

# ATTENTION!

To be considered for employment at The Arc of Macon you must meet the following criteria:

- 21 years of age or older
- Have a current valid Georgia driver's license (a copy will be attached to the application)
- Have a high school diploma or GED certificate
- Have at least 6 months experience working with individuals with developmental disabilities

Not all applicants will receive an interview. Only applicants receiving an interview will be called.

Applications/resumes that are incorrect, incomplete, or missing required information and documentation will not be considered.

Applicants are subject to employment verification, background and criminal records investigations, and drug screenings.

# Advocacy Resource Center - Macon

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT. INCOMPLETE APPLICATIONS  
WILL NOT BE CONSIDERED. APPLICATIONS  
ARE MAINTAINED ON FILE FOR ONE (1) YEAR.

THE ARC IS A DRUG FREE WORKPLACE!  
PRE-EMPLOYMENT AND RANDOM  
DRUG SCREENING IS ENFORCED

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Date of Application \_\_\_\_\_

Position applied for:

\_\_\_ Support Staff    \_\_\_ Home Manager    \_\_\_ Clerical    \_\_\_ Accounting    Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Social Security # \_\_\_\_\_

Best time to call you at home is \_\_\_\_\_ May we contact you at work? \_\_\_ Yes \_\_\_ No

If yes, work number and best time to call \_\_\_\_\_

Type of employment desired: \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Temporary \_\_\_ Seasonal \_\_\_ Education Co-Op

How did you hear of this opening? \_\_\_\_\_

Have you submitted an application here before? \_\_\_ Yes \_\_\_ No If yes, give date(s) \_\_\_\_\_

Have you ever been employed here before? \_\_\_ Yes \_\_\_ No If yes, give date(s) \_\_\_\_\_

Are you related by blood or marriage to any employee(s) of The Arc Macon? \_\_\_ Yes \_\_\_ No

If so, please provide the name of the employee(s) \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_ Yes \_\_\_ No (You may be required to provide documentation.)

Date available for work \_\_\_\_\_ Desired starting salary \_\_\_\_\_ Will you travel if job requires it? \_\_\_ Yes \_\_\_ No

Overnights, Weekends and Holidays are required: Are you able to meet the requirements of the Position? \_\_\_ Yes \_\_\_ No

Will you work overtime or unscheduled hours if required? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

## EDUCATION

School Name and Location

Year

Degree

High School \_\_\_\_\_

College \_\_\_\_\_

Post-College \_\_\_\_\_

Other Training \_\_\_\_\_

In addition to your work history, are there any other skills, qualifications, or experience that we should consider?

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Are you planning to continue your studies?  Yes  No

If yes, where and what courses of study? \_\_\_\_\_

Rate your computer skills:  Beginner  Intermediate  Advanced

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### REQUIREMENTS FOR DIRECT CARE STAFF (HOMES)

Do you have the following training: CPR  Yes  No Expiration Date \_\_\_\_\_

First Aid  Yes  No Expiration Date \_\_\_\_\_

Can you lift 50 pounds without assistance?  Yes  No

Can you lift at least 100 pounds with assistance?  Yes  No

Can you drive a full size/oversize van?  Yes  No

Do you hold a current Driver's License?  Yes  No (if yes attach a copy to the application)

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

To complete the necessary background checks for employment, please list the state you were born in. \_\_\_\_\_

### TO BE COMPLETED – EMPLOYEE – SCENARIO

You have a person we support with a known history of aggressive, non-compliant behavior and a tendency to run away. The individual begins to get frustrated when asked to brush his teeth. You verbally prompt him again by asking him to brush his teeth, but he refuses. When you begin to assist him with brushing his teeth, he yells and hits you. In an essay of fifty words or less, how would you as a staff person react to this situation? What measures would you use to reduce the chances of this happening again?

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**EMPLOYMENT HISTORY (Start with most recent employer)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

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## REFERENCES

List three personal references, not related to you, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

## EMERGENCY CONTACT

In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## PLEASE READ BEFORE SIGNING:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that if I am extended and accept a job offer, I will be subjected to a Georgia and Federal Bureau of Investigations Fingerprint Background Check.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

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

Name-based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the \_\_\_\_\_ to conduct an  
Criminal Justice Agency

inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia. I further authorize the

B.C.S.O to relay that information to: **ADVOCACY RESOURCE CENTER (ARC)** \_\_\_\_\_ via:  
 4664 SHERATON DRIVE  
 MACON, GEORGIA 31210

US Mail    In-Person Pick-Up    Encrypted Email   Email Address: bsikes@maconarc.org

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_  
 Purpose Code used: (check one)

<input type="checkbox"/>	Employment (E) – Provides <i>Georgia</i> Criminal History Record Information
<input checked="" type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Public Records (P) – Provides <i>Georgia Felony Convictions</i> Only

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.

Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title \_\_\_\_\_

Date \_\_\_\_\_