



MARC, INC. OF MANCHESTER
352R WEST MIDDLE TURNPIKE
MANCHESTER, CONNECTICUT
06040

860-646-5718
FAX 860-645-9910

KEN CHARPENTIER
EXECUTIVE DIRECTOR

JOB POSTING - CONTINUOUS RECRUITMENT

December 15, 2010

Please be advised of the following **PART-TIME** positions in the Residential Department. Please see the attached job description for a list of responsibilities.

POSITION: Community Support Assistant

POSITION IS TO: Provide supports to varying numbers of individuals in their residences. Can include 1:1, 1:2, and 1:3 ratios. Duties include transportation, implementation of daily programs, medical appointments, med administration, meal making and light housekeeping, and daily, weekly and monthly documentation.

HOURS: Part -Time / Shifts may include 1st, 2nd and 3rd
predominately weekends, Holidays and evenings

Must have a valid driver's license and vehicle. Applicants with State of CT Med Certification preferred.

SALARY: ***Based on experience***

If interested, please complete the on-line application and mail or fax to:
Peter Engelbrecht, Residential Director: 352R West Middle Turnpike,
Manchester, CT 06040 or Fax: 860-645-9910.

MARC, Inc. is an EO/AA Employer

MARC, INC.
JOB DESCRIPTION

TITLE: COMMUNITY SUPPORT ASSISTANT

RESPONSIBLE TO: COMMUNITY SUPPORT COORDINATOR

SUPPORTS: PERSONS SERVED

BASIC FUNCTION:

To ensure that all persons served live in integrated, dignified and respectful residences and that services are provided in accordance with not only MARC, Inc.'s mission statement and philosophy but also with State and Federal mandated laws, policies and regulations.

SPECIFIC DUTIES:

- 1. Provides both staff and natural supports to and implements services for each person served.
- 2. Ensures each person served becomes involved in their community utilizing natural supports.
- 3. Support each person served in taking care of their home, finances, and proper nutrition, medical needs to the best of their ability.
- 4. Work with Community Support Coordinator on goals of people served.
- 5. Adheres to Personnel Policies and Procedures at all times.
- 6. Ensures residential settings according to the physical standards at all times.
- 7. Ensures that all persons served are accorded all their rights and responsibilities and are free from abuse or neglect.
- 8. Follows the Residential Policies and Procedures Manual at all times.
- 9. Ensures confidentiality and demonstrates positive attitude and behavior at all times so as to provide an appropriate role model for others.
- 10. Completes all agency and state required documentation in a timely, professional, and accurate manner.
- 11. Communicates to the Community Support Coordinator all persons served needs in a timely and appropriate manner.
- 12. Attends all applicable MARC training sessions, including CPR, First Aid, Medication Certification and PMT Training. All trainings must be completed within six months of hire date or termination will follow. All trainings must be kept current.
- 13. Transports persons served in either an agency vehicle or a personal vehicle whenever necessary.
- 14. Ensures cleanliness and proper maintenance of assigned vehicles reporting all needed repairs to the Community Support Coordinator.
- 15. Ensures that an accurate time sheet is turned in to the Community Support Coordinator no later than Friday of non-pay week for review. Corrections to be made within one week.
- 16. At no time are checks to be written out to cash or staff from person served accounts.
- 17. Performs other duties as designated by the Community Support Coordinator.

• Essential

- **RELATIONSHIPS:**

- A. Internal: Coordinates, consults, and interacts with the Community Support Coordinators, Residential Department staff, and other departments as necessary to accomplish specific duties.
 - B. Families and People Served: Advocates for, communicates with, and positively interacts with each member.
 - C. External: Coordinates and/or consults with and relates to community agencies, State officials and employees, civic organizations, and business leaders.
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- **SKILLS NEEDED:**

- A. Ability to drive, have and use a personal vehicle in order to transport employees and/or self.
 - B. Ability to obtain a public service license.
 - C. Ability to keep personal auto liability insurance.
 - D. Ability to understand and practice agency policies and State and Federal laws, policies and regulations.
 - E. Ability to analyze situations and develop creative solutions.
 - F. Ability to act quickly and remain calm in a crisis.
 - G. Ability to train and consult with employees and other individuals both internally and within the community.
 - H. Ability to communicate effectively both orally and in writing.
 - I. Ability to organize, be flexible, work alternative hours, keep a neat work area, and work independently.
 - J. Ability to obtain and ensure CPR, First Aid, PMT Training and Medication Administration Certification through the Department of Developmental Services within six months of hire date and throughout duration of employment at MARC and to keep all trainings current.
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- **EDUCATION**

Associate's Degree.

- **EXPERIENCE**

Two or more years in human services field required.

- **PHYSICAL EFFORT:**

Occasional lifting of nonambulatory people and carrying of such documents as manuals and files. Some sitting with frequent walking, standing, and driving.

- **EMOTIONAL EFFORT:**

Ability to meet frequent deadlines and handle stressful, hectic situations without loss of efficiency and composure.

- **Essential**

R 10-1-07

Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. Please answer all questions even if you are attaching a resume.

We are an equal opportunity employer. All applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other category protected by applicable federal, state, or local laws.

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL			
PLEASE PRINT CLEARLY USING A PEN			
FULL NAME	FIRST	MIDDLE	LAST SOCIAL SECURITY NUMBER
PRESENT ADDRESS	STREET		HOME TELEPHONE #
CITY	STATE	ZIP	ALTERNATE TELEPHONE #
If you do not have a phone, how may we contact you?			
If applicable, list any other names by which you have been known which may be necessary for confirming your work and educational record. For example, change of name, use of an assumed name, nickname, etc.:			
Have you ever worked for the Company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide approximate dates, position title and reason for separation from employment:			
Have you ever applied to the Company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide approximate date:			
How were you referred?			

GENERAL INFORMATION	
Are you over the age of eighteen? <input type="checkbox"/> YES <input type="checkbox"/> NO	If under age 18, can you supply working papers? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you legally eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Can you, upon employment provide documentation establishing your identity and eligibility to be legally employed in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Can you with or without reasonable accommodations perform the essential functions of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you have any questions about the functions of the job, please ask the interviewer before answering this question.)	
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Instructions for answering the next two questions. Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program. Connecticut applicants are not required to	

disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, and adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased and may so swear under oath.

Have you ever plead guilty or no contest to, or been convicted of a criminal offense other than the applicable exceptions listed above? YES NO

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? YES NO

(A conviction record will not necessarily disqualify you from employment. Factors such as the nature of the offense, its seriousness, the relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, and rehabilitation will be taken into account.)

If you answered yes to either of the above questions, please provide the dates explain the circumstances:

Have you ever been discharged from any employment or asked to resign? YES NO
If yes, please explain:

PLEASE CHECK SCHEDULE AVAILABILITY:

- I am available and desire to work FULL-TIME (35 hours) and do not have restrictions on my hours and days.
- I am available and desire to work PART-TIME (If less than 34 hours a week, please complete Sections A & B).

A. I am only available for PART-TIME because:

- Student Other Job Other (explain) _____

B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

Desired hourly rate or annual salary:	Date you are available to start work, if hired?
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EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
	NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
	ADDRESS		TO	ENDING SALARY		

		MO.	YR.			
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Please explain all gaps in your employment history in excess of one month:						

EDUCATION					
EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS. TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS
List any other experience, skills or other qualifications which you believe qualify you for the job for which you are applying (For example, computer proficiency, language(s), equipment operation, special tools or machines.)

PROFESSIONAL REFERENCES		
1	NAME	OCCUPATION and PHONE NUMBER
	ADDRESS	TITLE and PROFESSIONAL RELATIONSHIP
	CITY AND STATE	HOW LONG KNOWN
2	NAME	OCCUPATION and PHONE NUMBER
	ADDRESS	TITLE and PROFESSIONAL RELATIONSHIP
	CITY AND STATE	HOW LONG KNOWN
3	NAME	OCCUPATION and PHONE NUMBER
	ADDRESS	TITLE and PROFESSIONAL RELATIONSHIP
	CITY AND STATE	HOW LONG KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

THIS COMPANY IS AN AT-WILL EMPLOYER. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE EXECUTIVE DIRECTOR OF THE COMPANY.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I authorize the confirmation of all statements and information contained in this application as it relates to the position I am seeking and to the extent permitted by federal, state and local law. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

If hired, I agree to abide to the rules and regulations of the Company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except its policy of employment at-will. I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile insurance in an amount equal to the minimum required by the state.

I understand that the Company has a drug-free workplace and drug and alcohol testing program consistent with applicable federal and state law. If I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREETO THE ABOVE STATEMENTS.

APPLICANT SIGNATURE _____ DATE _____