

ATTENTION!

To be considered for employment at The Arc 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**
- Provide a current (within one week of application date), seven (7) year Motor Vehicle Report (MVR) from the Ga. Department of Driver Services. Once hired, the MVR fee will be reimbursed, with the receipt from the Ga. Department of Driver Services.**

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.

The Arc Macon

APPLICATION FOR EMPLOYMENT

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

**THE ARC MACON 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	_____	_____	_____

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 _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

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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 The Arc Macon via:
 4664 Sheraton Drive
 Macon, GA 31210

US Mail In-Person Pick-Up Encrypted Email Email Address: bsikes@thearcmacon.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)

	Employment (E) – Provides <i>Georgia</i> Criminal History Record Information
X	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
	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