



NEW DIMENSION GROUP

416 West Ridge Street, PO Box 880 Rose Hill, North Carolina 28458 Telephone: (910) 289-2610 Fax: (910) 289-4410

Employment Application

APPLICANT INFORMATION					DATE:	
Last Name			First		Middle/Maiden	
Address				Email Address		
City			State		ZIP	
Phone Number ()		Cell Phone Number ()		Driver's License Number		Expiration Date
Date Available		Social Security No.			Desired Salary	
Position Applying for						
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?						
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain						

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
List special training programs, qualifications, or seminars you have completed in the last five years				

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	Email Address
Full Name	Relationship
Company	Phone ()
Address	Email Address



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Full Name	Relationship
Company	Phone ()
Address	Email Address

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, Email Address	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, Email Address	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, Email Address	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, Email Address	
MILITARY SERVICE			
Branch		From To	
Rank at Discharge		Type of Discharge	
If other than honorable, explain			



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As part of the application process you will be asked to provide the following information:

- Completed Application
- Valid Driver's License and Registration
- Copy of highest degree earned
- College transcript (QP and AP only)
- TB skin test

Prior to being hired by New Dimension Group, you must successfully complete training in the following:

- Orientation
- Medication Administration
- Person-centered thinking
- Client rights
- Seizure Management
- First Aid
- Alternatives to restrictive interventions
- Heimlich Maneuver
- CPR
- Confidentiality/privacy
- Person-centered planning
- Blood-borne pathogens
- Restrictive interventions

Applications are considered without regard to race, age, religion, sex, national origin, marital status or disability.

DISCLAIMER AND SIGNATURE

The undersigned must answer the following questions:

1. Do you have any criminal, social, or medical history which would affect your ability to work with children and disabled adults? Yes No
2. Have you "pled guilty" or "no contest" to or been convicted of a crime other than minor traffic citations? Yes No
3. Have you ever had charges against you for child abuse and/or neglect or disabled adult abuse and/or neglect substantiated? Yes No

The undersigned hereby certifies that all information provided to New Dimension Group, LLC as part of the employment process is truthful, current, complete, and to the undersigned's best knowledge and belief, correct in all respects.

The undersigned further understands and acknowledges that the intentional submission of false or misleading information and/or the withholding of relevant information are grounds for immediate termination of employment, as applicable.

The undersigned consents to the release by any person, agency, organization or institution of any and all information necessary to verify information provided by the undersigned as part of the employment process and hereby specifically authorizes New Dimension Group, LLC to:

- Conduct a criminal background check using a research organization or organization of its choosing;
- Perform a Health Care Personnel Registry Check;
- Check all references provided by the undersigned and
- Verify any and all credentials including educational credentials, professional licenses and certifications and work history provided by the undersigned in the Employment Application as applicable; and hereby releases such persons, agencies, organizations and institutions from any and all liability for doing so.

Once employed, the undersigned agrees to report to the Facility Director, within 24 hours of any occurrence or allegations of child abuse, neglect, or exploitation made against the undersigned.

Print: Last Name		First Name		Middle/Maiden Name	
Social Security Number		Date of Birth	Driver's License Number		State
Address			State		Zip Code
Signature of Applicant			Date		