

PRIDE IN NORTH CAROLINA, LLC.

Corporate Office
231 Commerce St
Greenville, NC 27858

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

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

Employment with PRIDE IN NORTH CAROLINA, LLC. 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, LLC. 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:

Topic	Date Certified	Instructor
First Aid/CPR		
Infection Control		
NCI		
Medication Administration		
Human Rights		
Motivational Interviewing		
System of Care		
Person Centered Thinking		
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>E-Mail 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 _____

<u>Employer</u>	<u>Address</u>	<u>Phone</u>	
_____	_____	_____	
<u>Job Title</u>	<u>Supervisor</u>	<u>Supervisor E-Mail Address</u>	
_____	_____	_____	
<u>Dates of Employment</u>	<u>Starting Salary</u>	<u>Ending Salary</u>	<u>Full/Part-time</u>
_____	_____	_____	_____
<u>Reason for Leaving</u>			

<u>Job Responsibilities (be specific)</u>			

<u>Employer</u>	<u>Address</u>	<u>Phone</u>	
_____	_____	_____	
<u>Job Title</u>	<u>Supervisor</u>	<u>Supervisor E-Mail Address</u>	
_____	_____	_____	
<u>Dates of Employment</u>	<u>Starting Salary</u>	<u>Ending Salary</u>	<u>Full/Part-time</u>
_____	_____	_____	_____
<u>Reason for Leaving</u>			

<u>Job Responsibilities (be specific)</u>			

Employer	Address	Phone
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Job Title	Supervisor	Supervisor E-Mail Address
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Dates of Employment	Starting Salary	Ending Salary	Full/Part-time
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Reason for Leaving

Job Responsibilities (be specific)

Employer	Address	Phone
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Job Title	Supervisor	Supervisor E-Mail Address
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Dates of Employment	Starting Salary	Ending Salary	Full/Part-time
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Reason for Leaving

Job Responsibilities (be specific)

Employer	Address	Phone
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Job Title	Supervisor	Supervisor E-Mail Address
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Dates of Employment	Starting Salary	Ending Salary	Full/Part-time
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Reason for Leaving

Job Responsibilities (be specific)

Please respond to the following questions:

1. Describe your philosophy on providing treatment for persons with behavioral health or 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 Recovery within 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, LLC. I authorize PRIDE IN NORTH CAROLINA, LLC. 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, LLC. 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, LLC. 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, LLC. 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, LLC. 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, LLC.

_____ Regional Office

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