

Thank you for your interest in working or volunteering for LAP Respite Center.

Please print, complete all paper work and return with a cover letter and resume to:

**LAP Respite Center**  
**Leslie Bretz, Program Supervisor**  
**840 E. Mt. Hope Ave, Ste 101**  
**Lansing MI 48910**

If you are contacted to come in for an interview, we will need to make copies of the following items:

- driver's license
- social security card,
- proof of High School graduation (this can even be a college id or transcripts, anything that proves you graduated from hs)
- proof of no fault auto insurance
- CPR and First Aid certification cards (if you have them)
- proof of TB test (if you have it)
- two names for references including name, address, and telephone number. These should be school or work related references.
- two letters of reference - one can be personal and the other should be work, school, or community related.



**LAP Respite Center**  
840 E. MT. HOPE AVE., SUITE 101  
LANSING, MI 48910

**APPLICATION FOR EMPLOYMENT**

Please fill out application completely

Today's Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

Desired Position:  Respite Care Provider  Volunteer at ASP or RH  Volunteer in Office

What prompted your application of employment with LAP Respite Center? \_\_\_\_\_

**PERSONAL INFORMATION:**

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

Address(es): \_\_\_\_\_

Current: \_\_\_\_\_ Permanent: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

**EMERGENCY CONTACT:**

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

Phone: work (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Did you graduate?: \_\_\_\_\_

GED?: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Degree: \_\_\_\_\_

List other Schools, Credits, Course Work or Seminars: \_\_\_\_\_

Are you currently a student?  Yes  No Where: \_\_\_\_\_

Major: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Areas of Interest/Hobbies/Volunteer Work: \_\_\_\_\_

Please list any community organizations you are active in: \_\_\_\_\_

**HEALTH:**

Current health condition:    Excellent       Good       Fair       Poor

Date of last physical: \_\_\_\_\_ Date of last TB test: \_\_\_\_\_

Have you ever had a back injury? \_\_\_\_\_ If yes, when \_\_\_\_\_

Do you have any lifting restrictions? \_\_\_\_\_ If yes, what are they \_\_\_\_\_

Do you have any allergies or sensitivities?    Yes    No   What are they? \_\_\_\_\_

**WORK EXPERIENCE:**    Please list current and past work experiences.

1) Current Employer: \_\_\_\_\_

Employed since: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

May we call your supervisor for a reference?   Yes / No

2) Past Employer: \_\_\_\_\_

Employment began: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

Reason for leaving: \_\_\_\_\_

Date of leaving: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    May we call your supervisor for a reference?   Yes / No

3) Past Employer: \_\_\_\_\_

Employment began: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

Reason for leaving: \_\_\_\_\_

Date of leaving: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    May we call your supervisor for a reference? Yes / No

4) Past Employer: \_\_\_\_\_

Employment began: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

Reason for leaving: \_\_\_\_\_

Date of leaving: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    May we call your supervisor for a reference?   Yes / No

Please list any other job, schooling, or experience you have had that taught you skills that would be beneficial to the job of Respite Care Provider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELATED WORK INFORMATION:**

Do you have your own dependable transportation?  Yes  No  
(This is a requirement of LAP Respite Center!)

Are you trained in First Aid?  Yes  No Expiration date for First Aid: \_\_\_\_\_

Are you trained in CPR? Infant/child:  Yes  No Adult:  Yes  No

Expiration date for CPR: \_\_\_\_\_

Are you trained in physical restraints or other physical intervention techniques?  Yes  No

Date trained: \_\_\_\_\_ Where were you trained? \_\_\_\_\_

Describe any specific training or experience you have had involving children or adults: \_\_\_\_\_

Describe any specific training or experience you have had involving children or adults with special needs or chronic illness: \_\_\_\_\_

Have you provided respite or personal care for an individual before?  Yes  No

Where?: \_\_\_\_\_ For how long? \_\_\_\_\_

Describe the situation: \_\_\_\_\_

Describe your interest in working with children or adults who have special needs:

\_\_\_\_\_

What do you find most rewarding about working with (a) children (b) adults?

(a) \_\_\_\_\_

(b) \_\_\_\_\_

What is your philosophy of behavior guidance? \_\_\_\_\_

Describe your ideal job: \_\_\_\_\_

If hired, what kind of commitment do you expect to be able to give LAP Respite Center? \_\_\_\_\_

Please feel free to make any additional comments describing personal experiences and/or concerns you may have as a respite care provider: \_\_\_\_\_

Do you know basic sign language?  Yes  No Are you willing to learn?  Yes  No

Please check any of the following disability areas in which you have had experience:

- |  |  |
|--|--|
| <input type="checkbox"/> aids/HIV                    | <input type="checkbox"/> allergies/asthma                |
| <input type="checkbox"/> aggressive behavior         | <input type="checkbox"/> attention deficit disorder      |
| <input type="checkbox"/> autism                      | <input type="checkbox"/> breathing problems              |
| <input type="checkbox"/> cleft palate                | <input type="checkbox"/> diabetes                        |
| <input type="checkbox"/> downs syndrome              | <input type="checkbox"/> emotional impairment            |
| <input type="checkbox"/> feeding disorder            | <input type="checkbox"/> hearing impairment/hearing aids |
| <input type="checkbox"/> hyperactivity               | <input type="checkbox"/> medically fragile               |
| <input type="checkbox"/> mental/cognitive impairment | <input type="checkbox"/> physical impairment             |
| <input type="checkbox"/> self abusive behavior       | <input type="checkbox"/> seizure disorder/epilepsy       |
| <input type="checkbox"/> sickle cell                 | <input type="checkbox"/> speech and language disorder    |
| <input type="checkbox"/> spina bifida                | <input type="checkbox"/> visually impairment             |

Other(specify): \_\_\_\_\_

Please check if you have any experience in the following areas:

- braces, afo's, body jacket
- breathing treatments
- changing diapers ( infant, children, and adults )
- creative care (art, games, recreation, etc.)
- dispensing medications
- Hoyer, Arjo, or other lifting devices
- incident reports
- progress notes, record keeping, frequency charts
- tube feedings ( g-tube/j-tube )
- tutoring with home work
- universal precautions
- wheelchairs

**REFERENCES:**

Please list references whom you have known for at least one year that can attest to your character.

1)Name of Personal Reference: \_\_\_\_\_

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

City/State/Zipcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**2)Name of Work Reference to send Reference Check to: \_\_\_\_\_**

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

City/State/Zipcode: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

I give my permission for LAP Respite Center to check the above references and former employers.

Signature: \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK/ABUSE AND NEGLECT CHECK:**

Have you ever been convicted of an offense other than a minor traffic violation?

Yes       No      If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in a substantiated case of abuse or neglect of children or adults?

Yes       No      If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_

Would you object to being finger printed?       Yes       No

## **EMPLOYEE AGREEMENT**

I understand that it is a licensing requirement that the following documents must be on file in the LAP office before I will be considered for a continuing position with LAP Respite Center:

- ◆ Copies of my driver's license and social security card
- ◆ Criminal Record Check
- ◆ DHS Abuse and Neglect Check
- ◆ Negative TB test ( current)
- ◆ Health Screen
- ◆ Current CPR Certification (within 60 days of hire)
- ◆ Current First Aid Certification (within 60 days of hire)
- ◆ 4 References (2 addresses and telephone numbers, two letters of reference)
- ◆ Proof of High School graduation
- ◆ Proof of No Fault Auto Insurance
- ◆ Certificate of Successful completion of LAP's Training Program

~I understand that I must successfully complete the following Community Mental Health classes before I am considered for continuing employment with LAP Respite Center. The CMH classes must be renewed on a regular basis. (Body Mechanics, Transfer Techniques, Therapeutic Options A, Therapeutic Options B)

~I understand that there are annual Continuing Education Credits that I must obtain to be considered for continuing employment with LAP Respite Center.

~I understand that CPR must be re-certified yearly and First Aid must be re-certified every three years.

~I am aware that a background study will be performed before I can be hired. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

~In the event of my employment with LAP Respite Center, I agree to comply with the rules and regulations governing my employment.

~I understand that I must successfully complete LAP's training program to be considered for employment and that the first 3 months of my employment are a training period and if my services have not been provided satisfactorily, my employment may be discontinued.

~I understand that part of my employment will be driving to work sites in the counties of Ingham, Eaton, and Clinton.

~I also understand that part of my employment may involve using my vehicle to drive individuals receiving LAP services to places they want or need to go.

~I have received a copy of the Respite Care Provider's Job Description.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **Thank you for considering Lap Respite Center as a potential employer.**



# LAP RESPITE CENTER

840 E. Mt. Hope, Suite 101  
Lansing, MI 48910

Phone: 517-372-6671  
Fax: 517-372-6478

## REFERENCE CHECK FOR PROSPECTIVE NEW EMPLOYEE

DATE SENT: \_\_\_\_\_

DATE RETURNED: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

I, \_\_\_\_\_ am interested in a job as a Respite Care Provider for children with disabilities. Care Providers for the LAP Respite Center provide direct hands on care to children in one or all of their programs which include an After School Program, a Respite House, and in-home care for families. I have given you as a reference. I authorize you to provide all information requested by the LAP Respite Center.

\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
date

Length of acquaintance: \_\_\_\_\_

Nature of relationship: \_\_\_\_\_

If this applicant is/was an employee, please complete the following: (If unable to observe, please leave blank)

1. Name of Company/Organization: \_\_\_\_\_
2. Position (s) held: \_\_\_\_\_
3. Dates of Employment: from: \_\_\_\_\_ to: \_\_\_\_\_
4. If previously employed, why did applicant leave? \_\_\_\_\_
5. Work performance: \_\_\_\_\_
6. Ability to work with others: \_\_\_\_\_
7. Ability to work independently: \_\_\_\_\_
8. Work attendance: \_\_\_\_\_

Strong points: \_\_\_\_\_

Weak points: \_\_\_\_\_

Does this person have the ability to provide a safe, healthy environment for children with disabilities?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Would you recommend this person to care for a member of your family? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this person have the ability to problem solve in unusual or strange situations? Yes \_\_\_\_\_ No \_\_\_\_\_

On a scale of 1 - 5 (1 being low, 5 being high) please rank the applicant in regards to the following:

- |                               |           |                               |                    |
|-------------------------------|-----------|-------------------------------|--------------------|
| honest                        | 1 2 3 4 5 | law abiding                   | 1 2 3 4 5          |
| motivated                     | 1 2 3 4 5 | flexible                      | 1 2 3 4 5          |
| sincere                       | 1 2 3 4 5 | patient                       | 1 2 3 4 5          |
| punctual                      | 1 2 3 4 5 | dependable                    | 1 2 3 4 5          |
| follows directions            | 1 2 3 4 5 | stable                        | 1 2 3 4 5          |
| ability to relate to children | 1 2 3 4 5 | ability to relate to adults   | 1 2 3 4 5          |
| general appearance            | 1 2 3 4 5 | Would you rehire this person? | Yes _____ No _____ |

**Please use the reverse side of paper for additional comments. Thank you for your assistance.**

\_\_\_\_\_  
reference's signature

\_\_\_\_\_  
date



## **LAP RESPITE CENTER**

### **Respite Care Provider Job Description**

LAP Respite Center's mission is to enhance the quality of life for families caring for children and adults with disabilities, chronic illness, or age related conditions by creatively providing a wide-range of high-quality accessible, and affordable respite services. LAP Respite Center services cover the counties of Clinton, Ingham, and Eaton. We work on a "continuum of care" philosophy for the families receiving services from LAP, thus providing individual care and supervision that the parent, guardian, or adult child would normally provide.

**Position Title:** Respite Care Provider

**Type of Employment:** Part time to full time

**Direct Supervisor(s):** Supervisors are Leslie Bretz (Program Manager), Missy Davis (Program Supervisor), Saundra Fitzparick-Fryer (Adult Program Manager), and Cat Love-Wilkins (Office Manager/ Scheduler). The direct supervisor you will report to will depend on the responsibility area involved.

**Terms of Employment:** Regular and on-going. Care providers are assignment based, part-time employees. Compensation is for actual hours worked with no guarantee of a minimum or maximum number of work hours in a given pay period. Work schedule and hours will vary from day to day. Those willing to work when needed can usually accumulate number of work hours needed.

**Minimum Education/Experience:** Prior experience working with persons with developmental disabilities is preferred but not mandatory as long as employee possesses a high school diploma or equivalent. Experience involving childcare or adult physical care skills is also preferred. Must be at least 18 years old and a high school graduate. Must be patient, caring, and willing to work as an active part of a team. Seeking mature, confident individuals. People with sign language skills needed.

**Job Summary:** Respite Care Providers have the responsibility of providing hands on care for children, and adults with disabilities, chronic illness, emotional/behavior concerns, or age related conditions. The Respite Care Provider is responsible for the daily implementation of individual care treatment plans which includes assisting with activities planning, implementation of daily activities schedule, social needs, therapies, personal hygiene, daily documentation, providing quality care, and ensuring the safety, sanitation, and welfare of all program participants. Hands on care includes assistance with care on all levels for all activities of daily living including bathing/showering, dressing, feeding (some feeding tubes), lifting and transferring, giving medications, breathing treatments, range of motion, play, therapies, accessing the community, etc., plus record keeping and much interaction with many support people. The respite care takes place at our Respite House (mainly weekends), our After School Program, and in the family's home. Once trained, care providers must be able to know what needs to be done and do it without constant direct supervision. On call staff is available 24/7.

**Job Responsibilities:** Respite Care Providers responsibilities include but are not limited to:

1. Following all LAP policies.
2. Honoring the individual's Recipient Rights and adhering to all policies of confidentiality.
3. Notifying LAP Respite Center office of any changes in address, telephone number, and emergency information.
4. Always representing LAP Respite Center in a positive and professional manner to all individuals, families, co-workers and the public.
5. Always returning telephone calls and email in a prompt manner.
6. Preparing and maintaining records of individual's progress and services performed, reporting changes in the individual's condition to Program Managers or Program Supervisor or Office Manager.
7. Providing timely, complete, legible, and accurate documentation of all respite assignments.
8. Providing timely and accurate submission of all requested forms and documentation for payroll (every two weeks) according to scheduled dates.

9. Providing timely, clear and consistent notification of availability.
10. Attending meetings, staffings, staff meetings, and training programs/classes relevant to the position.
11. Assuring that the child is engaged in meaningful, developmentally appropriate activities that work towards the developed goals for the individual.
12. Toileting, diapering, and feeding
13. Redirection of child's behavior in a positive and developmentally age appropriate manner.
14. The operation of adaptive equipment
15. Direct supervision and attention to the child's safety needs.
16. Following given routines and procedures for the child's care
17. Driving or transporting individuals as needed in tri-county (Clinton, Eaton, and Ingham) area.
18. Providing conversation and companionship to individual's in LAP's programs.
19. Providing assistance with household chores including but not limited to laundry, dishes, etc..

**Qualifications:**

1. Academic background or experience working with children or adults, or experience in the special needs field, health field, or related field.
2. Must have CPR and First Aid certification (within 60 days of hire)
3. Must be a minimum of 18 years of age.
4. Must have the ability to effectively use the English language including speaking, reading, and writing.
5. Must be a high school graduate.
6. Must have the ability to lift individual up to 50 lbs.
7. Must have access to reliable transportation, have a good driving record, and be willing to drive individuals in the tri-county area.
8. Must have a telephone (working cell phone a plus)
9. Must have the ability to work a flexible schedule that will require evenings and weekends.
10. Must have a willingness to take direction and training from parents and LAP managing and supervising staff.
11. Must be a reliable, responsible, and trustworthy individual of good moral character.
12. Must possess good communication skills and a friendly, positive demeanor.
13. Must be willing to complete required training classes in a timely manner.
14. Must abide by all policies and procedures of the LAP Respite Center.
15. Must provide the following items for copying: driver's license, social security card, proof of high school graduation, proof of no fault auto insurance, two letters of reference, two other reference contact information, health screen, and proof of current TB test.
16. Must be available for and successfully complete LAP's training program.
17. Must be willing to be fingerprinted, and to have criminal back ground and abuse and neglect checks.

**Wages:** \$7.50 per hour, for training; \$9.00 per hour, starting, when required paperwork and training has been met.

**Contact Information:** Leslie Bretz, LAP Program Manager. The LAP office is located at 840 E. Mt. Hope in the Lansing Clinical Building. We are downstairs in suite 101. We are located on Mt. Hope just west of the Mt. Hope and Pennsylvania intersection. Please call before you come to make sure someone is in the office. 517.372.6671. Also can contact by email at [leslie.lap@acd.net](mailto:leslie.lap@acd.net) Please visit our website at [www.laprespitcenter.org](http://www.laprespitcenter.org)

**Signature of Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Date: \_\_\_\_\_

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

### AVAILABILITY SCHEDULE

Please list the times that you would be available to work on the appropriate days.  
How many hours per week do you wish to work?

I would like to work about \_\_\_\_\_ hours per week.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



## LAP RESPITE CENTER

840 E. Mt. Hope, Suite 101 Phone: 517-372-6671  
Lansing, MI 48910 Fax: 517-372-6478

Michigan State Police  
Central Records Division  
7150 Harris Drive  
Lansing MI 48913

Agency ID #: 2852 L

### CRIMINAL RECORD CHECK CONSENT FORM

As a prospective employee of the LAP RESPITE CENTER, I understand that it is this agency's policy to secure criminal conviction history information as part of their pre-employment screening process using the information provided below:

Name: \_\_\_\_\_  
Last First Middle

Maiden Name/Names previously used: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Race: \_\_\_\_\_

Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize the LAP Respite Center to utilize the above information for the sole purpose of obtaining a criminal history file search.

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
LANSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

## REQUEST FOR CENTRAL REGISTRY CLEARANCE

**INSTRUCTIONS:** Complete the following information and submit request to your "**LOCAL**" Department of Human Services Office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known		
_____		
_____		

**IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.**

Signature of Requestor	Signature of DHS Staff Person Completing Request

<p>AUTHORITY: State P.A. 238 of 1975, 722.627, Sec. 7(f) RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.</p>	<p>Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.</p>
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