

Community Living Concepts of NC, Inc.

211 South Center Street Suite 403 - Statesville, NC 28677 - (704) 838-0016 - Fax (704) 838-0019

Dear Applicant:

Thank you for your interest in Community Living Concepts of NC, Inc. We are a private, non-profit provider of periodic and 24-hour residential services for persons with varying disabilities. We have been providing services in North Carolina since March 1993, and have grown to operate sites across the state. Each site is unique and presents with its own staffing needs.

We recognize that the individuals we hire are a reflection of our organization as a whole. We take pride in hiring persons with positive attitudes and high moral and ethical standards. We complete a face-to-face interview, references checks, and a thorough criminal background and driving record check on all persons eligible for hire. Enclosed are the required forms for completion prior to any hiring with our organization. These required forms include the following:

- Community Living Concepts of NC, Inc. Job Application
- Consent form to conduct a Criminal Background and Driving Record Check
- Background Information Form
- Two References

Please complete the packet of information and return it to the office site you received the packet. Once received, our management staff will review the application. Should you qualify for the position applied, our management staff will contact you to arrange an interview. Should you have any questions regarding these forms, please ask one of our staff.

You will need to provide the CLC-NC hiring agent with copies of the following:

- Valid Drivers License (must be 21 years of age)
- Social Security Card or Birth Certificate
- Diploma or GED

Thank you for your interest in Community Living Concepts of NC, Inc.

Community Living Concepts of NC, Inc. Employee Benefit Package

SALARY

Salary guidelines are approved by the CLC-NC Board of Directors annually, based on state allocations. After completion of 12 months of service, satisfactory job performance, and completion of all company training, employees are eligible for a wage review.

HOLIDAYS

CLC-NC offers 7 holidays per year: New Years Day, Martin Luther King Day, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas. Hourly employees will be paid time and one half for hours worked during the 24 hour holiday period.

VACATION

Employees are eligible to take vacation time after 12 consecutive months of service consistent with CLC-NC policy. Vacation hours are accrued on a monthly basis in a given fiscal year (July 1st-June 30th) and can be used the following fiscal year.

SICK LEAVE (FULL TIME EMPLOYEES ONLY)

Employees are eligible to take sick leave after 6 consecutive months of employment consistent with CLC-NC policy. Any unused sick leave at the end of the fiscal year can be transferred to vacation leave (to be used the following fiscal year), or paid out at 75% of the employees current hourly rate.

TRAINING

CLC-NC offers a training program for all new employees. This training program must be completed within the 6 month probationary period. Employees are paid at the regular hourly rate for all training.

HEALTH INSURANCE (FULL TIME EMPLOYEES ONLY)

Blue Cross Blue Shield – M covers general medical, health, and hospitalization. The plan also covers prescription medications with a generic and brand name co pay. Sign up for insurance should be completed within 90 days of employment/hire date. Upon enrollment, you may call United Health Care Customer Services at 1-800-667-6472, or visit their web site at UHC.com. CLC-NC also offers the option of Dental and Vision coverage through BCI to all full-time employees upon completion of 90 days.

LIFE INSURANCE

Lincoln Financial provides employees with a \$20,000 accidental Life Insurance Policy that remains in effect as long as employed with CLC-NC.

TRAVEL EXPENSES

Mileage will be reimbursed at the rate of .30 cents per mile to those employees using their personal vehicle for approved business travel from the employee assigned to work site.

TAX SHELTER ANNUITY PROGRAM (TSA)

CLC-NC provides pre-taxed payroll deduction for employees choosing to participate in the Equi-Vest TSA program, sponsored by the Equitable. Call Paulette Cushnier 1-248-641-2636 or paulette.cushnier@axa-advisers.com

PENSION PROGRAM FOR RETIREMENT

All employees who work at least 1000 hours per year, and who have been employed for at least 12 months, since July 1, 1995, are eligible for enrollment into the CLC-NC Pension Program sponsored by Nationwide. Employees may choose to contribute additional pre-taxed dollars through payroll deductions. CLC-NC contributes the employer share annually. After 7 years of service, employees become 100% vested in the program.

Community Living Concepts of NC, Inc. Job Application

We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, religion, national origin, marital status, age, sex, sexual preference, weight, height, color, or handicap in the hiring, training, scheduling, transfer, promotion, payment, or discipline of employees.

We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices or terms, conditions, and privileges of employment.

Date of Application: _____

Name: _____ Social Security Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (_____) _____

How long have you lived at this address: _____

Do you have a (current) valid driver's license: Yes _____ No _____

License Number: _____

Expiration Date: _____ (copy required for employment)

Are you 21 years of age or older? _____

Position applying for: _____

Location/area applying in: _____

Can you physically and mentally perform the duties of the job as described in the job description with or without accommodation? Yes _____ No _____

Have you ever been convicted of a crime?

No _____

Yes _____ Please explain: _____

Are there any felony charges pending against you?

No _____

Yes _____ Please explain: _____

Have you ever been administratively determined to have committed abuse or neglect against a consumer of the Developmentally Disabled/Mental Health system?

No _____

Yes _____ Please explain when, where, and the nature of the case: _____

Have you even been employed by this organization before?

No _____

Yes _____ Please give dates employed and indicate if employed under a different name: _____

Do you know anyone who currently works for CLC-NC?

No _____

Yes _____ Please provide name: _____

In case of emergency, whom should we contact? _____

Phone: (_____) _____

Education

High School Attended: _____

City/State: _____

Year Graduated: _____

Do you have any other higher education: Yes _____ No _____
(If yes, please indicate below by noting the degree of study)

- Associates: _____
- Bachelors: _____
- Masters: _____
- Post-Doctorate: _____

Work Experience

Employer: _____

Address: _____

Job Title: _____ Dates Employed: _____ to _____

Reason Left: _____

Employer: _____

Address: _____

Job Title: _____ Dates Employed: _____ to _____

Reason Left: _____

Employer: _____

Address: _____

Job Title: _____ Dates Employed: _____ to _____

Reason Left: _____

Consent and Release of Liability

I hereby give CLC-NC, Inc. permission to contact the following individuals or institutions to verify the information I have provided on this application. I further give CLC permission to procure information required for the organizations hiring processes, which includes the following: criminal background check, driver's background check, and the North Carolina Healthcare Registry check. I understand that any information obtained that violates CLC hiring practices, policies or procedures, may be grounds for CLC-NC, Inc. to not hire me.

I hereby release CLC-NC, Inc. and the above referenced organizations, reference persons and employers from all claims, liability, and damages that may result from furnishing the information to the company. I expressly and fully waive all written notice from all prior employers. I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of governmental agencies, as may be required by regulation or federal law.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers and hereby release my prior employers from all claims, liability, and damage that may result from furnishing the information to CLC-NC, Inc.

Applicants Signature

Date

This application will be kept current for six months

Background Information

To be completed by applicant

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

_____ check here if maiden name is used as middle

Birth date: _____ Social Security #: _____

Drivers License #: _____

Employed with CLC-NC before: **YES or NO**

Education: **High School Diploma** or **GED** or **Degree of Study**

Number of years lived in North Carolina: _____

Present Address: _____ County: _____

Previous Address: _____ County: _____

The following information is furnished for the purposes of background checks as described in the Consent and Release of Liability form. I understand the need for providing this information as well as consent to the release and use of this information.

Applicants Signature

Date

QP or RC Signature

Date

Cost Center # Applied for: _____

To be completed by Human Resource Manager *Date Ordered:* _____

Background results meet company requirements

	Yes	No	
Criminal	_____	_____	*Eligible for Hire _____
Driving	_____	_____	*NOT Eligible for Hire _____
HealthCare Registry	_____	_____	
Other	_____	_____	

Human Resource Manager

Date

Reference Form

To be filled out by applicant

Name of applicant: _____

Reference Name/Number: _____

Relationship: Personal _____ Professional _____

To be filled out by CLC-NC, Inc. hiring agent

How do you know the applicant: _____

Have they worked with or for you before: Yes _____ No _____

Dates of employment: _____

Position held: _____

Wage: _____

Is the applicant eligible for rehire: Yes _____ No _____

Any additional comments: _____

Signature of person making reference call

Date

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To be filled out by applicant

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