

Pre-Employment Checklist

(The following are to be submitted with your employment application)

Copy of:

- Driver License/ID card
- Social Security Card
- Local Law Background Check
- Level II Background Check
- Signed and dated 'Attestation of Good Moral Character'

The following must be completed before providing services

- Direct Care Core Competencies (TRAIN Florida)
- Zero Tolerance (TRAIN Florida)
- Requirements for all APD Waiver Providers (TRAIN Florida)
- Vehicle Registration (if applicable)
- Vehicle Insurance (if applicable)

Post-Employment Checklist

The following **MUST** be completed within two (2) weeks of employment

- HIPAA (TRAIN Florida)
- FDOH HIV/AIDS 101 In the News (TRAIN Florida)
- CPR & First Aid (**NOT** BLS) *American Red Cross or HSI
- Medication Validation (if applicable)

The following **MUST** be completed within six (6) months of employment

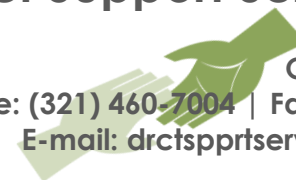
- 4-hrs in-service training (can be found on TRAIN website)

****Must be based off of consumer(s) goal(s)****

****Can be 4 separate 1-hr trainings****

Direct Support Services, Inc.

7939 Tanbier Dr.
Orlando, FL. 32818
Phone: (321) 460-7004 | Fax: (407) 219-4466
E-mail: drctspprtservices@gmail.com



Employment Application

Applicant Information

Full Name: _____ D.O.B: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

ATTESTATION OF GOOD MORAL CHARACTER

Employee/Applicant/Contractor/Volunteer Name:

By signing this form, I affirm and attest that I meet the Moral Character requirements for employment as required pursuant to Chapter 435, Florida Statutes, and Section 393.0655, Florida Statutes.

Provider/Employer Name:

I have not been arrested with disposition pending or found guilty of regardless of adjudication, or entered a plea of nolo contendere (no contest) to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below.

Criminal Offenses listed in section 435.04, F.S.

- (a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (e) Section 782.04, relating to murder.
- (f) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- (g) Section 782.071, relating to vehicular homicide.
- (h) Section 782.09, relating to killing of an unborn quick child by injury to the mother.
- (i) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- (j) Section 784.011, relating to assault, if the victim of the offense was a minor.
- (k) Section 784.03, relating to battery, if the victim of the offense was a minor.
- (l) Section 787.01, relating to kidnapping.
- (m) Section 787.02, relating to false imprisonment.
- (n) Section 787.025, relating to luring or enticing a child.
- (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (s) Section 794.011, relating to sexual battery.
- (t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (u) Section 794.05, relating to unlawful sexual activity with certain minors.
- (v) Chapter 796, relating to prostitution.
- (w) Section 798.02, relating to lewd and lascivious behavior.
- (x) Chapter 800, relating to lewdness and indecent exposure.
- (y) Section 806.01, relating to arson.
- (z) Section 810.02, relating to burglary.

- (aa) Section 810.14, relating to voyeurism, if the offense is a felony.
- (bb) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- (ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- (gg) Section 825.103, relating to felony offenses for the exploitation of an elderly person or disabled adult.
- (hh) Section 826.04, relating to incest.
- (ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- (jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- (kk) Former s. 827.05, relating to negligent treatment of children.
- (ll) Section 827.071, relating to sexual performance by a child.
- (mm) Section 843.01, relating to resisting arrest with violence.
- (nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- (oo) Section 843.12, relating to aiding in an escape.
- (pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institution.
- (qq) Chapter 847, relating to obscene literature.
- (rr) Section 874.05, relating to encouraging or recruiting another to join a criminal gang.
- (ss) Chapter 893, relating to drug abuse prevention and control if the offense was a felony or if any other person involved in the offense was a minor.
- (tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting requirements for such sexual misconduct.
- (uu) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- (vv) Section 944.40, relating to escape.
- (ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- (xx) Section 944.47, relating to introduction of contraband into a state correctional facility.
- (yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.
- (zz) Section 985.711, relating to contraband introduced into detention facilities

435.04(3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

Section 393.0674(2), felony offenses for the release or use of information from juvenile records of the Agency for Persons with Disabilities for any purpose other than screening for employment

Criminal Offenses listed in section 393.0655 (5), F.S.

- (a) Any authorizing statutes, if the offense was a felony.
- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (f) Section 817.234, relating to false and fraudulent insurance claims.
- (g) Section 817.505, relating to patient brokering.
- (h) Section 817.568, relating to criminal use of personal identification information.
- (i) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (j) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (k) Section 831.01, relating to forgery.
- (l) Section 831.02, relating to uttering forged instruments.
- (m) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (n) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.

The following acknowledgements apply to all Direct Service Providers and/or Employees, Contract Providers, and Volunteers. Please initial each statement.

- _____ I affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.
- _____ I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged.
- _____ I understand that, while employed or volunteering in any position that requires an APD background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest, any notice of possible criminal prosecution including any violation or infraction mandating a court appearance. Reporting must be done immediately if during normal working hours or immediately the next business day if after normal working hours.

ONE OF THE FOLLOWING STATEMENTS MUST BE SIGNED:

I attest that I have read the above carefully and state that my attestation here is true and correct and that my record **does not contain any of the above listed offenses.** I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements to the background screening standards set forth in Chapter 435 and Section 393.0655.

Signature of Affiant

Date

OR

My record **contains one or more of the applicable disqualifying** acts or offenses listed above.

Signature of Affiant

Date

Note: If you have previously been granted an APD exemption for this disqualifying offense, a copy of the APD exemption letter must be attached.

OR

I am a licensed physician, licensed nurse, or other professional licensed and regulated by the Department of Health. I will be **holding a position that is within the scope of my licensed practice,** and I am not subject to the screening provisions of section 393.0655, Florida Statutes.

Signature of Affiant

Date

Position for Provider/Employer listed on pg. 1

Direct Support Services, Inc.

Required Training Checklist/Tracking

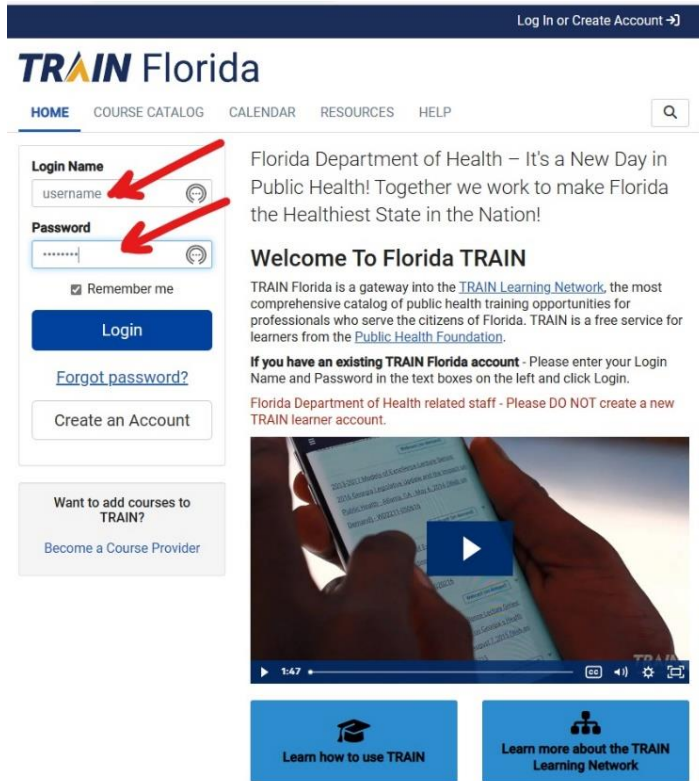
Employee: _____

Name of training	Date of training	Method of training	Employee Signature	Date of Renewal/Review
Direct Care Core Competencies <ul style="list-style-type: none"> • Basic Person Centered Planning <ul style="list-style-type: none"> • <i>Intro to DD</i> • <i>Health & Safety</i> 		TRAIN		One Time
Zero Tolerance <ul style="list-style-type: none"> • Defining abuse, neglect, and exploitation • Recognizing signs and symptoms • Prevention and safety planning 		TRAIN		Every 3 yrs. (Due:)
Overview of APD Waiver Provider Requirements		TRAIN		One Time
HIV/AIDS & Infection Control		APD/TRAIN		One Time
CPR/First Aid		American Red Cross		Every 2 yrs. (Due:)
HIPAA		TRAIN		Yearly (Due:)
65G-7 / Overview		APD		Yearly
Medication Validation		APD		Yearly
65G-8/Reactive Strategies		APD		One Time
Supported Living Pre-Service Training		APD		One Time
Supported Living 8-hrs training		APD/TRAIN		Yearly
Personal Supports 4-hrs in-service training	/4	TRAIN		Yearly
LSD1 (Life Skills) (4hrs in-service training)	/4	TRAIN		Yearly
Background:				
FDLE/FBI Screening		State of FL		Every 5 yrs.
Local Law		State of FL		Every 5 yrs.
Good Moral Character		APD		Every 5 yrs. (Due:)
Car Insurance		DMV		6 mos. (Due:)
Car Registration		DMV		Yearly (Due:)

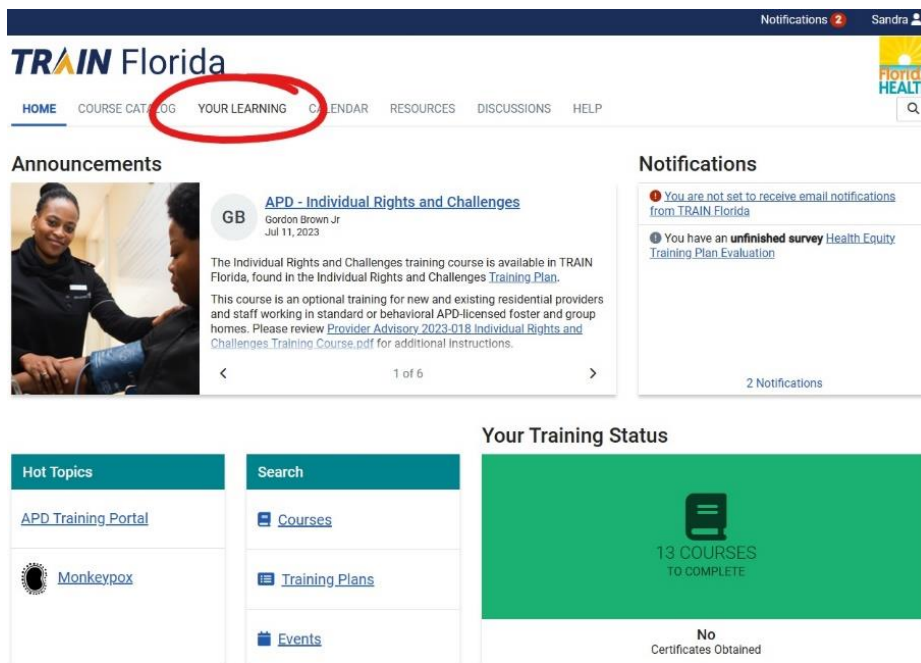
How to Access Trainings on TRAIN.org

Click: <https://www.train.org/florida/welcome>

- Log in.



- Click “Your Learning” at the top of the page.



- Complete all trainings.
 - Modules 1 – 5 (when applicable) should be completed in sequence for each topic (ex: APD - Direct Care Core Competencies - Module 1: Basic Person-Centered Planning needs to be completed before you can move on to APD - Direct Care Core Competencies - Module 2: Introduction to Developmental Disabilities)



This page contains relevant information about your coursework on the TRAIN Learning Network site. Check your current status within courses and training plans, print certificates, or access your transcript.

Your Current Courses Your Training Plans Your Certificates Your Transcript

Filter by Status ▼

Title ^	Status	Credit Type
APD - Direct Care Core Competencies - Module 1: Basic Person-Centered Planning	Not Started	⋮
APD - Direct Care Core Competencies - Module 2: Introduction to Developmental Disabilities	Not Started	⋮
APD - Direct Care Core Competencies - Module 3: Maintaining Health, Safety, and Wellness	Not Started	⋮
APD - Direct Care Core Competencies - Module 4: Individual Choices, Rights, and Responsibilities	Not Started	⋮
APD - Direct Care Core Competencies - Module 5: Roles and Responsibilities of Direct Support Professionals	Not Started	⋮
APD - Health Insurance Portability and Accountability Act (HIPAA) Basics	Not Started	⋮
APD - iConnect - Electronic Visit Verification	Not Started	⋮
APD - Requirements for All Waiver Providers	Not Started	⋮
APD - Zero Tolerance - Module 2: Defining Abuse, Neglect, and Exploitation (ANE) of People with Developmental Disabilities	Not Started	⋮
APD - Zero Tolerance - Module 1: A Statewide Initiative to End Abuse, Neglect, and Exploitation (ANE)	Not Started	⋮
APD - Zero Tolerance - Module 3: Recognizing Risk Factors, Characteristics, and signs of Abuse, Neglect, and Exploitation (ANE)	Not Started	⋮
APD - Zero Tolerance - Module 4: Reporting Abuse, Neglect, and Exploitation (ANE)	Not Started	⋮