

DDM
Helping Others Help Themselves



Developmental Disabilities Ministries, Inc.

P.O. Box 922787 / Norcross, GA 30010-2787

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

Email: mail@ddmga.org

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Chairman, Manchester
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Decatur
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Manchester*



*Accredited by the
Commission on
Accreditation of
Rehabilitation*

*Facilities in
Community Services:
Community Housing
Community Housing
(Older Adults)
Community Integration
Community Integration
(Older Adults)
Supported Living*

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, downs syndrome, autism, 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 by the Georgia Department of Human Resources Office of Regulatory Services (ORS). 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 ORS, 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 (we can direct you to training), a TB (Tuberculosis) test, signed by a licensed medical doctor, and a fingerprint/criminal background check is required. Once a job offer is made to you, employment related expenses will be reimbursed after six months of satisfactory employment.

Our homes are located throughout Georgia, including the Atlanta metro area, Augusta, Bainbridge, and Forsyth. Four (4) to six (6) residents live at each of our homes. The Home Manager positions are live-in positions in which you actually "live-in" overnight with the residents.

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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 Home Manager 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 home manager usually has free time. Having our home managers 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 Home Manager 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 managers working two weekends per month.

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

**Developmental Disabilities Ministries, Inc.
Human Resource Department
P. O. Box 922787
Norcross, GA 30010-2787**

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 Resource Manager

Bob Cash
Assistant Business Administrator



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Employment Application

Developmental
Disabilities Ministries, Inc.

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.

P. O. Box 922787 • Norcross, GA 30010-2787
Phone: 770-623-4899 • FAX: 770-903-4991

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		
	City	State	Zip

Phone Number		and or		Are you 21 years old or older?	Yes No
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Are you 25 years old or older?	Yes No	Are you legally authorized to work in the United States?	Yes No
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Church Denomination		Church Membership	
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Employment Desired

Location preferred	Alpharetta _____ Brinson _____ Lithonia _____ Canton _____ Augusta _____ Decatur _____ Manchester _____ Tucker _____ Bainbridge _____ Forsyth _____ Statham _____ Fayetteville _____
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Seeking	Full-Time Work _____ Part-Time Work _____ Internship _____
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Where did you learn about DDM?	
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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				
Undergraduate College				
High School				
Other (Specify)				

Please indicate any foreign languages you can speak, read, and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Please describe any specialized training skills, Military service, extra-curricular 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 DUI?	Yes No	Do you use any of the following? (Circle all the apply)	Alcohol Tobacco Controlled Substances
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Are there any felony charges against you?	
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Employment Experience

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	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

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

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

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

Please use additional page, if more space is needed.

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.

VERY IMPORTANT:

Developmental Disabilities Ministries, Inc. requires a copy of your criminal background check from your local law enforcement facility prior to an interview with management.

Please go to your local Sheriff or Police Department, requesting a copy of a standard criminal background report on yourself, and submit the original copy with your application for employment.

If you have moved to Georgia within the past 2 years, the Georgia Office of Regulatory Service for group homes requires a criminal record check report from the state law enforcement office where you previously lived.

You may fax you application, references and this report, however please mail immediately, the original(s) to the DDM Business Office.



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Employment Reference #1

Developmental
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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.

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. 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

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For employment consideration - complete all reference information.

Applicant's Name _____ **Date** _____

Reference's Name	_____
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Reference's Street Address	_____
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City, State, Zip	_____
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Day Phone #	_____
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Night Phone #	_____
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Fax #	_____
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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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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 _____