

**BAILEY'S RESPITE CARE
2305 Cedar Run Place, N.W.
Wilson, NC 27896**

Phone Number: 252-234-0350 Fax Number: 252-234-0351

Bring the following items when you return your application:

- *Current ID Card/ Driver's License**
- *Current Copy of T.B. Skin Test**
- *Original Social Security Card**
- *Diploma or Official School Transcript**
- *Current Car Insurance Card or the Declaration Page**

Official school transcripts must be obtained by the applicant in order for your application to be considered. Transcripts can be mailed directly to Bailey's Respite Care from the school or brought in by applicant in a sealed envelope from the school. Without this information you will not be considered for employment.

We will be happy to make copies of these documents for you. All documents MUST be originals.

**Thank you,
Bailey's Respite Care, Inc.**

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Wilson, N.C. 27896**

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Bailey's Respite Care, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

BRC, INC. APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

NAME :

LAST FIRST MIDDLE

DATE OF BIRTH: _____

PRESENT ADDRESS:

STREET CITY STATE ZIP

PREVIOUS ADDRESS:

STREET CITY STATE ZIP

PHONE #:

SS #:

REFERRED BY:

CELL PHONE #:

GENERAL

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?

READ?

WRITE?

U.S.MILITARY:

RANK:

EXPECTED SALARY:

ARE YOU A U.S. CITIZEN? YES NO IF NO, ARE YOU LEGALLY ALLOWED TO WORK IN THE U.S.? YES NO IF YES, HOW LONG? _____

IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT A BIRTH CERTIFICATE, SOCIAL SECURITY CARD, CERTIFICATE OF U.S. CITIZENSHIP, OR VERIFICATION OF YOUR LEGAL RIGHTS TO WORK IN THE U.S.? YES NO

IF EMPLOYMENT IS OFFERED, CAN YOU PRODICE PERSONAL IDENTIFICATION SUCH AS A U.S. PASSPORT, DRIVER'S LICENSE, OR PHOTOGRAPHIC IDENTIFICATION CARD IDDUED BY THE STATE? YES NO

WORK PREFERENCES

(ANSWER ONLY THE QUESTIONS THAT APPLY TO YOU AND THE POSITION FOR WHICH YOU ARE APPLYING)

WHAT TYPE OF POSITION ARE YOU APPLYING FOR?

CAN YOU TYPE? YES NO

WHAT DATE ARE YOU AVAILABLE FOR EMPLOYMENT?

HAVE YOU EVER APPLIED FOR OR WORKED WITH THIS COMPANY? YES NO

WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING? FULL TIME PART TIME SEASONAL

WILL YOU WORK SHIFTS?

ARE YOU PRESENTLY ON LAYOFF FROM ANY OTHER COMPANY? YES NO IF YES, EXPLAIN:

EDUCATION

TYPE OF SCHOOL ATTENDED	NAME AND ADDRESS OF SCHOOL	MAJOR(S) OF COURSE	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	GIVE DEGREE(S)	STILL ATTENDING	LAST YEAR ATTENDED
HIGH SCHOOL			1 2 3 4	YES NO			
COLLEGE			1 2 3 4	YES NO			
GRADUATE SCHOOL			1 2 3 4	YES NO			
BUSINESS OR TRADE SCHOOL			1 2 3 4	YES NO			
OTHER EDUCATION			1 2 3 4	YES NO			

EMPLOYMENT HISTORY

(LIST BELOW CURRENT AND PREVIOUS EMPLOYERS, STARTING WITH CURRENT OR LATEST EMPLOYER FIRST)

DATE MONTH AND YEAR	EMPLOYER NAME, ADDRESS AND PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

(GIVE BELOW THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS/PHONE #	YEARS KNOWN

As an applicant for employment, I understand the following:

*All information is subject to verification.

*Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.

*If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound by the safety and health rules and regulations of the company.

*My employment is not guaranteed for any term; and that my employment may be terminated by the company or myself for any reason.

*No management official is authorized to make any oral assurance or promise of continued employment.

*I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

*I agree to submit to any lawful drug testing that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

*I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status, or, if aliens, their legal authorization to work in the U.S. Therefore, I realize that any offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

DATE: _____ SIGNATURE OF APPLICANT: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____

DATE: _____

REMARKS:

NEATNESS

CHARACTER

PERSONALITY

ABILITY

HIRED

HOME

POSITION

WILL REPORT

WAGES

APPROVED 1.

2.

3.

ADMINISTRATOR

QUALIFIED PROFESSIONAL

RESIDENTIAL DIRECTOR

This company will not discriminate against any employee or applicant for employment because of age, religion, sex, race, color, national origin, disability, non-job-related handicap, or because they are a Disabled Veteran or Vietnam era veteran. Answers to application questions will be utilized for applicable job related information only

EMPLOYMENT APPLICATION

Name: _____

Describe your skills that you feel qualify you for a position at BRC, Inc. You may wish to include civic & community activities, professional societies in which you participate, hobbies, sports, special training or skills. If you need more space, continue on a separate sheet.

Other than parking violations, have you ever been convicted of a criminal offense: Yes No

If yes, please explain: _____

Have you been a resident in NC for 5 years? _____ YES _____ NO

Read carefully before signing and ask for clarification, if needed.

It is the policy and practice of BRC, Inc. to recruit, hire and promote qualified applicants without regard to their race, color, religion, sex, age, national origin, handicap or other areas covered by federal, state or local fair employment laws and regulations and with due regard to regulations respecting qualified Disabled Veteran and Veterans of the Vietnam era.

To further this objective, BRC, Inc. has established procedures to ensure that all personnel actions such as compensation, benefits transfer, company sponsored training and educational assistance, social recreational programs, and use of all company facilities are administered nondiscriminatory without regard to race, color, religion, sex, age, national origin or handicap.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. In order to process this employment application, BRC, Inc. requires a criminal background check and pre-employment drug screening on all applicants.

Signature of Applicant

Date

Driver License Information

Name: _____

State of Origin: _____

Driver License Number: _____

Issue Date: _____

Expiration Date: _____

Date of Birth: _____

Sex: Male _____ Female _____

Reviewed by: _____

Last Name _____ First _____ Middle _____

Other Names/ Maiden/Alias _____

Social Security# _____ Date of Birth: _____ (mo/day/year)

Driver's License# _____ State _____

Phone# _____

Email _____

Present Address _____

City _____ State _____ Zip _____

County _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: _____ Date: _____

For Employer Use Only: Please mark the searches to be conducted.

Contact: April Butcher Email: iris@baileysrc.com

Phone: 252-234-0350

Fax: 252-234-0351

<input checked="" type="checkbox"/> BRC Standard Package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST-Criminal			
ST-Motor Vehicle			



DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION
ORDER NUMBER:

FAX: 910.343.9731

Company Name: Bailey's Respite Care

CAC: BA91

Bailey's Respite Care ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law

JOB DESCRIPTION: CNA

RESPONSIBLE TO: Director/RN, Qualified Professional

MAIN FUNCTION: Provides periodic relief for the family or primary caregiver as individualized in the consumer(s) Person Centered Plan.

QUALIFICATIONS:

Required: Must be at least 18 years old, High School Diploma or GED, able to read, write, follow directions, comprehend and complete all State mandated trainings.

Preferred: Possess at least 6 months of experience working in the Human Service or related field. Must pass all State mandated trainings scoring 80% or above.

GENERAL DUTIES/RESPONSIBILITIES:

1. Serves as a positive role model, mentor and companion, provides care giving tasks (housekeeping, bathing, toileting, meal preparation, etc.) which are deemed necessary for the consumer(s) to facilitate in an out-of-home setting.
2. Assist or perform personal care activities (activities of daily living) which include bathing, mouth care, skin care, hair care, and bed making.
3. Uses good body mechanics when turning, transferring, or positioning patients, assisting with ambulation, and when using lifts.
4. Provides nutrition and hydration, which include preparing prescribed diets and beverages, preparing clients for mealtime, feeding client, monitoring intake and output, and forcing or restraining fluids as prescribed.
5. Assist limited function patients with dressing.
6. Assist with elimination and related activities, which includes assisting with the bedpans, urinal or bedside commode, bowel and bladder retraining.
7. Maintain infection control, which includes proper and frequent hand washing, maintaining isolation techniques, and maintaining universal precautions.
8. Provide emotional and/or companionship support.
9. Basic housekeeping tasks, e.g., sweeping, vacuuming, dusting, mopping, dishes or cooking
10. Observe/report indications of abuse, neglect, illness, etc. to proper professional.
11. Provide monitoring supervision ensuring consumers safety, health and well being are maintained.
12. Correctly implements individualized treatment plan, as needed.
13. Demonstrates an understanding of client rights and confidentiality and ensures these rights are protected.
14. Understands communication techniques/strategies to support the consumer.
15. Participates in Person Centered Plan, when appropriate.

16. Provides transportation for consumers as defined in the Person Centered Plan. Must meet applicable Liability Insurance requirements. Current copy of liability Insurance on file.
17. Maintain a valid driver's license; acceptable criminal record and Health Registry/ Sex Offender check that adhere to standard of employment.
18. Demonstrates knowledge of BRC's policies and procedure defined in the employee handbook.
19. Completes documentation as required. Records accurate and informative notes as noted in the Plan of Care. Writes legibly.
20. Accurately and correctly documents:
 - a. The date(s) of service, and or type of service, duration of the service event;
 - b. Tasks performed, including comments on any behaviors, etc. which are considered relevant to the individual's continuity of care.
 - c. Documentation that special instructions were followed; etc.; and
 - d. Signature [initials, if the full signature is included on the page when using a grid for documenting the service].
 - e. Communicate effectively with Qualified Professional, Case Manager or RN/Director.
 - f. Completes minimal training requirements. Attends all training sessions as required by the agency.
21. All other duties as deemed necessary.
22. Attends all trainings as directed
23. Perform CNA duties as license states

ACKNOWLEDGEMENT

I have read and understand the job description for the CNA position and agree to fulfill the responsibilities of the position to meet the defined standards.

Employee Signature

Date

Supervisor Signature

Date