



POSITION POSTING

INTERMITTENT VEHICLE OPERATOR AIDE

REGULAR HOURS OF WORK: 7:00 a.m. to 9:00 a.m. and 2:30 p.m. to 4:30 p.m., Monday through Friday, as required

IMMEDIATE SUPERVISOR: Transportation Supervisor

SPECIFICATIONS: Provides assisting services on a transportation route, including loading and unloading the vehicle and monitoring and assisting riders while on the vehicle.

As an employee of the Miami County Board of DD, the job incumbent shall comply with all Board policies at all times, and shall demonstrate respect for, support the dignity of, and observe the rights of all individuals served by the Board.

DUTIES: 45% Assists in loading and unloading of passengers, ensuring that passengers delivered to their place of residence or day program are sufficiently transferred to/from the home caregivers or other employees when deemed necessary based on consumer ability issues to ensure safety of the passengers. Provides assistance to non-ambulatory children and adults and operates non-bus fleet equipment (vans) intermittently.

Acts as important liaison between the program and the family or caregiver since contacts are usually on a daily basis. Maintains positive relationships with families and caregivers.

20% Assists riders with personal needs such as clothing, illness, school bags etc. Interacts with riders to provide a pleasant atmosphere on the vehicle and exhibits a genuine interest in their wants and needs. Assists in cleaning inside of vehicle.

15% Monitors and assists riders with safety precautions including but not limited to improper standing, remaining in seats, use of seat belts, locked wheelchair clamps, and eliminating throwing items in the vehicle or through windows.

- 15% Monitors behavior of children and adults on vehicle. Encourages appropriate behavior as necessary within guidelines established by Board policy, training sessions and instructions from the vehicle operator. Participates in other training as required.
- 5% Performs other related duties as assigned.

QUALIFICATIONS: High School diploma or equivalent.
Must satisfactorily pass a post-offer medical physical demands analysis and consistently maintain ability to pass such testing.
Satisfactory criminal background and Abuser Registry check.
Possess valid Driver's License

PREFERRED

QUALIFICATIONS: Two (2) years' experience as a vehicle aide in a public school system or in an DD program.

OSHA: May be exposed to communicable diseases.
May be exposed to loud noises.
May be exposed to unpleasant odors.
May be exposed to students/clients with unpredictable and/or aggressive behaviors.

FLSA: Non-exempt from overtime

STATUS: Classified Civil Service
Service Employee

RANGE: Range between \$9.61 per hour with incremental progression to \$10.77 per hour based on satisfactory performance.

If interested in applying for this position, please submit application form below by **email or U.S. Mail or Fax or hand-delivery ONLY**. Attaching a personal resume to the completed application is recommended but not required.

Our contact information is as follows:

Riverside of Miami County

1625 Troy-Sidney Rd.

Troy, OH 45373

Fax: (937) 335-6907

Email: megan.brinckerhoff@riversidedd.org

DATE POSTED: September 3, 2013

POSITION CLOSING DEADLINE: Open until filled

The Miami County Board of Developmental Disabilities does not discriminate in provision of services or employment because of handicap, race, color, creed, national origin, sex, or age.

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VEHICLE OPERATOR AIDE
ESSENTIAL FUNCTIONS
For purposes of 42 USC 12101 and OAC 4112-5-08:

1. Monitors behavior and activities of consumers with developmental disabilities while en route to and from facilities or when on the vehicle.
2. Maintains discipline and detects conditions which may threaten the safety of passengers including but not limited to behavioral and medical concerns. Uses training and knowledge of consumers in a crisis or emergency situation to take necessary actions to provide for health and safety of consumers.
3. Ability to assist Vehicle Operator in loading and unloading consumers, including appropriate transfer of custody to/from home caregiver or other Board employees; securing safety devices (i.e. wheelchair tie downs, harnesses, car seats, seat belts); operation of the vehicle lift; and evacuation procedures. Must be able to meet physical demands analysis screening at all times.
4. Must be certified, able to maintain certification and be able to perform and provide first aid and CPR, as necessary and is able to deal with crisis situations in a calm, efficient manner.
5. Participates in consumer IEP/IP meetings and implements behavioral programs for consumers including completing required documentation.
6. Verbal communication skills including ability to effectively communicate with consumers, parents, families and staff.
7. Written communication skills including ability to complete written reports, as required.
8. Attends training sessions and meetings, as required.
9. Demonstrates regular and predictable attendance.
10. Able to perform cleaning of the interior of the vehicle, as needed.
11. Must possess and maintain a valid State of Ohio vehicle operator license with fewer than 2 violations on record at any time and be able to safely operate a variety of passenger motor vehicles. Must be able to self-transport to and around various work locations.

EMPLOYMENT APPLICATION

TO ALL APPLICANTS:

Thank you for your interest in employment with Riverside of Miami County. When completing your application, answer all questions thoroughly. Type or print clearly. If you need assistance completing the application, please advise the Human Resources Office. Be sure your signature and the date appear on the last page of the application and return the completed application to the Human Resources Office at the above address. All applications will be kept on active status for one year. If you are not hired but are still interested in employment with this organization after one year, you will need to complete a new application.

SELECTION PROCESS:

When completed applications are received by the Human Resources Office, they will be considered for appropriate vacancies based on the applicant's stated areas of interest and qualifications. Because there are generally more applicants than vacant positions, not all applicants will be asked to participate in the Selection Process. The Human Resources Office schedules interviews based upon the applicant's qualification and ability to perform the essential job functions of the position with or without reasonable accommodations. All offers of employment are contingent upon successful completion of a drug test, medical examination, criminal background check(s), and, when requested, a clear driving abstract.

CERTIFICATION/LICENSURE/REGISTRATION:

Some positions require certification, licensure and/or registration. If you are applying for any of these positions, complete the appropriate information on the application and enclose a copy of the certificate, license, and/or registration.

NOTICE OF REQUIREMENT OF CRIMINAL BACKGROUND CHECK:

The Board is required by law to conduct criminal background checks on new employees. If you are hired, you will be required to complete an affidavit and be fingerprinted. The background check will be completed by the Ohio Bureau of Criminal Investigation & Identification or, at the Board's discretion, other state or federal agencies. All offers of employment are contingent upon satisfactory reports. Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness of the offense in relation to the job for which you are applying. This report is not subject to the Ohio Public Records Act. You are entitled to receive a copy of the report.

THE BOARD IS AN EQUAL OPPORTUNITY EMPLOYER

The Board provides equal opportunity for employment, training, and advancement regardless of gender, race, creed, color, age, national origin, religion, disability, or any other factors unrelated to the essential duties of the position.

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PERSONAL INFORMATION (Please type or print clearly)

Date: _____

Name _____ Social Security No. _____
Last First Middle

Address _____ Telephone No. _____

Email Address: _____@_____ (PRINT CLEARLY)

Position applied for: _____ Rate of Pay Expected \$ _____ per _____

How did you learn of this opening? _____

Have you worked for this agency before? Yes _____ No _____

EMPLOYMENT HISTORY - List most recent work first. Use additional sheet if necessary. If your job title or duties changed during employment with any one employer, please list as separate employers. **YOU MAY ATTACH A RESUME BUT APPLICATION MUST BE COMPLETED.**

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes _____ No _____

Name/Title of Supervisor _____

Job Title _____

Dates of Employment: From _____ to _____ Ending Salary _____

Describe Responsibilities: _____

Reason for Leaving _____

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes _____ No _____

Name/Title of Supervisor _____

Job Title _____

Dates of Employment: From _____ to _____ Ending Salary _____

Describe Responsibilities: _____

Reason for Leaving _____

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes _____ No _____

Name/Title of Supervisor _____

Job Title _____

Dates of Employment: From _____ to _____ Ending Salary _____

Describe Responsibilities: _____

Reason for Leaving _____

ADDENDUM TO EMPLOYMENT APPLICATION

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes _____ No _____
Name/Title of Supervisor _____
Job Title _____
Dates of Employment: From _____ to _____ Ending Salary _____
Describe Responsibilities: _____
Reason for Leaving _____

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes _____ No _____
Name/Title of Supervisor _____
Job Title _____
Dates of Employment: From _____ to _____ Ending Salary _____
Describe Responsibilities: _____
Reason for Leaving _____

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes _____ No _____
Name/Title of Supervisor _____
Job Title _____
Dates of Employment: From _____ to _____ Ending Salary _____
Describe Responsibilities: _____
Reason for Leaving _____

Name of Employer: _____ Telephone No. _____
Address: _____ May we contact this employer?
Yes _____ No _____
Name/Title of Supervisor _____
Job Title _____
Dates of Employment: From _____ to _____ Ending Salary _____
Describe Responsibilities: _____
Reason for Leaving _____

EDUCATION

	Complete Name & Address	Years Completed	Graduated (circle one)	Degree	Major
High School	_____	1 2 3 4	Yes No		

College*	_____	1 2 3 4	Yes No		

Post Graduate*	_____	1 2 3 4	Yes No		

Business/Trade	_____	1 2 3 4	Yes No		

Other	_____	1 2 3 4	Yes No		

***submit transcripts or copy of highest diploma. Unofficial transcripts are acceptable.**

CERTIFICATION/LICENSURE/REGISTRATION

Enclose copies of the applicable document(s) and complete the information below as it relates to the position for which you have applied.

Certification/Licensure from the Ohio Department of Education

Type _____ Grade _____ Expiration Date _____

Certification or Registration from the Ohio Department of DD

Type _____ Validation _____ Grade _____ Expiration Date _____

Please list other certificates, registrations, or licenses you have that are required for the position:

Type of Certificate/Registration/License Authorizing Board or Agency Expiration Date

- 1.
- 2.
- 3.

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MISCELLANEOUS

1. Have you ever had a certificate, license, or registration revoked or suspended? Yes _____ No _____
If yes, explain:

2. Can you perform the essential functions of the specific job for which you are applying as listed in the Position Posting? Yes _____ No _____
If no, please list which essential function(s) you would have difficulty performing and identify possible accommodation(s):

3. Have you ever been employed in the State or County service of Ohio? Yes _____ No _____

4. Have you been convicted of any felony? Yes _____ No _____

If you answered "Yes" to questions 3 or 4, please explain fully below, indicating by number to which question you are responding:

REFERENCES

Please list three references, excluding former employers and relatives, this agency has permission to contact.

Name: _____ Occupation: _____
Address: _____ Phone No.: _____

Name: _____ Occupation: _____
Address: _____ Phone No.: _____

Name: _____ Occupation: _____
Address: _____ Phone No.: _____

ADDITIONAL INFORMATION

Please summarize other skills or qualifications which you believe have relevance to the position you are applying for:

Do any of the following apply to you?

Yes No

- (a) You are an employee of an agency contracting to provide services with the Miami County Board of Developmental Disabilities.
- (b) You are an immediate family member of an employee of an agency contracting to provide services with the Miami County Board of Developmental Disabilities.
- (c) You have an immediate family member who serves as a county commissioner for Miami County.
- (d) You are employed by, have an ownership interest in, perform or provide administrative duties for, or are a member of the governing board of an entity that provides specialized services to people with disabilities, regardless of whether the entity contracts with the Miami County Board of Developmental Disabilities to provide specialized services.

If you answered yes to any of the above, AND you are applying and are hired to work with us in a position that is defined as a management position or a professional position or a service position, be advised of the following Ohio Law (5126.033):

A county board shall not enter into a direct services contract for services with an individual, agency, or other entity that employs a person who is a management employee, professional employee, or service employee of the County Board of Developmental Disabilities, unless all of the following conditions are met:

- (1) The employee is not in a capacity to influence the award of the contract.
- (2) The employee has not attempted in any manner to secure the contract on behalf of the individual, agency, or other entity.
- (3) The employee is not in management level two or three according to rules adopted by the Director of Developmental Disabilities.
- (4) The employee is not employed by the board during the period when the contract is developed as an administrator or supervisor responsible for approving or supervising services to be provided under the contract and agrees not to take such a position while the contract is in effect, regardless of whether the position is related to the services provided under the contract.
- (5) The employee has not taken any actions that create the need for the services to be provided under the contract.
- (6) The individual, agency, or other entity seeks the services of the employee because of the employee's expertise and familiarity with the care and condition of one or more eligible persons and other individuals with such expertise and familiarity are unavailable, or an eligible person has requested to have the services provided by that employee.

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APPLICANT'S AGREEMENT

I certify that I will declare, now or in future, any connection to another direct service agency for which my employment with Miami County Board of Developmental Disabilities could create a conflict of interest as outlined in items (1) to (6) above (on Page 6).

I certify that I have read and understand the instructions on the front page and all other information on this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omission, or misrepresentations of fact provided in this application may result in rejection of my application or termination at any time during my employment. I understand that, as a condition of initial or continued employment, I agree to submit to examinations, including medical, or substance testing as may be required by the Board.

I authorize the Board and/or its agents including consumer reporting bureaus, to verify any of the information I have provided by researching appropriate information and record sources. I authorize all employers (unless noted in employment history), persons, schools, companies, law enforcement authorities and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information.

I confirm that I meet all the minimum qualifications as stated on the job posting for the position for which I am applying.

I understand and agree that as a condition of employment, I will meet and maintain all required standards of my position which involve certification, registration, licensure, and training. I further understand that I may be required to enroll in college courses and/or other training at my expense.

I grant permission to have this application and enclosures duplicated and to be distributed to the Board's employees responsible for initial screening, interviewing, and recommending applicants for employment and to employees responsible for personnel records and reports.

SIGNATURE: _____ Date: _____

Form must be signed.

You may return by doing one of the following: mail (1625 Troy-Sidney Road, Troy, Ohio 45373), fax (937-332-1762) scan and email to megan.brinckerhoff@riversidedd.org or bring to our office. Interviews will be scheduled based on the outcome of the review and evaluation.

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