

**PRIDE IN NORTH CAROLINA, INC.**

117 Edinburgh South  
Suite 205  
Cary, NC 27511  
(919) 467-4745

**APPLICATION FOR EMPLOYMENT**

**Personal Data:**

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

Name:

\_\_\_\_\_

Last	First	Middle/Maiden
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Address:

\_\_\_\_\_

Street/P.O. Box	City	State	Zip
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Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you a U.S. citizen or legal permanent resident? \_\_\_\_\_

If not, explain your status: \_\_\_\_\_

**General Information:**

What position are you applying for? \_\_\_\_\_

When will you be available for work? \_\_\_\_\_

What hours are you available to work? (circle all that apply) Full Time    Part Time

1<sup>st</sup> Shift    2<sup>nd</sup> Shift    3<sup>rd</sup> Shift    Week Days    Weekends    Sleep Over/3 Days On

Employment with PRIDE IN NORTH CAROLINA, INC. may require physical intervention with clients who exhibit aggressive and violent behaviors. Do you have any health problems or physical limitations which would prevent you from performing physical intervention or any other tasks the position may require? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_  
\*\*State laws of North Carolina require that employees provide a signed physician statement verifying they are in good physical and mental health and free from communicable disease or any other condition that poses a threat to clients.

Do you know or are you related to any past or present PRIDE IN NORTH CAROLINA, INC. employees? If so, please indicate names: \_\_\_\_\_

Have you ever been convicted of child abuse or neglect or any other offense, or forfeited a bond? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Note: A conviction will not necessarily exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job you are applying for will be considered.)

**Education:**

High School:

Name and Location

Dates Attended

Graduation Date

College:

Name and Location

Dates Attended

Major

Degree?

\*\* If employed, you will be required to furnish copies of educational diplomas/transcripts.

List all of the states you've resided in over the past five years:

**Skills and Training:**

List and attach documentation for all current training and certifications you have completed:

<u>Topic</u>	<u>Date Certified</u>	<u>Instructor</u>
First Aid		
CPR		
Infection Control		
NCI		
Medication Administration		
Human Rights		
Behavior Management		
Person Centered Planning		
Other:		
_____		
_____		

List and attach documentation for all current licenses held:

List any professional associations of which you are a member:

On a scale of 1-10 (ten being the best) please rate your computer skills: \_\_\_\_\_

On a scale of 1-10 (ten being the best) please rate your typing skills: \_\_\_\_\_

N.C. Driver's License \_\_\_\_\_ License # \_\_\_\_\_

**Character References:**

Identify at least three persons who have knowledge of your qualifications for the position. Do not use the names of supervisors included on the Employment History.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

**Employment History:**

In the space below, indicate your employment history, beginning with your current or most recent position. Include military, part-time, and significant volunteer experience. Be sure to account for all gaps in employment. If additional space is needed, please complete a supplemental sheet.

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer	Address	Phone	
Job Title		Supervisor	
Dates of Employment	Starting Salary	Ending Salary	Full/Part-time
Reason for Leaving			
Job Responsibilities (be specific)			

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Employer	Address	Phone	
Job Title		Supervisor	
Dates of Employment	Starting Salary	Ending Salary	Full/Part-time
Reason for Leaving			
Job Responsibilities (be specific)			



**Please respond to the following questions:**

1. Describe your philosophy on providing treatment for persons with special needs.
2. If you were faced with an aggressive or assaultive individual, how would you handle the situation?
3. What do you think are the goals of community-based treatment?
4. What is the difference between a therapeutic and social relationship? Which is more appropriate when working with special populations, and why?

**Please read the following statements carefully and sign:**

I certify that the information I have provided accurately represents my background and that any false or incomplete information will be grounds for rejection of my application or dismissal if I am employed by PRIDE IN NORTH CAROLINA, INC. I authorize PRIDE IN NORTH CAROLINA, INC. to obtain information about me from my previous employers, personal references and other persons or institutions listed on this application as well as any additional references or contacts we may identify. Additionally, I authorize my previous employers, personal references and other persons or institutions to provide PRIDE IN NORTH CAROLINA, INC. with any information requested, including criminal and driving record checks and release all previous employers from any and all liability for providing accurate, job-related information as necessary.

I understand any position I am offered is contingent upon receipt of a State Criminal Record check. The company may rescind any offer of employment based on the contents of this document. I also agree to have a pre-employment physical and understand I must be in good physical and mental health and free from communicable disease. PRIDE IN NORTH CAROLINA, INC. reserves the right to rescind any offer of employment based on the results of my physical.

If offered a position, I understand that I will be held responsible for the costs incurred of training and development should my employment terminate for any reason during the first six months. I understand I will be accountable for 100% of the cost (\$300.00) if I terminate during the first three months, and the rate will reduce by one third each subsequent month following.

PRIDE IN NORTH CAROLINA, INC. processes all payroll checks via direct deposit. I understand that if hired, I am required to have a checking or savings account and must provide account information to my supervisor within one week of employment.

I acknowledge that this is an application and not an employment agreement. **NOTHING HEREIN IS A PROMISE OF EMPLOYMENT FOR A FIXED TERM. IF HIRED, I UNDERSTAND THAT PRIDE IN NORTH CAROLINA, INC. MAY TERMINATE ME FOR ANY REASON OR FOR NO REASON, JUST AS I MAY RESIGN AT ANY TIME.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

PLEASE RETURN THIS COMPLETED APPLICATION TO:  
PRIDE IN NORTH CAROLINA, INC.

\_\_\_\_\_ Regional Office

\_\_\_\_\_  
Please sign the attached State Criminal Record and Driving Record Check authorization forms. Include copies of any current training certificates and transcripts.