the ability to obtain within 14 days of employment

CONTINGENCY OF EMPLOYMENT

- Acceptable criminal history background check
- Acceptable driving record
- Ability to be insured with Agency's motor vehicle insurance carrier
- Compliance with Chapter 246-215 WAC, Subpart B, "Employee Health"

EMPLOYMENT HISTORY

All employers for the past seven years must be listed. Please list present or most recent employer first (use Employment History Continuation Sheet on back of application if necessary).

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="radio"/> YES <input type="radio"/> NO		
Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="radio"/> YES <input type="radio"/> NO		
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Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
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Employed under what name:		If presently employed, may we contact your supervisor? <input type="radio"/> YES <input type="radio"/> NO		
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Employed under what name:		If presently employed, may we contact your supervisor? <input type="radio"/> YES <input type="radio"/> NO		
Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="radio"/> YES <input type="radio"/> NO		

US MILITARY SERVICE

Have you served in the US Military?	Branch of Service	Dates of Service
<input type="radio"/> YES <input type="radio"/> NO		From: To:
Relevant Training/Experience Received:		

REFERENCES

Please list at least four references that have first-hand knowledge of your ability, character, and personality. **Do not include any relatives.**

Name	Address	City	State	Telephone
1.				
2.				
3.				
4.				

APPLICANT CERTIFICATION AND ACKNOWLEDGMENT

I understand that this application is not a contract or offer of employment.

I understand that this application is no longer active once a position has been closed. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that documentation of employment eligibility for compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.

I certify that the information and answers provided on this application and during any interviews is true, correct, and complete to the best of my knowledge and I understand that falsifications and/or misleading information are grounds for disqualification from consideration for employment **or** if hired for dismissal from employment.

I hereby authorize Senior Life Resources Northwest to contact any and all schools attended, former employers, listed references, and investigative or other private or governmental agencies to provide information concerning this application, my background, and suitability of employment and I release all parties from any and all liability, claims, or damages, that may directly or indirectly result from providing such information.

I understand that Senior Life Resources Northwest will be reviewing my driving record for the past 36 months.

I understand that Senior Life Resources Northwest is an “at will” employer for all positions except Home Care Provider (HCP), and if employed my employment may be terminated with or without cause or notice at my option or at the option of Senior Life Resources Northwest. If I am applying for a HCP position, my employment will be governed by OPEIU Local 8 Bargaining Agreement.

Signature of Applicant

Date

EMPLOYMENT HISTORY CONTINUATION SHEET

Employer	Address	City	State	Telephone		
Dates Employed		Rate of Pay			Name and Title of Supervisor	
From: To:	\$ per					
Describe your duties:			Reason for leaving:			
Employed under what name:		If presently employed, may we contact your supervisor? <input type="radio"/> YES <input type="radio"/> NO				
Employer	Address	City	State	Telephone		
Dates Employed		Rate of Pay			Name and Title of Supervisor	
From: To:	\$ per					
Describe your duties:			Reason for leaving:			
Employed under what name:		If presently employed, may we contact your supervisor? <input type="radio"/> YES <input type="radio"/> NO				
Employer	Address	City	State	Telephone		
Dates Employed		Rate of Pay			Name and Title of Supervisor	
From: To:	\$ per					
Describe your duties:			Reason for leaving:			
Employed under what name:		If presently employed, may we contact your supervisor? <input type="radio"/> YES <input type="radio"/> NO				
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Employed under what name:		If presently employed, may we contact your supervisor? <input type="radio"/> YES <input type="radio"/> NO				
Employer	Address	City	State	Telephone		
Dates Employed		Rate of Pay			Name and Title of Supervisor	
From: To:	\$ per					
Describe your duties:			Reason for leaving:			
Employed under what name:		If presently employed, may we contact your supervisor? <input type="radio"/> YES <input type="radio"/> NO				

SENIOR LIFE RESOURCES NORTHWEST, INC.

**DISCLOSURE STATEMENT
AUTHORIZATION AND CONSENT TO BACKGROUND INVESTIGATION**

Pursuant to Washington Legislative laws, we are asking you to complete the following disclosure for convictions or prison releases; whichever is more recent, within seven (7) years of the date of the job application. This information will be kept confidential.

1. Have you ever been convicted of a crime against persons?

A crime against persons includes any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor for immoral purposes; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree rape of a child; patronizing a juvenile prostitute; prostitution; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child abandonment; promoting pornography; felony indecent exposure; child buying or selling; first or second degree sexual misconduct with a minor; or any of these crimes as they may be renamed in the future.

YES NO

If your answer is "yes," please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed:

2. Have you ever been convicted of a crime relating to financial exploitation?

Financial exploitation means the illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage. Crimes include first, second or third degree extortion; first or second-degree robbery; first, second or third degree theft; forgery; or any of these crimes as they may be renamed in the future.

YES NO

If your answer is "yes," please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed:

3. Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

YES NO

If your answer is "yes," please describe and provide the date(s) of the conviction(s) and the sentences(s) imposed:

Disclosure Statement / Authorization and Consent to Background Investigation (continued)

4. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor, or to have physically abused any minor in a:

- Dependency Action
- Domestic Relations Proceeding, or
- Disciplinary Board Final Decision

YES NO

If your answer is "yes," please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed:

5. Have you ever been convicted of a crime related to drugs as defined in RCW 43.43.830?

YES NO

If your answer is "yes," please describe and provide the dates(s) of the conviction(s) and the sentence(s) imposed:

UNDER PENALTY OF PERJURY, I certify the above information is true, correct and complete. I understand if I am hired, I can be discharged for any misrepresentation or omission in the above statements. I also understand if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol or an equivalent Federal law enforcement agency.

Signature _____ **Date** _____

I do hereby authorize and consent that the Washington State patrol, or an equivalent Federal law enforcement agency, may disclose to Senior Life Resources Northwest, Inc., criminal record history information pertaining to any record, if any, for convictions of offenses against children or other persons, adjudications of child abuse in a civil action, and any Disciplinary Board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the Disciplinary Board final decision, pursuant to RCW 43.43.010 et seq. A photostat of this authorization should be accepted with the same authority as the original.

Dated this _____ **day of** _____, **20** _____

Signature: _____

Printed Name: _____

Street Address: _____

City: _____ **State** _____ **Zip** _____