

Step by step Care, Inc.  
Application Cover Sheet

SBS Care, Inc. makes every attempt to recruit, hire and train the most eligible employees. All employees must be able to work independently and as part of a team of professionals to provide the highest quality of services. All employees must have excellent writing and communication skills. Once a potential employee meets our criteria in the above checks, they participate in orientation and training prior to working with a consumer. All employees participate in regularly scheduled trainings and in-services to maintain employment with our agency.

**\*\*Prior to hire potential employees must provide and/or perform the following:**

Criminal Record Check (State Bureau of Investigations)  
 NC Health Care Registry Check  
 Driving Record Check (DMV)  
 Physical, TB Testing (within the last year)  
 Reference Checks  
 Blood-borne Pathogens (OSHA)  
 CPR and First Aid Certification  
 North Carolina Interventions training (NCI Part A only)  
 Attend our 4-hour Orientation session

### **Benefits Offered**

- \* Salaried and hourly positions
- \* Paid day off for your birthday
- \* Paid company training (on-going)
- \* Employee of the Month
- \* Wachovia at Work (special banking incentives)
- \* Company sponsored socials/recreational events
- \* Competitive Pay
- \* Excellent working environment
- \* Ongoing In-service trainings
- \* Monthly Clinical Supervisions
- \* Employee Assistance Program (EAP)
- \* Vacation Time
- \* Two family days off per year

*\*Benefits are available to all full time staff (35-40 hrs per week).*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please read the following statement carefully and indicate if you understand and agree.**

**In submitting this application, I understand that:**

1. The submission of this application is not a promise (implied or otherwise) of an interview or employment.
2. That a pre-employment interview is not a promise (implied or otherwise) of employment.
3. I also understand that a final offer of employment will be based on results of a medical examination, background check, motor vehicle check, and possible drug screening. In addition I must provide evidence of my education, my automobile insurance, and my valid driver's license.
4. Any misrepresentation of facts in this application or in connection with any medical examination will be just cause for rejection of my application.
5. I understand that if hired I will be paid minimum wage while attending New Hire Orientation and other trainings.
6. I understand that if hired I will be utilizing my personal vehicle for Step By Step Care, Inc. and I am responsible for maintaining liability, comprehensive and collision insurance on my automobile.
7. I also understand that if hired my hourly wage includes mileage.
8. I understand that Step By Step Care, Inc. does not guarantee a specific work schedule or job assignment.
9. As a condition of employment, Step By Step Care, Inc. requires that it's employees:
  - a. Sign up for Payroll Direct Deposit
  - b. Maintain a valid driver's license
  - c. Maintain required trainings and certifications.
  - d. Communicate any changes and/or incidents concerning the consumer with the management staff.
  - e. Communicate any changes with my driver's license.
10. I understand that as a courtesy Step By Step Care, Inc. offers free OSHA, NCI, CPR/1<sup>st</sup> aid certification. I understand that I have the option to take these trainings elsewhere at my own expense.
11. If I get a physical outside of the nurse with SBS Care, Inc. it will be done at my own expense.

I hereby acknowledge that I have read and understand the above statements (1 through 9) and have not misrepresented the facts on this job application. Below I have indicated that I agree or disagree to the above statements (1 through 9).

I Agree

I Disagree

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Step By Step Care, Inc.**  
**709 East Market Street, Suite 100 B**  
**Greensboro, N.C 27401**

**Application for Employment**

**Important**

Please read and complete the application in its entirety. Applicants who have not fully completed the employment application will not be considered for employment. Please print legibly.

**Personal Information**

<b>Date of Application:</b>		<b>Position Applying for:</b>	
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	
<b>Are you known by any other name to past employers or references? Yes / No (If Yes, please print below)</b>			
<b>Home Phone #:</b> ( )	<b>Work Phone #:</b> ( )	<b>Cell Phone #:</b> ( )	
<b>Address:</b>			<b>Apt. #:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Alternate contact person in case of an emergency:</b>		<b>SBS is authorized to leave messages at this number for job related information?</b>	
<b>Relationship:</b>	<b>Phone: ( )</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**General Information**

<b>Have you ever been employed with Step By Step Care, Inc. either full time or part time? Yes / No</b> <b>If Yes, When?</b>
<b>Have you applied for employment with Step By Step Care, Inc. in the last year? Yes / No</b>
<b>Do you have a valid NC driver's license? Yes / No (If no please explain below)</b>
<b>What is your means of transportation to work? Car / Other (if other, please specify below)</b>
<b>Have you ever been convicted of a crime? Yes / No (If Yes, please attach a separate explanation sheet)</b>



Please provide the following information about your previous employers starting with the most recent employer.

### Employment History

<b>Company Name:</b>	
<b>Company Address:</b>	
<b>Company Phone #:</b> ( )	<b>Supervisor's Name:</b>
<b>Job Description:</b>	
<b>Start Date:</b>	<b>End Date:</b>
<b>Reason for Leaving:</b>	
<b>May we contact this employer? Yes / No</b>	
<b>Full Time or Part Time?</b>	<b>Number of hours worked per week?</b>

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<b>Company Address:</b>	
<b>Company Phone #:</b> ( )	<b>Supervisor's Name:</b>
<b>Job Description:</b>	
<b>Start Date:</b>	<b>End Date:</b>
<b>Reason for Leaving:</b>	
<b>May we contact this employer? Yes / No</b>	
<b>Full Time or Part Time?</b>	<b>Number of hours worked per week?</b>

**EMPLOYMENT HISTORY CONT'D**

<b>Company Name:</b>	
<b>Company Address:</b>	
<b>Company Phone #:</b> ( )	<b>Supervisor's Name:</b>
<b>Job Description:</b>	
<b>Start Date:</b>	<b>End Date:</b>
<b>Reason for Leaving:</b>	
<b>May we contact this employer? Yes / No</b>	
<b>Full Time or Part Time?</b>	<b>Number of hours worked per week?</b>

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<b>Full Time or Part Time?</b>	<b>Number of hours worked per week?</b>

**EMPLOYMENT HISTORY CONT'D**

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<b>Full Time or Part Time?</b>	<b>Number of hours worked per week?</b>

**Educational Background**

<b>High School Name:</b>	
Address:	
Did you graduate? Yes / No	
<b>Technical School Name:</b>	
Address:	
Did you graduate? Yes / No	
<b>College/University Name:</b>	
Address:	
Did you graduate? Yes / No	Currently Enrolled? Yes / No
Year Earned:	Degree Earned:
<b>Graduate School Name:</b>	
Address:	
Did you graduate? Yes / No	Currently Enrolled? Yes / No
Year Earned:	Degree Earned:

**Military**

<b>Have you ever been in the armed forces? Yes / No (If yes, continue below)</b>	
<b>Branch:</b>	<b>Discharge Date:</b>
<b>Honorable Discharge? Yes / No</b>	

**References:** *Students please list clinical & educational references with which you have had considerable contact.*

<b>Name:</b>	<b>Occupation:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Occupation:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Occupation:</b>	<b>Phone #:</b>

**Work Availability**

When will you be available to work? \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Please fill in the hours and days you can work. Be Specific.**

If you have a class on Monday from 2pm until 4pm you would not be available during those times. Example:

Day of the Week	Beginning time AM	Ending Time PM	Beginning Time AM	Ending Time PM
Monday	9am	1:30pm	4:30pm	7pm

Day of the Week	Beginning time AM	Ending Time PM	Beginning Time AM	Ending Time PM
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Special Needs (example: Can't work first Monday of every month). Continue on the back of this form if needed.

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Please indicate what counties you are willing to serve. Check as many that apply.

- Forsyth   
  Stokes   
  Davie   
  Yadkin   
  Guilford  
 Other 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Step By Step Care, Inc. I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Step By Step Care, Inc. Or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the CEO/Designated Staff of the Company. Both the undersigned and Step By Step Care, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Step By Step Care, Inc. may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application, I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give Step By Step Care, Inc. permission to contact the military, schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) Step By Step Care, Inc. has a drug and alcohol policy that provides for testing as determined by the policies of this agency (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, Step By Step Care, Inc. may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, Step By Step Care, Inc. will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with Step By Step Care, Inc. shall be probationary for a period of ninety (90) days, and further that at any time during probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

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Step By Step Care, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications