

Attached you will find The Arc Macon employment application packet. This packet includes the following items:

1. Criteria sheet for employment at The Arc Macon
2. The Arc Macon employment application
3. Bibb County Sheriff's Office Criminal History Record Information Consent form
4. DBHDD Gemalto Applicant Registration Packet
 - a. Gemalto Applicant Registration Form
 - b. GAPS Personal Information sheet
 - c. Privacy rights forms (3)
5. Georgia Department of Driver Services Request for Motor Vehicle Report (MVR) form

Please complete items 1 - 5 and return as soon as possible. We will also need a copy of your current valid Georgia driver's license, Social Security card, and high school diploma or transcript (from an accredited high school) or GED. Legible copies of these items may be mailed or emailed back to The Arc Macon. We cannot begin processing the application until these items are received. If you do not have a copy of your high school diploma from Bibb County, please let us know as we may be able to help you obtain a transcript.

Contact me at 478-477-7764 if you have any questions or need any other information.

Sincerely,


Barbara Sikes
bsikes@thearcmacon.org

ATTENTION!

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

- Be 21 years of age or older
- Have a current valid Georgia driver's license (a copy will be attached to the application)
- Have a Social Security card (a copy will be attached to the application)
- Have an accredited high school diploma or transcript or GED certificate
- At least 6 months experience working with individuals with developmental disabilities preferred for all positions, required for Day Support positions
- Complete the DDS Request for Motor Vehicle Report Form (a 7-year Motor Vehicle Report will be obtained by The Arc Macon)

Not all applicants will receive an interview. Only applicants to be interviewed will receive a call.

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	_____	_____	_____

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 _____

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 _____

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 _____

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)

<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 Only</i>

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 _____



Gemalto Applicant Registration Form

I, _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

am aware that a fingerprint-based background check is required for employment with a DBHDD network provider under Policy 04-104. I have read and accepted the terms of the Applicant Privacy Rights and Privacy Act Statement. I understand that DBHDD Criminal History Background Section (CHBC) must approve all applicant registrations prior to a fingerprint submission. I also understand that registrations will be approved or rejected based upon information submitted. In either case, I will receive an email from Gemalto explaining the status of my request. I understand that incomplete forms or inaccurate information will delay approval process.

Signature

Date

Personal Information

Last Name: _____ First Name: _____

Middle Name: _____ Suffix: Jr. Sr. II III IV

Maiden Name: _____ Social Security Number: _____

Date of Birth: _____

Weight: _____ Sex: Male Female Unknown

Race: Black White (includes Mexicans & Latinos) Unknown Asian/Pacific Islander American Indian/Alaskan Native

Eye Color: Black Blue Brown Green Gray Hazel Maroon Pink Multicolored Unknown

Hair Color: Black Blonde Blue Brown Gray Orange Purple Pink Red Sandy White Unknown/Bald

Height: _____

Place of Birth: _____ Country of Citizenship: _____
(State or Country born in)

Driver License State: _____ Driver License Number: _____

Home Address

Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Applicant Email: _____ Phone #: _____

Mailing Address

Use same address as above

Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Applicant's Signature: _____ Date: _____

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant's Signature: _____ Date: _____

Attachment C

28 CFR 16.30 through 16.34

§ 16.30 Purpose and Scope

This subpart contains the regulations of the Federal Bureau of Investigation (FBI) concerning procedures to be followed when the subject of an identification record requests production of that record to review it or to obtain a change, correction, or updating of that record.

§ 16.31 — Definition of identification record

An FBI identification record, often referred to as a "rap sheet," is a listing of certain information taken from fingerprint submissions retained by the FBI in connection with arrests and, in some instances, includes information taken from fingerprints submitted in connection with federal employment, naturalization, or military service. The identification record includes the name of the agency or institution that submitted the fingerprints to the FBI. If the fingerprints concern a criminal offense, the identification record includes the date of arrest or the date the individual was received by the agency submitting the fingerprints, the arrest charge, and the disposition of the arrest if known to the FBI. All arrest data included in an identification record are obtained from fingerprint submissions, disposition reports, and other reports submitted by agencies having criminal justice responsibilities. Therefore, the FBI Criminal Justice Information Services Division is not the source of the arrest data reflected on an identification record.

§ 16.32 — Procedure to obtain an identification record

The subject of an identification record may obtain a copy thereof by submitting a written request via the U.S. mails directly to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. Such request must be accompanied by satisfactory proof of identity, which shall consist of name, date and place of birth and a set of rolled-inked fingerprint impressions placed upon fingerprint cards or forms commonly utilized for applicant or law enforcement purposes by law enforcement agencies.

§ 16.33 — Fee for production of identification record

Each written request for production of an identification record must be accompanied by a fee of \$18 in the form of a certified check or money order, payable to the Treasury of the United States. This fee is established pursuant to the provisions of 31 U.S.C. 9701 and is based upon the clerical time beyond the first quarter hour to be spent in searching for, identifying, and reproducing each identification record requested as specified in § 16.10. Any request for waiver of the fee shall accompany the original request for the identification record and shall include a claim and proof of indigency. Subject to applicable laws, regulations, and directions of the Attorney General of the United States, the Director of the FBI may from time to time determine and establish a revised fee amount to be assessed under this authority. Notice relating to revised fee amounts shall be published in the *Federal Register*.

§ 16.34 — Procedure to obtain change, correction or updating of identification records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

Applicant's Signature: _____ 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)	The Arc Macon
Address	4664 Sheraton Drive Macon, GA 31210
FOR DEPARTMENTAL USE ONLY	

SECTION 3 – TERM OF REQUEST
Please choose one of the following options:
<input type="checkbox"/> Three (3) year Georgia MVR (\$6.00 fee)
<input checked="" type="checkbox"/> Seven (7) year Georgia MVR (\$8.00 fee)
<input type="checkbox"/> 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)	<input type="checkbox"/> request release of my driving record; OR		
	<input checked="" type="checkbox"/> 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)	