



Hello Applicant!

Welcome to Western North Carolina Group Home for Autistic Persons. We provide residential services for people who have Autism, Mental Retardation and Mental Illness. We operate four Intermediate Care Facilities for Mental Retardation (ICF/MR), and one Developmental Disability/Adult (DDA) group home in Asheville. We firmly believe that everybody has the capacity to learn, and deserves every effort we have to increase independence.

Employment opportunities include direct care positions that we call Resident Teacher or RT. A list of current position openings is located in our business offices and on our web site.

To be eligible for employment, applicants must have a High School Diploma and two years related work experience, or a college degree with little or no experience. The following classes are provided and required as part of on-the-job training.

Behavior Management	North Carolina Interventions	Safety
Dietary Issues	Policy and Procedure	Autism
Resident Rights and Advocacy	Documentation	
Medication Administration	First Aid and CPR	
Medical Issues	Positive Behavioral Supports	

In addition you will receive five days of on-the-job training where you will learn the job through doing the job! We will do what we can so that your employment at WNC Group Homes brings the greatest benefit to our residents and of course, to you. Welcome!

All qualified applicants must have (and do) the following:

- driver's license with no DUI or Reckless Driving in past 3 years**
- 3 years driving experience**
- Social Security card**
- High School Diploma, or College Degree**
- acceptable criminal background**
- pass drug test**



WNC Group Homes

Application for Employment

We deeply appreciate your interest in this organization, and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications, and may assist us in possible future upgrading. WNC Group Home for Autistic Persons, Inc. is an Equal Opportunity Employer and will not discriminate, or tolerate discrimination, against any employee or applicant, in any manner prohibited by law.

Date: _____	Social Security Number: _____
Name: _____	Telephone Number: _____
Address: _____	
City, State: _____	Zip Code: _____

Position Applied For: _____	Expected Pay: _____
<input type="checkbox"/> Full Time	
<input type="checkbox"/> Part Time	Available Hours: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been previously employed by WNC Group Homes? Dates: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	You are required to have a driver's license. Do you have a valid Driver's License?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under eighteen (18) years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in the USA?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related to anyone employed by WNC Group Homes?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you perform the essential functions of this job, either with or without reasonable accommodations?
How did you learn of the position you are applying for? _____	
When would you be able to begin work? _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony that is substantially related to the functions or qualifications of the position(s) for which you are applying? A conviction does not necessarily disqualify you from employment.

WNC GROUP HOMES IS A DRUG FREE WORK PLACE.
EACH EMPLOYMENT CANDIDATE IS SUBJECT TO PRE-EMPLOYMENT DRUG TESTING.

Education*

	High School	College or University	Graduate Professional	Vocational Technical
School Name and Location				
Years completed	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Diploma, Degree				
Course of Study or Major				

*must have HS Diploma at minimum

Describe specialized training, apprenticeship, skills, extracurricular activities, etc.

Professional License / Certificates

Title	Expiration Date	License Number	State

Yes No Have you served in the United States Armed Forces?

Dates of Service: _____

Describe briefly the duties and skills acquired in military service:

Previous Employment

Last or Current Job

Employer _____
Address _____
Phone _____
Your Title _____
Specific Job Duties _____

From _____
To _____
Full Time _____
Part Time _____
Pay _____

Reason for Leaving _____
Supervisor Name and Title _____

Authorization to call this employer
Initial _____

Next Most Recent Job

Employer _____
Address _____
Phone _____
Your Title _____
Specific Job Duties _____

From _____
To _____
Full Time _____
Part Time _____
Pay _____

Reason for Leaving _____
Supervisor Name and Title _____

Authorization to call this employer
Initial _____

Next Most Recent Job

Employer _____
Address _____
Phone _____
Your Title _____
Specific Job Duties _____

From _____
To _____
Full Time _____
Part Time _____
Pay _____

Reason for Leaving _____
Supervisor Name and Title _____

Authorization to call this employer
Initial _____

Next Most Recent Job

Employer _____
Address _____
Phone _____
Your Title _____
Specific Job Duties _____

From _____
To _____
Full Time _____
Part Time _____
Pay _____

Reason for Leaving _____
Supervisor Name and Title _____

Authorization to call this employer
Initial _____

References

Give at least 3 business or personal references NOT related to you.

Name	Address and Phone Number	Business	Years Known

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements in this application shall be considered sufficient cause for termination. I understand that this application is not an employment contract, nor is it terms of an employment contract. WNC Group Home for Autistic Persons, Inc., employees are "at will," which means that either party has the right to terminate the employment relationship at any time, with or without reason, and the statements in this application in no way limit or affect those rights.

Signature: _____ Date: _____

Assurance of Confidentiality

All information regarding residents of WNC Group Homes is confidential and may only be shared among authorized personnel. As an applicant/visitor, I am not authorized to share any information I am exposed to throughout my visit(s), with any other persons. Releasing resident information to other persons requires specific written authorization from a legally authorized party. Discussion of identifying information about residents (last name, parents' names, medical information, residence, etc) in the presence of others who are not authorized to access such information, is strictly prohibited by law. Only WNC Group Homes personnel and duly authorized others will have access to resident charts, programs, data and other records. I understand and agree to protect and preserve all confidential information I am privileged to throughout the interview/visitor process and throughout employment.

Signature: _____ Date: _____



**WNC
Group
Homes**

Employer Reference Check

To: _____

Applicant: _____
SS#: _____

Your former employee, named above, has applied for employment with WNC Group Home for Autistic Persons. Below you will find written permission for us to obtain previous employment information, from this applicant. It is understood by the applicant that this information will be held in strictest confidence, and used only for the purpose of employment verification.

The applicant has applied for a position of _____.

Employee Authorization

I hereby grant permission for the requested information listed below to be released to WNC Group Home for Autistic Persons. I understand that this information will not be shared with me, will be held in the strictest of confidence, used only for employment verification.

Applicant's Signature: _____ *Date:* _____

Employer Verification

Dates Employed: _____ to _____

Job Title and Duties: _____

Eligible for Rehire: Yes__ No__

If No, please explain _____

Was employee dependable? Yes__ No__

Able to complete essential job duties? Yes__ No__

Worked well with coworkers? Yes__ No__

Able to perform without direct supervision? Yes__ No__

Remarks: _____

Date: _____

Signature and title of person completing this form: _____

