**** External Applicant Pre-Screen Information Sheet

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| --- | --- |
| Name: |  |
| Date: |  |
| Email Address: |  |
| Phone Number: |  |

All of the Support Workers positions at the Lambton County Developmental Services involve working with people who have developmental disabilities. This is a very diverse group of people and your responsibilities will vary depending on the needs of the people supported. This pre-screen form will provide us with some additional information in regards to your application.

**What interest you about working with LCDS?**

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**Tell me about your experience in working with people with developmental disabilities?**

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| **LCDS has several programs throughout Lambton County. Please Check where you are willing to work:** | | | | | |
| Petrolia |  | Wyoming | |  | |
| Corunna |  | Oil Springs | |  | |
| Forest |  | Alvinston | |  | |
| Watford |  | Oil City | |  | |
| Brigden |  | Sarnia | |  | |
| Do you have reliable transportation to work? | | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have current First Aid Certification? | Yes |  | No |  |
| If yes, expiry date: | | | | |
| Do you have current CPR? | Yes |  | No |  |
| If yes, expiry date: | | | | |
| Do you have Crisis Intervention Training (CPI Training) | Yes |  | No |  |
| Type: | | | | |
| Have you ever used a mechanical lift? | Yes |  | No |  |
| Do you have experience administering medication? | Yes |  | No |  |
| Do you have any experience supporting someone who takes seizures? | Yes |  | No |  |
| Do you have any concerns performing personal care? | Yes |  | No |  |
| Do you have a current, valid, clean “G” class driver’s license? | Yes |  | No |  |
| Are you willing to provide a vulnerable sector criminal record check? | Yes |  | No |  |
| Have you had any convictions that have not been granted a pardon? | Yes |  | No |  |
| Are you legally entitled to work in Canada? | Yes |  | No |  |
| Are there any factors that would limit your ability to perform the physical requirements of a direct support position? | Yes |  | No |  |
| Do you have any experience working with people who are dual diagnosed? | Yes |  | No |  |
| Do you have any other comments you would like to add: | | | | |

Please indicate your availability by checking all boxes that apply:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **All or…** | **Mon** | **Tue** | **Wed** | | **Thu** | | **Fri** | | **Sat** | | **Sun** | | |
| Days (7am-3pm)(8am-4pm) |  |  |  |  | |  | |  | |  | |  | | |
| Afternoons (3pm-11pm)(4pm-12) |  |  |  |  | |  | |  | |  | |  | | |
| Night Awake (11pm-7am) |  |  |  |  | |  | |  | |  | |  | | |
| Nights Asleep (11-7am) |  |  |  |  | |  | |  | |  | |  | | |
| Mornings (6am-8am) |  |  |  |  | |  | |  | |  | |  | | |
| **Available Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Support work may involve many things. On a scale of 1 to 5, how willing and able are you to do the following task. 1= not very willing and 5=very willing. | | | | | | | | | | | | | |
| **Task** | | | | | **1** | | **2** | | **3** | | **4** | | **5** |
| Assist with preparing meals | | | | |  | |  | |  | |  | |  |
| Assisting people to eat their meals | | | | |  | |  | |  | |  | |  |
| Assist with personal care: i.e. bathing or dressing people | | | | |  | |  | |  | |  | |  |
| Change briefs (diapers) on adults | | | | |  | |  | |  | |  | |  |
| Eat with people who may have difficulty eating neatly and quietly | | | | |  | |  | |  | |  | |  |
| Teaching other people to do laundry | | | | |  | |  | |  | |  | |  |
| Supporting a person who is participating in a sport: i.e. swimming | | | | |  | |  | |  | |  | |  |
| Deal with challenging behavior that may involve the person swearing or yelling (in the community or at there home) | | | | |  | |  | |  | |  | |  |
| Deal with challenging behavior that may involve the person striking out and lead to you restraining | | | | |  | |  | |  | |  | |  |
| Council people and help them solve problem | | | | |  | |  | |  | |  | |  |
| Support people on visits home to their family or friends | | | | |  | |  | |  | |  | |  |
| Provide transportation to people supported | | | | |  | |  | |  | |  | |  |

**Please ensure your resume is attached to the prescreen information sheet.**