

DDM

Helping Others Help Themselves



Email: mail@ddmga.org

Developmental Disabilities Ministries, Inc.

6320 Amherst Ct / Norcross, GA 30092

Phone: 770.623.4899 Toll Free: 888.340.5820 Fax: 770.903.4991 www.ddmga.org

Dear Friend:

Thank you for your interest in working at Developmental Disabilities Ministries, Inc. (DDM). In this letter, we wish to share a few things about our ministry and the employment opportunities.

Developmental Disabilities Ministries, Inc. is a non-profit Christian ministry. We were initially started back in 1981 as a ministry component of the Georgia Baptist Children's Homes and Family Ministries, Inc. In 1999 DDM became an independent ministry. We have grown tremendously, establishing group homes and apartments throughout the state of Georgia for the care and supervision of adults with developmental disabilities (mental retardation, Down Syndrome, autism, and cerebral palsy).

Our mission is to empower persons with developmental disabilities to achieve their highest level of social, physical, emotional and spiritual maturity.

All of our DDM homes are licensed according to the guidelines of the Georgia Department of Behavioral Health and Developmental Disabilities. DDM is also a nationally accredited agency by CARF. CARF accreditation identifies DDM as meeting internationally developed standards in the provision of quality service.

Because DDM is licensed by DBHDD, there are some job requirements of which we want to make you aware. You must be at least 21 years old and have a valid Georgia Drivers License (with a good driving record), and have your own transportation. Also, before you are hired, you must have adult CPR/First Aid certification, a TB (Tuberculosis) test, signed by a licensed medical doctor, and a criminal background check. Once a job offer is made to you, employment related expenses will be reimbursed after six months of satisfactory employment. Please note: while you may complete an employment application without the certification job requirements in place, all requirements must be completed before you begin work.

Our homes are located throughout Georgia, including the Atlanta metro area, Augusta, SW Georgia, NW Georgia, and Central Georgia. Four (4) to five (5) residents live at each of our homes. The Direct Support Professional positions are live-in positions in which you actually "live-in" overnight with the residents. Private accommodations (food and housing) are provided to staff while you are on duty.

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We offer a full time and a part time schedule for employees working in our group homes. Full time employees are eligible for employee benefits. Benefits include medical insurance, life insurance, and a 403b retirement program.

1. The Full Time Direct Support Professional is a live-in position and begins on Sunday evening at 6 PM, working until Friday evening at 6 PM.

During the week (Monday – Friday) the residents attend a “day program” which is basically where they work out of the group home from approximately 8 AM until mid-afternoon. During this time when the residents are out of the home – the full time DSP usually has free time. Having our staff living with the residents throughout the week helps to create and instill a warm, loving, stable home environment for each of the residents.

2. The Part Time Direct Support Professional is also a live-in position, and begins on Friday evening at 6 PM, working through Sunday evening at 6 PM. This position basically provides weekend relief for the full time home DSP working two weekends per month.

If you are interested in either of these positions, please complete the attached application and return to:

DDM, Inc. – Attn HR
6320 Amherst Ct.
Norcross, GA 30092

Upon receipt of your application, and as soon as we receive positive responses from your references we will contact you for an interview. If you have any questions, please call us at (770) 623-4899. We look forward to hearing from you.

Sincerely,

Lynda S. deMore , Human Resources Manager
Bob Cash, Business Administrator/HR Director



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Developmental Disabilities
Ministries, Inc.

6320 Amherst Ct., Norcross, GA 30092
Phone: 770-623-4899, FAX: 770-903-4991

Employment Application

We are an equal opportunity employer. We do not discriminate in employment practices because of race, color, sex, age, national origin, disability, or military or veteran status.

Instructions: Please print in ink or type and complete all information.
Your signature authorizes us to secure necessary data.

Date _____

Personal Information

Name _____ SS# _____

Permanent Address (Street) _____

Email _____ City _____ State _____

Zip _____

Phone # _____ Other Phone _____ Are you 21 years or older? Y ___ N ___

Are you 25 Years or older? Y ___ N ___ Are you legally authorized to work in the U.S. Y ___ N ___

Religious Affiliation _____ Church Membership _____

Employment Desired

Location Preferred

Alpharetta _____ Roswell _____ Lithonia _____ Canton _____

Augusta _____ Decatur _____ Manchester _____ Jasper _____

Bainbridge _____ Forsyth _____ Statham _____ Fayetteville _____

Seeking	Full-Time Work	Part-Time Work	Internship
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Where did you learn about DDM? _____

Date available for work	Position or type of work desired	1st choice
		2nd choice

Education

Name and Address of School Course of Study Years Completed Diploma Degree
Graduate Professional

College

High School

Other (Specify)

Please describe any specialized training or skills such as computer skills, Military Service, extracurricular activities, hobbies or recreational activities in which you have participated. (You may exclude any activities which would reveal gender, race, national origin, age, disability or other protected status)

General

Have you ever been convicted of, or pleaded guilty or nolo contendere to a crime? Yes No

Have you ever been convicted of D.U.I.? Yes No

Do you use any of the following, (circle all that apply)

Alcohol
Tobacco
Controlled Substances

Are there Any Felony Charges against you?

Employment Experience, Next Page

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, disabilities, or other protected status.

Employer 1		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer 2		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer 3		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer 4		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

References

Name of character reference NOT relative or former employer.		
Address		
Phone Number	Occupation	# of years known

Name of character reference NOT relative or former employer.		
Address		
Phone Number	Occupation	# of years known

Name of character reference NOT relative or former employer.		
Address		
Phone Number	Occupation	# of years known

Signature and Final Statements

Please review your answers carefully and read each paragraph before signing below.

By my signature placed below, I affirm that the information provided in this employment application is true and complete. I understand that if employed, any false information or omissions shall be considered sufficient cause for dismissal without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I agree to immediately notify DDM if I should be charged with, convicted of, or plead guilty or nolo contendere to a felony of any kind, or any crime involving dishonesty or breach of trust, or any crime against a person, or any crime involving an allegation of sexual misconduct or impropriety.

I authorize the investigation of all statements contained in this application. I also authorize the DDM to contact my present employer (unless otherwise noted in this application form), past employers and listed references and other references that might know of my qualifications for employment. I authorize any person, school, current employer, past employer(s), and organizations to provide DDM with any information and opinions, whether or not documented, and I hereby release them from any legal liability in providing such information.

I understand and agree that, if offered a job, I may be required to submit to a drug/alcohol test at the time of the offer and at any time during my employment. If not employed, this application will be retained for 12 months for future reference. (If employed, the employment application will become part of your personnel file.)

I understand and acknowledge that, unless otherwise denied by applicable law, any employment relationship with this organization is an "At Will" nature, meaning that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature _____ Date _____

Signature is required for application to be processed.

You must also sign an authorization for request of references, a motor vehicle report, a criminal records check, and immigration verification. If you are employed, a physical examination may be required.



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Employment Reference #1

Developmental Disabilities Ministries Inc.

6320 Amherst Ct., Norcross, GA 30092
Phone: 770-623-4899 • FAX: 770-903-4991

We do not discriminate in employment practices because of race, color, sex, age, national origin, disability, or military or veteran status. We are an equal opportunity employer

For employment consideration - complete all reference information.

Applicant's Name _____ Date _____

Reference's Name	
------------------	--

Reference's Street Address	
----------------------------	--

City, State, Zip	
------------------	--

Day Phone #	
-------------	--

Night Phone #	
---------------	--

Fax #	
-------	--

Email	
-------	--

I hereby authorize the above named reference to answer any questions posed by Developmental Disabilities Ministries, Inc. in order to further my application process. This information is privileged and confidential and will be reviewed only by persons involved in the hiring process.

Applicant's Signature _____

OFFICE USE ONLY

1. What were his/her dates of employment? From _____ To _____

2. What was his/her reason for leaving your employment?

If your company's policy is to only verify employment dates, please note such policy under "Other Comments" at the bottom of the reference form.

3. Would you rehire this individual? Yes _____ No _____ Other Comments:

Reference's Signature _____ Title _____ Date _____



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Employment Reference #2

Developmental Disabilities Ministries Inc.

6320 Amherst Ct. Norcross, GA 30092
 Phone: 770-623-4899 , FAX: 770-903-4991

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Phone: 770-623-4899 , FAX: 770-903-4991 For employment consideration - complete all reference information.

Applicant's Name _____ Date _____

Reference's Name	
------------------	--

Reference's Street Address	
----------------------------	--

City, State, Zip	
------------------	--

Day Phone #	
-------------	--

Night Phone #	
---------------	--

Fax #	
-------	--

Email	
-------	--

I hereby authorize the above named reference to answer any questions posed by Developmental Disabilities Ministries, Inc. in order to further my application process. This information is privileged and confidential and will be reviewed only by persons involved in the hiring process.

Applicant's Signature _____

OFFICE USE ONLY

1. What were his/her dates of employment? From _____ To _____

2. What was his/her reason for leaving your employment?

If your company's policy is to only verify employment dates, please note such policy under "Other Comments" at the bottom of the reference form.

3. Would you rehire this individual? Yes _____ No _____ Other Comments:

Reference's Signature _____ Title _____ Date _____



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Personal Reference Check

(Friend or co-worker not related to you.)

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Phone: 770-623-4899 • FAX: 770-903-4991 For employment consideration - complete all reference information.

Applicant's Name _____ Date _____

Reference's Name _____

Reference's Street Address _____

City, State, Zip _____

Day Phone # _____

Night Phone # _____

Fax # _____

I hereby authorize the above named reference to answer any questions posed by Developmental Disabilities Ministries, Inc. in order to further my application process. This information is privileged and confidential and will be reviewed only by persons involved in the hiring process.

Applicant's Signature _____

OFFICE USE ONLY

1. How long and in what capacity have you known this person?

2. To the best of your knowledge, has this person ever been formally charged with any crimes alleging mistreatment or exploitation of anyone?

3. Do you know if this applicant is involved with drugs, has a substance abuse problem, or uses alcohol?

4. What do you feel are this applicant's primary assets and liabilities for this position?

5. Do you know of any reason the applicant should not be considered for this job?

Reference's Signature _____ Title _____ Date _____