

# Senior Life Resources

N O R T H W E S T

**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”

**Employee Acknowledgement**

I have received, reviewed and fully understand the job description of the Meals on Wheels Route and Packaging Coordinator. I acknowledge that it does not identify all tasks that may be expected, nor address the standards of performance that must be maintained for continuing employment. I further understand and agree that I am able and responsible for the satisfactory execution of the essential functions described therein, under any and all conditions as described.

Employee’s Signature \_\_\_\_\_

Date \_\_\_\_\_

# Senior Life Resources

NORTHWEST

## Home Care Services & Mid-Columbia Meals on Wheels

### APPLICATION FOR EMPLOYMENT

Senior Life Resources Northwest (SLR) is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, or disability, veteran or any other characteristics protected by law.

Please read this application for employment carefully and answer every question in full. Please print all information in ink. If you need additional space to complete an answer, please attach additional sheets. This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

**Incomplete information could disqualify you from further consideration. Please complete all fields.**

#### GENERAL INFORMATION

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

First

Middle Initial

Last

Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone: \_\_\_\_\_

Home (include area code)

E-mail address

Position you are applying for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Have you applied here before? YES NO If yes, when: \_\_\_\_\_

Have you ever been employed here before? YES NO If yes, when: \_\_\_\_\_ Under what name: \_\_\_\_\_

Are you at least 18 years of age? YES NO Date you are available to start work: \_\_\_\_\_

Are you related to a current SLR employee? YES NO If yes, name and relationship: \_\_\_\_\_

Do you have a valid driver's license? YES NO Specific days and hours you are available to work: \_\_\_\_\_

If hired, can you provide written evidence that you are authorized to work in the United States? YES NO

Have you ever been discharged from a position for making threats, fighting or any other incidents involving violence? YES NO

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_

#### EDUCATION AND SKILLS

**If you are applying for a position that is not a Home Care Provider, you may be required to provide proof of diplomas, certificates, or transcripts.**

Do you have a high school diploma or GED certificate? YES NO

List Colleges, business, or other schools attended:

Name and Location: \_\_\_\_\_

Degree earned and number of years completed: \_\_\_\_\_

Name and Location: \_\_\_\_\_

Degree earned and Number of years completed: \_\_\_\_\_

**EDUCATION AND SKILLS CONTINUED**

List certificates or licenses you hold that are relevant to the position in which you are applying: \_\_\_\_\_

List any special skills, equipment you operate, or other languages you speak which are relevant to the position for which you are applying for:

List other Professional Memberships:

**PROFESSIONAL REFERENCES**

List four references (2 professional references and 2 personal references). Two of the PROFESSIONAL references should be past supervisor, pastors, managers or individuals that have first hand knowledge on your past job performance and duties. Two of the PERSONAL references should be individuals that have first hand knowledge of your ability, character, and personality. **Do not include any relatives.**

*Professional References*

Name	Address	City/State	Phone Number	Professional Title
1.				
2.				

*Personal References*

Name	Address	City/State	Phone Number	Professional Title
1.				
2.				

**US MILITARY SERVICE**

Have you served in the U.S. Military?	Branch of Service	Dates of Service
___ YES ___ NO		

Relevant Training/ Experience:

**EMPLOYMENT HISTORY**

Please explain any gaps in work history:

Have you ever been discharged or asked to resign from a job (answering this question will not disqualify you from consideration)?

YES  NO

If yes, please explain: \_\_\_\_\_

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Describe your duties: \_\_\_\_\_

May we contact the employer listed above? YES NO Reason for leaving: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

May we contact the employer listed above? YES NO Reason for leaving: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

May we contact the employer listed above? YES NO Reason for leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY CONTINUED**

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	__ Full-time __ Part-time

Describe your duties: \_\_\_\_\_

May we contact the employer listed above? YES NO Reason for leaving: \_\_\_\_\_

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	__ Full-time __ Part-time

Describe your duties: \_\_\_\_\_

May we contact the employer listed above? YES NO Reason for leaving: \_\_\_\_\_

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	__ Full-time __ Part-time

Describe your duties: \_\_\_\_\_

May we contact the employer listed above? YES NO Reason for leaving: \_\_\_\_\_

## APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT

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

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 hereby attest with my signature below that the facts set forth in the above employment application are true and complete to the best of knowledge and authorize Senior Life Resources Northwest to verify their accuracy and to obtain reference information on my work performance.

I hereby release Senior Life Resources Northwest from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

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

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, regulations of employment of the employer. However, I further understand that neither the policies, rules, regulations, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered by Senior Life Resources Northwest is for an indefinite duration.

Furthermore, Senior Life Resources Northwest is an "at will" employer for all positions except Home Care Provider (HCP), and if employed either I or the employer, Senior Life Resources Northwest may terminate my employment at any time with or without notice or cause. If I am applying for a HCP position, my employment will be governed by OPEIU Local 8 Bargaining Agreement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**THIS APPLICATION IS VALID FOR 90 DAYS FROM THE DATE SIGNED AND DATED ABOVE**

## 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 RCW26.44.020; 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 date(s) of the conviction(s) and the sentence(s) imposed:

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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

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

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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?

If your answer is "yes," please describe and provide date(s) of the conviction(s) and the sentence(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 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 date(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 Washington State Patrol or an equivalent Federal Law 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 Norwest, 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 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.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_