

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**
- At least 6 months experience working with individuals with developmental disabilities preferred for all positions, required for Day Support positions**

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 current or former 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?

Are you planning to continue your studies? Yes No

If yes, where and what courses of study? _____

Rate your computer skills: Beginner Intermediate Advanced

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?

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 _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No Responsibilities _____

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May we contact? Yes No Responsibilities _____

Reason for leaving _____

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Date Started _____ Starting Wage _____ Starting Position _____

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Name of Supervisor _____

May we contact? Yes No Responsibilities _____

Reason for leaving _____

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 _____

REFERENCES

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

	Name	Title	Company	Address	Phone	e-mail	Relationship	Years Known
1								
2								
3								

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 BIBB COUNTY SHERIFF'S OFFICE 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 _____



Georgia Department of Driver Services
 Customer Service, Licensing and Records Division
 P.O. Box 80447
 Conyers, Georgia 30013

REQUEST FOR MOTOR VEHICLE REPORT (MVR)

- I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)
- I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)

PLEASE PRINT LEGIBLY

SECTION 1 – DRIVER INFORMATION (must exactly match driving record)

Full Name (First, Middle, Last)			
Driver Date of Birth (MM/DD/YY)		Driver's License Number	

SECTION 2 – THIRD PARTY REQUESTOR INFORMATION

Full Name (First, Middle, Last)	Barbara M. Sikes
Firm Name (if applicable)	Advocacy Resource Center Inc., Macon
Address	4664 Sheraton Drive Macon, GA 31210

FOR DEPARTMENTAL USE ONLY

SECTION 3 – TERM OF REQUEST

Please choose one of the following options:

Three (3) year Georgia MVR (\$6.00 fee)

Seven (7) year Georgia MVR (\$8.00 fee)

Lifetime Georgia MVR (\$8.00 fee)

If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept personal checks, cashier's checks, money orders, and company checks.

SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER

Under penalty of law, I hereby (Please check one) request release of my driving record; OR consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.

Signature of Driver		Date (MM-DD-YY)	
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