



Touch Of CLASS

Application for Employment

Touch of Class requires each new employee to attend orientation prior to work placement. All new employees will be paid for the orientation training after 90 days

Requirements Before Hiring Consideration

CPR Certification: CPR certificate must be up-to-date and from American Red Cross or American Heart Association. Internet CPR training is not accepted.

Touch of Class will notify you one month in advance of the expiration date of your CPR certification. CPR Certification must be kept up to date or you will be ineligible for work.

Copies of the following documentation must be provided for employment:

**Current Valid Texas Driver's License or Texas ID Card
Social Security Card or Certified Birth Certificate
Practicing License if required for position
Copy of high school or college diploma if required for position**

Touch of Class is an Equal Employment Opportunity Employer. Application are considered f all positions without regard to race, religion, sex, national origin, age, family status, veteran status, disability or any other legally protected status. Touch of Class is a drug-free workpla



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INSTRUCTIONS FOR FILLING OUT APPLICATION

- Please make sure all information is filled out completely and accurately.
- You may use a computer to fill out the application either in the MS Word or PDF format available for download from the Touch of CLASS website.
- Once completed, print the application then sign and date the appropriate fields. Applications not signed and dated will not be accepted.
- The application may then be scanned and emailed to the Touch of Class Staffing Manager or you may also mail the application to the appropriate service office location.

Mailing addresses and phone numbers for each of our service locations can be found on the Touch of CLASS website at:

<http://TouchOfCLASS.net/locations>



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PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	DATE: _____
Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Last First Middle Maiden </div>	
Present address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Number Street City State Zip </div>	
Date of Birth: _____ Social Security No.: _____	
Telephone: (____) _____ Other: _____	
If under 18, please list age: _____	
Position applied for _____ and salary desired _____ (Be specific)	Days/hours available to work No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____
How many hours can you work weekly? _____ Can you work nights? _____	
Are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME (Check One)	
Date available for work? _____	

Emergency Contact: _____ Phone Number: _____	
Emergency Contact: _____ Phone Number: _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED & DID YOU GRADUATE?	MAJOR & DEGREE
Grade School				
High School				
College				
Business or Trade School				
Professional School				

Licenses: Type: _____ Number: _____ State Issued: _____ Exp. Date: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes (Check One)

If yes, please explain _____



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NUMBER OF MONTH YOU HAVE WORKED WITH PEOPLE WITH DISABILITIES: _____

Briefly, explain your experience _____

EXPERIENCE WORKING WITH CHILDREN: YES NO (Check One)

If yes, describe type of experience, age group, and what you feel is important when working with children.

PERSONAL REFERENCES

Please list three references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

Name _____
Position _____
Company _____
Address _____

Telephone () _____



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Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.



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Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title: _____			
Reason for leaving (be specific): _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____ _____			

Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title: _____			
Reason for leaving (be specific): _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____ _____			

May we contact your present employer? Yes No (Check One)

PLEASE READ CAREFULLY

I ATTEST THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.
 Any misrepresentation or falsification will result in immediate termination. I agree to undergo initial and random drug/alcohol testing and driver's license checks. If hired, I will provide proof of identity and legal work authorization.

Signature of applicant: _____ Date: _____

Review of application by DSA Supervisor: _____ Date: _____



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Evaluation of Past Work Experience

Applicant's Name: _____

Date: _____

1. Have you had experience in taking directions from an individual with a disability? YES NO
Explain: _____

2. Have you received training to assist with transfers?
 Wheelchair Sliding Board Gait/Transfer Belt
 Dependent Transfers Vehicle Hoyer Lift Transfers
Maximum weight you can lift: 0-50 lbs. 100+ lbs. _____

3. Which of the following independent living skills have you assisted an individual with disabilities with?
 Bathing Cooking Feeding
 Dressing Budgeting Self-Medications
 Shopping Personal Grooming Menu Planning Showers/Roll-in

Where and how long did you perform these tasks?

Have you been trained to perform personal tasks and to protect the personal dignity of a person with a disability?
 YES NO

4. Have you received training concerning the following subjects?
 Infection control CPR Universal Precautions
 AIDS HIV HBV- Hepatitis B Virus

5. Have you had training in conflict resolution? YES NO
Explain: _____

6. What experience do you have in using adaptive equipment?
Explain: _____

7. What experience have you had in documentation of patient/client information?
Explain: _____

8. Have you trained in fire safety/emergency procedures? YES NO

9. Have you had any experience in a supported living environment? YES NO

10. Are you familiar with community resources for people with disabilities? YES NO

11. Please explain any other paid or volunteer experience you have in working with people with disabilities?

12. In our program, the participant drives the program and decisions made about their lives.
How do you see yourself as a person who is working with a person with a disability?

14. What rights do you feel our clients with disabilities have?

Please include any additional information you think would be useful in evaluating your past experience with the disability community below/and children.



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Employee Physical Profile

I, _____, certify that I am able the following physical profile requirements for my position with Touch of Class.

POSITION: Habilitation Attendant

Measurement Criteria:

- | | | | |
|-----|---------------------|-------------------------------------|--|
| 1. | Lifting: | <input type="checkbox"/> | Light (must be able to lift 5-20 pounds) |
| | | <input type="checkbox"/> | Moderate (must be able to lift 20-50 pounds) |
| | | <input checked="" type="checkbox"/> | Heavy (must be able to lift weights in excess of 50 pounds) |
| 2. | Pushing: | <input type="checkbox"/> | Light (must be able to push light objects such as an empty wheelchair) |
| | | <input type="checkbox"/> | Moderate (must be able to push objects such as an occupied wheelchair) |
| | | <input checked="" type="checkbox"/> | Heavy (must be able to push an occupied motorized wheelchair) |
| 3. | Pulling: | <input type="checkbox"/> | Light (must be able to pull light objects such as an empty wheelchair) |
| | | <input type="checkbox"/> | Moderate (must be able to pull objects such as an occupied wheelchair) |
| | | <input checked="" type="checkbox"/> | Heavy (must be able to pull an occupied motorized wheelchair) |
| 4. | Mobility (Walking): | <input type="checkbox"/> | No walking required for this position |
| | | <input type="checkbox"/> | Moderate walking (routine office movement) |
| | | <input checked="" type="checkbox"/> | Continual walking (Courier) |
| | | <input type="checkbox"/> | Does not have to walk. |
| 5. | Stair Climbing: | <input type="checkbox"/> | No climbing |
| | | <input checked="" type="checkbox"/> | Must be able to climb stairs |
| | | <input type="checkbox"/> | Must be able to climb ladders |
| | | <input checked="" type="checkbox"/> | Must be able to climb ramps |
| 6. | Standing: | <input type="checkbox"/> | Short duration (less than 10 minutes without a break) |
| | | <input type="checkbox"/> | Moderate duration (10-30 minutes without a break) |
| | | <input checked="" type="checkbox"/> | Continual (more than 30 minutes without a break) |
| 7. | Sitting: | <input checked="" type="checkbox"/> | Intermittent sitting |
| | | <input type="checkbox"/> | Prolonged sitting |
| 8. | Squatting: | <input type="checkbox"/> | It is not necessary to be able to bend at the knees in order to perform this job |
| | | <input checked="" type="checkbox"/> | It is necessary to be able to bend at the knees in order to perform this job |
| 9. | Stooping: | <input type="checkbox"/> | Ability to bend at the waist is not necessary in order to perform this job |
| | | <input checked="" type="checkbox"/> | Ability to bend at the waist is necessary in order to perform this job |
| 10. | Reaching: | <input checked="" type="checkbox"/> | Must be able to reach above shoulder level |
| 11. | Hands: | <input checked="" type="checkbox"/> | It is necessary to have use of both hands in order to perform this job |
| 12. | Other: | <input type="checkbox"/> | Other physical specifications required to do this job |
| | | <input checked="" type="checkbox"/> | Must be able to provide maximum assistance when transferring participants |

By my signature, I certify that I am able to perform the above physical requirements in order to perform my job duties.

Applicant Signature: _____ Date: _____

Supervisor's Review: _____ Date: _____