

SALARY INFORMATION

Below are the yearly and hourly wages for the positions of Direct Care Worker (DCW) and Direct Care Trainee (DCT)*.

Direct Care Worker

Hourly: \$9.59

Semi-Monthly: \$834.18

Yearly: \$20,020.98

Direct Care Trainee

Hourly: \$8.75

Semi-Monthly: \$761.79

Yearly: \$18,282.98

*The distinction between the DCW and DCT positions is the applicant's acquisition of a high school diploma or an equivalent.

**DIRECT CARE TRAINEE:
\$761.79/SEMI-MONTHLY**

**DIRECT CARE WORKER:
\$834.18/ SEMI-MONTHLY**

Direct Care Professional

Characteristics of Work:

This is a semi-skilled level of work in the care and supervision of persons with developmental disabilities at a state intermediate developmental disability residential facility. Employees assist the persons with their optimal level of care and supervision. The employee ensures that all physical care needs to include but not limited to: bathing, grooming, personal hygiene, providing assistance with toileting needs, and assisting individuals with feeding. Other duties include general housekeeping, assist with teaching skills, maintain documentation on behaviors and all incidents and conduct, and participate in recreational programs and activities. General supervision is received from a Direct Care Supervisor, Direct Care Alternate Supervisor, Direct Care Shift Supervisor, and Coordinator of Direct Care Services.

Examples of Work:

Examples of work performed in this classification include, but are not limited to, the following:

- Assisting individuals with their individual service plans
- Interact with individuals; provide supervision, accountable for assigned individuals; provide active treatment
- Observe, give verbal and/or written reports; and/or chart physical or behavioral problems, change in condition and accidents of individuals
- Give/receive cottage reports and check individual at shift change
- Supervise, observe, and account for individuals
- Maintain life and safety standards
- Organize and count individual clothes
- Follow daily work schedule and supervisor instructions
- Communicate with supervisor
- Accompany individuals to activities off the cottage and/or campus
- Assist in developing, implementation and documentation of programs in self-care, self-help, socialization, homemaking, independent living skills and leisure activities.
- Interact and talk with individuals
- Accompany individuals for special procedures/activities
- Turn and position non-ambulatory individuals and document
- Conduct 15 minute bed check
- Attend professional development in-services, IDT meetings, and professional meetings
- Adhere to all policies and procedure

Essential Functions:

Additional essential functions may be identified and included by the hiring agency. The essential functions include, but are not limited to, the following:

1. Performs routine procedures to ensure individuals are provided an opportunity for achievement, personal growth, and success in *all* aspects of living
2. Assist in providing individualized services to ensure all needs are met in all areas of physical care, health, and safety
3. Assist and participate in recreational and social activities for consumers in accordance with written training objectives and individual service plans

STATE VEHICLE ACKNOWLEDGEMENT FORM

I understand that I am applying for a position with Hudspeth Regional Center which, as a part of the job duties, requires the operation of a state vehicle and/or transporting Hudspeth Regional Center clients.

I agree to have a driver's license check conducted prior to my employment and at least annually or when requested by my department director if I am employed in this position.

Name

Date

Witness

Date

Driver's License Number

Expiration Date

Have you ever worked for the Department of Mental Health?

Yes

No

If yes, which agency?

North Mississippi Regional Center

East Mississippi State Hospital

Ellisville State School

Hudspeth Regional Center

Mississippi State Hospital (Whitfield)

South Mississippi Regional Center

Boswell Regional Center

Dates Employed:

From: _____ To: _____

Position Held: _____

Signature: _____

Date: _____

NOTICE TO ALL HUDSPETH REGIONAL CENTER EMPLOYEES DRUG AND ALCOHOL TESTING PROGRAM

You are hereby advised that effective thirty (30) days from issuance of this notice. Hudspeth Regional Center has implemented a drug and alcohol policy and conducts a testing program, pursuant to House Bill 84 of the 1994 Mississippi State Legislature and the Code of Federal Regulations at 49 C.F.R. Parts 40, 282, 391, 392, 395, as amended (1994), and you are hereby advised of the existence of the policy and statutes, copies of which are available for your inspection at the facility personnel office during regular business hours.

It shall be the policy of the Department of Mental Health and its facilities that a chemical testing program exist to provide reasonable assurance that all employees are not under the influence of chemical substances, either legal or illegal, which might impair their performance and to insure compliance with this agency's policy to maintain a drug-free workplace. Chemical testing may be required for all employees for: (1) pre-employment; (2) reasonable suspicion or cause; and, (3) on a random basis. Testing based on reasonable suspicion or cause may result in post accident/incident testing and/or follow-up testing.

All information, interviews, reports, statements, memoranda, and test results, written or otherwise, received by Hudspeth Regional Center through its drug and alcohol testing program are confidential communications, except under certain circumstances as allowed by state or federal law.

An employee or job applicant shall be allowed to confidentially report to Hudspeth Regional Center of currently or recently used prescription or nonprescription drugs at the time of the taking of the specimen to be tested, and such information shall be placed in writing upon the employer's drug and alcohol testing custody and control form prior to initial testing.

An employee, who has been tested and has received a positive confirmed drug and alcohol test result, may be disciplined in accordance with the department policies and procedure, up to and including termination or employment.

Refusal by an employee to submit to testing will be cause for termination of employment.

For employees who have been tested and have a positive confirmed test result and who has been determined not to be subject of discipline or termination will be referred for assessment and rehabilitation through the Employee Assistance Program.

Any employee who receives a positive confirmed drug and alcohol test result may appeal that result as provided in the department chemical testing policy

The following chemical substances may be tested for: (1) alcohol; (2) Marijuana; (3) Cocaine; (4) Opiate; (5) Phencyclidines; and, (6) Amphetamines.

I hereby acknowledge being notified of the drug/alcohol program at Hudspeth Regional Center.

Name: _____

(Please Print)

Signature: _____

Date: _____

HUDSPETH REGIONAL CENTER



Jerrie T. Barnes, M.Ed.
Director

100 Hudspeth Center Dr.
Post Office Box 127-B
Whitfield, Mississippi 39193

(601) 664-6000
Fax: (601) 354-6945

REFERENCE INQUIRY

TO WHOM IT MAY CONCERN:

AUTHORIZATION:

I hereby authorize Hudspeth Regional Center to request verification of statements made by me on my employment application, and any other job-related information. I also give permission to the company addressed above to release the information required by Hudspeth Regional Center.

Applicant's Signature _____ Date _____

OFFICE USE ONLY BELOW THIS LINE

Name of Applicant

Dates of Employment

Social Security Number

Reason for Leaving

Is the above correct? Yes No If not, please make corrections.

What is your opinion as to this person's:

	Above Average	Average	Below Average	Unsatisfactory
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you re-employ? Yes No (if no, please explain below)

Would you recommend that we employ? Yes No

If you have a Drug/Alcohol Testing Policy, had this person ever tested positive for drugs and/or alcohol or violated the drug/alcohol policies? Yes No (if yes, please explain below)

Comments: _____

Signature & Title: _____

Date: _____

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Comments: _____

Signature & Title: _____

Date: _____

CHARACTER REFERENCES

The following two (2) Character Reference forms need to be completed by two (2) references that are NOT related to you. You can return these with your application or mail to us with address provided at the bottom of the forms.

Character Reference

Name of Applicant: _____
Position Applied For: _____
Name of Reference: _____
Address of Reference: _____
Reference's Telephone #: _____

Your name has been submitted by _____, who has made application for employment at the Hudspeth Regional Center, Whitfield, Mississippi. In order to give adequate consideration to the application, we would appreciate your honest evaluation of the above mentioned as far as character, experience, and ability is concerned by checking the correct spaces:

	Above Average	Average	Below Average
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Please return to
Hudspeth Regional Center - Human Resources Department
PO Box 127-B
Whitfield, MS 39193

Signature of Reference Date

Position

Character Reference

Name of Applicant: _____
Position Applied For: _____
Name of Reference: _____
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COMMENTS

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Hudspeth Regional Center - Human Resources Department

PO Box 127-B

Whitfield, MS 39193

Signature of Reference

Date

Position