



Version Date: March 3, 2010

# Georgia Options Companion Position Application for Employment

HR ONLY: Eligible for re-hire  
Initials: \_\_\_\_\_ NA , Yes , No

DATE \_\_\_\_\_

Your application may not be considered if you **do not** complete accurately.  
**Interview Process:** Based upon thorough completion of your application and your availability to work, you will be contacted for an interview by a coordinator. Applications are active for 60 days.  
**Required: High School Diploma/GED, Current Driver's License, Social Security Card, Reliable Transportation, Negative Drug Test, No Felony Record**

PERSONAL INFORMATION	
NAME (FIRST, MIDDLE, LAST)	<b>Contact Information</b> HOME PHONE NUMBER: CELL PHONE NUMBER: PAGER NUMBER: E-MAIL ADDRESS:
STREET ADDRESS	
MAILING ADDRESS IF DIFFERENT FROM STREET	
CITY, STATE, ZIP	
PLEASE LIST OTHER NAME(S) YOU HAVE USED IN THE PAST	

EDUCATION		
NAME AND ADDRESS OF HIGH SCHOOL	DATE OF COMPLETION	GED DATE OF COMPLETION
NAME AND ADDRESS OF COLLEGE	Circle Number of Years 1 2 3 4 5 6 7	DEGREE AND DATE OF COMPLETION
CERTIFICATIONS	EDUCATIONAL INSTITUTION	DATE OF COMPLETION
OTHER SPECIAL TRAINING	EDUCATIONAL INSTITUTION	DATE OF COMPLETION

GENERAL DATA	
DO YOU HAVE A VALID DRIVER'S LICENSE? ___ YES ___ NO	DO YOU HAVE RELIABLE TRANSPORTATION? ___ YES ___ NO
HAVE YOU EVER WORKED FOR GEORGIA OPTIONS? ___ YES ___ NO BY WHAT NAME AND WHEN? _____	
HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A SUMMARY OFFENSE? ___ YES ___ NO EXPLAIN: _____	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? ___ YES ___ NO	
THIS POSITION MAY REQUIRE LIFTING, PULLING, BENDING, SQUATTING, REACHING AND DRIVING. CAN YOU PERFORM ALL THE DUTIES OF THE COMPANION? ___ YES ___ NO	
LIST SKILLS, TRAINING OR OTHER RELEVANT KNOWLEDGE FOR THIS POSITION: _____	
HOW DID YOU HEAR ABOUT EMPLOYMENT WITH GEORGIA OPTIONS? _____	
PLEASE STATE BRIEFLY WHY YOU ARE APPLYING FOR THIS POSITION: _____	

Please list your work history, most current employer first. This information must be completed or you may not be considered for employment.

Company _____	From _____	To _____
Address _____	City/State _____	
Supervisor _____	Phone # _____	
Position _____	May we contact for reference? _____	
Reason for leaving _____		
Duties _____		

Company _____	From _____	To _____
Address _____	City/State _____	
Supervisor _____	Phone # _____	
Position _____	May we contact for reference? _____	
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Duties _____		

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Duties _____		

Company _____	From _____	To _____
Address _____	City/State _____	
Supervisor _____	Phone # _____	
Position _____	May we contact for reference? _____	
Reason for leaving _____		
Duties _____		

References:

List names and CURRENT telephone numbers for references of people you have known for at least one year (relatives are not included).

_____	Phone # _____
Name	
How long have you known this person? _____	

_____	Phone # _____
Name	
How long have you known this person? _____	

_____	Phone # _____
Name	
How long have you known this person? _____	

# Georgia Options, Inc.

160 Ben Burton Road, Bogart, GA 30622  
Phone: 706-546-0009 ext, 31, Fax: 706-546-0215  
E-mail: [hr-asst@georgiaoptions.org](mailto:hr-asst@georgiaoptions.org)

## Employment Verification & Reference

### Applicant to complete:

Name of employee: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_ Last four digits

I, \_\_\_\_\_, give my permission to have this information released to  
Signature

Georgia Options, Inc. for employment purposes. Date: \_\_\_\_\_

### Employer to complete:

Dates of employment: To \_\_\_\_\_ From \_\_\_\_\_

Please circle reason for leaving: Voluntary Asked to leave

Please give more information: \_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions:

1. Is the employee eligible for rehire? Yes  No
2. Did the employee follow instructions? Yes  No
3. Did the employee ask for help if they didn't understand something? Yes  No
4. Did the employee give sufficient notice about an upcoming attendance problem? Yes  No
5. Did the employee make good independent decisions? Yes  No
6. Did the employee work in an environment where there was no direct supervision? Yes  No
7. Was the employee a good team member? Did employee get along with others? Yes  No
8. Did the employee accept feedback well? Yes  No
9. How would you rate the employee's judgment skills? Excellent  Good  Fair  Poor

This employee is applying for a Companion position with Georgia Options serving someone with a developmental disability. The employee will be working to support one or two person(s), unsupervised. Do you know of any reason the people we serve would be at risk with this applicant?  
\_\_\_\_\_  
\_\_\_\_\_

Name and title of person completing information: \_\_\_\_\_

Company or Business \_\_\_\_\_

After reading the following statement, please circle your response, sign and date.

Have you ever been shown by credible evidence (i.e. Court, jury, department investigation or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?                    **NO**                    **YES**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read the following and sign below:**

This form is an application to be considered for a position with Georgia Options. Applications are considered active for 60 days. Neither this form nor any other personnel form is a contract.

The Immigration Act of 1986 requires all employers to obtain verification of US citizenship or authorization to work status of resident aliens.

Georgia Options is a drug free workplace; all new employees must complete a drug screen within 72 hours of being hired. Post incident and random drug testing may occur. Employees are required to be tested for TB; other job related physical examinations might be required.

Employment at Georgia Options is on an at will basis; employees may be terminated or reassigned at any time.

By signing below you authorize Georgia Options to make inquiries about your work history, character, reputation and honesty. You give your permission for Georgia Options to contact past employers, schools, and personal references. You give your permission for your past employers, schools and personal references to release information about you. You waive any liability claims against Georgia Options, past employers, schools and personal references for their release of information about you.

I certify that all information provided on this application is accurate and true. I understand that any misrepresentations or omissions may be grounds for termination.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Georgia Options Job Description

### Community Support Companion

#### Nature of Work

Community Support Companions duties are to provide support to people Georgia Options serves. The exact nature of the supports will be determined based on the unique individual needs of the person served, but frequently includes assistance with home management, personal hygiene, transportation, medication documentation, community involvement and recreation. Companion positions are designed to assist individuals to participate fully as valued members of their community. The desires and Personal Outcomes of the person served direct the Companions' primary duties. Personal characteristics include a positive attitude, friendly and caring nature.

#### General Duties

1) *Respect the choices and preferences of the person served.*

Learn and respond to the communication style of the person served.

2) *Treat the person served with respect.*

Provide support to the person served to exercise their rights and provide advocacy when needed. Use image enhancing and age appropriate language. Protect the privacy, confidentiality and dignity of the person served.

3) *Assist with hygiene and grooming.*

Provide support through modeling, conversations and physical assistance when needed, as determined on an individual basis.

4) *Assist with house keeping and maintenance.*

Provide support through modeling, conversations and physical assistance.

5) *Assist with meals.*

Provide support to plan meals, purchase groceries and prepare meals through modeling, conversations and physical assistance when needed as determined on an individual basis.

6) *Assist with money management.*

Provide support for budgeting, spending and retaining receipts. Modeling, conversations and physical assistance may be required for purchases.

7) *Assist with community involvement.*

Identify meaningful ways for the person served to participate in their community through paid jobs, volunteer services, or other activities of community life. Provide support to overcome barriers to achieve community involvement through modeling, conversations and physical assistance.

8) *Assist with Transportation*

Maintain a valid driver's license, drive the person served in an insured vehicle and accurately record mileage for reimbursement; OR maintain a valid driver's license and drive the person served in their own vehicle. Provide support to the person served to maintain their vehicle (i.e. buying gas, general repairs, washing) through modeling, conversations and physical assistance.

9) *Participate in Training*

Complete initial training in a timely manner. Attend trainings and staff meetings. Attend at least 8 additional Continuing Education training hours yearly.

10) *Maintain Accurate Records*

Document activities on proper forms and tracking sheets as instructed. When medication is involved, record the person served taking their medication accurately and timely. Keep other records as directed. Report progress and problems to supervisor in regards to handling medical emergencies or other incidents that affect services.

Please sign stating you understand the position. Thank you.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**1.**

**Please check the boxes listing the hours you are available and interested to work. Schedules vary according to the support needs of the individual.**

	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												

	8p	9p	10p	11p	12a	1a	2a	3a	4a	5a	6a	7a
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												

**2.**

If you are responding to an ad, please give the details of the announcement:

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Circle YES or NO to the following:

I am interested in learning more about serving someone with disabilities from Friday evening through a Sunday evening in their home. YES NO

I am interested in learning more about hosting someone with disabilities in my home. YES NO

We serve people in the following counties: Clarke, Barrow, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, and Walton. Coordinators take into consideration the area you live when deciding to offer you a position. You may be asked to travel a couple of miles to someone's home or you may be asked to travel up to forty miles to serve someone.