

Position: Direct Care Supervisor
Reports to: Regional Manager / Office Manager
Classification: Non-exempt / Full-Time

GENERAL POSITION SUMMARY: Responsible for providing office and on-site supervision of home care service delivery to clients.

ESSENTIAL FUNCTIONS

- Promote, establish and sustain successful working relationships with clients & their families, care providers, case managers, contractors, and communities.
- Provide direct supervision of Home Care Providers. Duties include but are not limited to: recruitment and retention (including applicant interviews and recommending new hires), new employee orientations, training assessment and facilitation, performance evaluations, conflict resolution and corrective action, appropriate documentation and follow up
- Maintain successful service delivery to include: assessment of appropriate care provider to client assignments, service scheduling and monitoring, service issue resolution documentation and follow up, service verification, workplace safety, teaming decisions and assessment of training needs
- Assist with the on-call responsibility for the Service Office
- Maintain a working understanding and implementation of Agency mission, designated Home Care Services policies/procedures, and professional standards for service delivery
- Accountable for case note documentation that results in factual findings and recommendations for appropriate response
- Attend designated management meetings
- Complete appropriate "Clear Care" input and maintenance
- Fulfill annual targeted training
- Provide emergency critical client services as a substitute Home Care Provider
- Maintain confidentiality of all client, provider, applicant, budgetary, and business-related information
- Perform other job related duties as assigned.

SPECIFIC JOB SKILLS

- Proof of valid driver's license and the ability to travel using an insured personal vehicle
- Ability to read, write, speak and understand basic English
- Ability to provide leadership and effective supervision
- Ability to work independently and as a team member to support service delivery objectives
- Ability to listen and communicate effectively in-person, on the telephone, in writing, and electronically
- Ability to respond calmly and appropriately to all on-the-job situations including emergencies
- Ability to demonstrate high level of safety awareness
- 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.

WORKING CONDITIONS

- The position requires physical effort as a part of the essential functions. Physical effort may involve: constant sitting, occasional standing, frequent walking, pushing/pulling, bending and twisting at the waist; occasional bending at the knees, driving, and reaching above shoulder; seldom kneeling, squatting, climbing of stairs and crawling; and occasional lifting and carrying up to 25 pounds.

WORK HABITS

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

EDUCATION AND/OR EXPERIENCE

- Must be at least 18 years of age with an Associate’s Degree or equivalent (verification required)
- Two years Home Care or customer service experience
- One year of general office experience
- Supervisory experience is highly desirable
- Bilingual preferred but not required(English/Spanish)

CONTINGENCY OF EMPLOYMENT

- Acceptable criminal history background check
 - Acceptable 3- year driving record
 - Additional Requirements: Applicant must be able to perform critical client tasks as a substitute Home Care Provider. Applicant is required to have or obtain one of the following:
 - Documented Certified Nursing Assistant (CNA), or other WA Dept. of Health approved certifications, licenses or training
- OR**
- Documented WA (Washington) employment as a long term care worker with a WA state licensed long term care provider during calendar year of 2011 or between January 1, 2012 and January 6, 2012, and completion of all WA State Department of Health certified training requirements for this noted time period. (Documentation may include pay stub and training certificates.)
- OR**
- Successfully complete required WA State Home Care Aide training that includes:
 - 75 hours of initial training within the first 120 days of employment, including 5 hours of Orientation and Safety training prior to serving first client;
 - Submit WA State Department of Health Home Care Aide certification application, examination application and obtain certification within 200 days of hire date.

Employee Acknowledgment

I have read and understand this job description and 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.

Employee’s Signature _____ Date _____

Senior Life Resources

N O R T H W E S T

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: _____

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Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	__ Full-time __ Part-time

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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:

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:

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:** _____