



416 West Ridge St, PO Box 880 Rose Hill, NC 28458 • Telephone: (910) 289-2610 • Fax (910) 289-4410
1414 42nd St., Wilmington, NC 28403 • (Mail) PO Box 880 Rose Hill, NC 28458 • Telephone (910) 859-8199 • Fax (910) 859-8203

Employment Application

APPLICANT INFORMATION						DATE:	
Last Name			First		Middle/Maiden		
Address							
City			State		ZIP		
Phone Number ()		Cell Phone Number ()		Driver's License Number		State	Expiration Date
Date Available			Social Security No.		Desired Salary		
Position Applied for				E-mail address:			
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							
Full Name				Relationship			
Company				Phone ()			
Address							



NEW DIMENSION GROUP

CONSTANCE OLATIDOYE, MD – Medical Director

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Full Name	Relationship
Company	Phone ()
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"/>	
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"/>	
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"/>	
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"/>	
MILITARY SERVICE				
Branch		From	To	
Rank at Discharge		Type of Discharge		
If other than honorable, explain				
<i>As part of the application process you will be asked to provide the following information:</i>				



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<input type="checkbox"/> Completed Application <input type="checkbox"/> College transcript (QP and AP only)	<input type="checkbox"/> Valid Driver's License and Registration <input type="checkbox"/> TB skin test	<input type="checkbox"/> Copy of highest degree earned
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Prior to being hired by New Dimension Group, you must successfully complete training in the following:

<input type="checkbox"/> Orientation <input type="checkbox"/> Client rights <input type="checkbox"/> Alternatives to restrictive interventions <input type="checkbox"/> Confidentiality/privacy <input type="checkbox"/> Restrictive interventions	<input type="checkbox"/> Medication Administration <input type="checkbox"/> Seizure Management <input type="checkbox"/> Heimlich Maneuver <input type="checkbox"/> Person-centered planning	<input type="checkbox"/> Person-centered thinking <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> Blood-borne pathogens
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Applications are considered without regard to race, age, religion, sex, national origin, marital status or disability.

DISCLAIMER

The undersigned must answer the following questions:

- Do you have any criminal, social, or medical history which would affect your ability to work with children and disabled adults? Yes No **If Yes, please explain in the space provided on the back.**
- Have you "pled guilty" or "no contest" to or been convicted of a crime other than minor traffic citations? Yes No **If Yes, please explain in the space provided on the back.**
- Have you ever had charges against you for child abuse and/or neglect or disabled adult abuse and/or neglect substantiated? Yes No **If Yes, please explain in the space provided on the back.**

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.

NEW DIMENSION GROUP PROFESSIONAL(S) ATTESTATION STATEMENT

Licensure Number, if applicable: _____

Has there **ever** been any action or investigation against you relating to:

License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Privileges	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Bill Organization	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanctions	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above questions, please explain in the space provide on the back.

I certify that the responses in this attestation and information in the documents are accurate, complete, and current as of this date. I further attest that I am to immediately inform Human Resources at New Dimension Group should any of the aforementioned information change.

Print: Last Name	First Name	Middle/Maiden Name
Date of Birth		
Signature of Applicant	Date	



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DISCLAIMER

PROFESSIONAL(S) ATTESTATION STATEMENT