

Northbridge LLC Application Packet

Dear Applicant,

Enclosed are the forms necessary to process your application for employment with our company. Due to the nature of our work, which is providing quality care and training to individuals with intellectual disabilities, it is important that we screen our applicants thoroughly.

We have a responsibility to provide our residents and the State of Alaska assurance that we have hired the most qualified persons possible.

This application packet contains the following documents that need to be completed.

- Employment Application
- Applicant Waiver
- Interest and Willingness Survey
- Criminal Background Form
- Availability Sheet

We appreciate your patience and attention to detail when completing the attached forms. Please write your answers so that they are legible and complete.

We will make every effort to process your application as quickly as possible. We accept all applications and will notify you if a decision has been made to interview or hire you.

To expedite this process, you need to make sure and identify the position you are interested in on the application.

We want you to feel comfortable with the application process so please let us know if you have any questions or concerns.

Sincerely,

Renae Thode
Executive Director

Northbridge Application for Employment

Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, national origin, age, physical or mental disability, genetic information, or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name: _____ Position Applied for: _____

Phone Number: _____ - _____ - _____ Alternate or Cellphone Number: _____ - _____ - _____

Present Address: _____

Street, Apartment, or Unit Number

City

State

ZIP

Email Address: _____

How long have you lived there? _____ Desired Salary or Hourly Rate: _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time

(Specify Hours) _____

Are you willing to work overtime? Yes No Date on which you can start? _____

Have you previously applied for employment with this company? Yes No

If yes, when and where did you apply? _____

How did you hear about this employment opportunity? _____

Have you ever been employed by this company? Yes No

If yes, please provide dates of employment, location, and reason for separation of employment.

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer

Name: _____ Type of Business: _____

Address: _____

Telephone: _____ - _____ - _____ Dates Employed From: _____ To: _____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No

If no, why not? _____

Wages Start _____ Finish _____ Reason for leaving: _____

What will this employer say was the reason your employment was terminated? _____

How much notice did you give when resigning? If none, explain. _____

Employer

Name: _____ Type of Business: _____

Address: _____

Telephone: _____ - _____ - _____ Dates Employed From: _____ To: _____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No

If no, why not? _____

Wages Start _____ Finish _____ Reason for leaving: _____

What will this employer say was the reason your employment was terminated? _____

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Employer

Name: _____ Type of Business: _____

Address: _____

Telephone: _____ - _____ - _____ Dates Employed From: _____ To: _____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No

If no, why not? _____

Wages Start _____ Finish _____ Reason for leaving: _____

What will this employer say was the reason your employment was terminated? _____

How much notice did you give when resigning? If none, explain. _____

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated or asked to resign from any job? Yes No If yes, how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No

If yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No

If yes, how many times? _____

If you answered yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work Relationship	Phone

Please list the names of personal references (not previous employers or relatives) who know you well enough that we may contact.

Name	Occupation	Address	Phone	Number of Years Known

EDUCATION / TRAINING

List all special technical skills that you feel qualify you for the job for which you are applying. (For example, computer programming/language, software, equipment operation, special tools or machines, etc.)

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received: _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS:

1. All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.
2. Arizona, Colorado, District of Columbia, Illinois, Kansas, Minnesota, Missouri, Montana, Nevada, Rhode Island, South Carolina, and Utah applicants: Do not respond to the second question regarding arrests.
3. California applicants: Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
4. Connecticut applicants: You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or an absolute pardon. Any person whose criminal records have been erased is deemed to never have been arrested within the meaning of the law as it applies to the particular proceedings that have been erased and may so swear under oath.
5. District of Columbia and Washington applicants: Limit any response to the past ten (10) years.
6. Hawaii and Massachusetts applicants: Do not answer the following two questions.
7. Indiana applicants: Regarding arrests limit your response to pending charges for felonies and class A misdemeanors that are less than one (1) year old.
8. Michigan applicants: Regarding arrests, limit your response to felony arrests awaiting conviction or dismissal.
9. New York applicants: All pending arrests or criminal accusations must be disclosed. You are not required to disclose arrests or criminal accusations that resulted in criminal actions or proceedings which were terminated in your favor. Do not disclose criminal actions or proceedings that were sealed or classified as youthful offender adjudications. An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within thirty (30) days of the applicant's request for such information.
10. North Dakota and Oregon applicants: Regarding arrests, limit your response to pending charges that are less than one (1) year old.
11. Utah applicants: Limit any response to felony convictions only. Do not respond to the second question regarding arrests.

CRIMINAL OFFENSES ONLY:

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above?

Yes No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial?

Yes No

If you answered yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

Have you ever initiated an act of violence in the workplace? Yes _____ No _____

If yes, please provide the date(s) and explain so that individual circumstances can be considered. (A 'Yes' answer will not necessarily disqualify you from employment.)

Applicant Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the company may now have, or may establish, a drug-free workplace or drug/and or alcohol testing program consistent with applicable federal, state, and local law. If the company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the company's policies and applicable federal, state, and local law.

If employed by the company, I understand and agree that the company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the company or its duly authorized pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this company. I also understand this company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST RE-APPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature: _____ Date: _____

PLEASE READ AND SIGN BELOW

The facts set forth in this application for employment are true and complete. I understand that if employed false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make investigation of my personal history and financial and credit record through investigative or credit agencies or bureaus of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interview with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Additionally, I understand that by signing below I acknowledge that at no time have I been involved in a substantiated claim or convicted of any act of child or vulnerable adult abuse, neglect, or mistreatment.

Applicant Signature: _____ Date: _____

WILLINGNESS SURVEY

The questionnaire lists the working conditions that you must accept to become a direct support professional. Some people find that this work is not for them because of one or more of these conditions. Others, however, find these conditions enjoyable and necessary to provide quality to individuals with intellectual disabilities. Please review the attached list carefully and be honest with yourself when you answer these questions.

If there are any work conditions that you find unacceptable you may want to reconsider applying for this position. If you can accept all of these work conditions, please sign below after you complete the checklist.

Please check mark 'Yes' or 'No'.

All employees must be or have...

1. Willingness to learn and be able to deal calmly with residents when they are physically combative. Yes No
2. Able to handle stress and control one's temper and one's anger. Yes No
3. Able to accept supervision and willing to follow instructions, complete assignments, and do what one is told. Yes No
4. Willing to work one's assigned schedule. Yes No
5. A strong back with upper body strength (able to bend, twist, and lift with resident, no lifting restrictions.) Yes No
6. Able to handle complaints and criticism in a professional manner. Yes No
7. Respect for the residents' privacy, residents' rights, dignity, and able to keep records confidential. Yes No
8. Willing to accept responsibility for your errors or mistakes. Yes No
9. Able to remain calm and deal with emergency situations. Yes No
10. Willing and able to follow policy and procedures. Yes No
11. Able to deal with family members of residents in a professional manner. Yes No
12. Willing to report injuries of residents. Yes No

13. Willing to ask questions when one is not sure of what to do. Yes No
14. Able to use common sense and good judgment. Yes No
15. Good personal hygiene and willing to dress appropriately in accordance with Company Policy. Yes No
16. Dependable, good attendance, and punctuality. Yes No
17. Healthy. Yes No
18. Able to relay information and communicate that a problem exists. Yes No
19. Respect for each residents' valuables and the property of others. Yes No
20. Willingness to work with more challenging residents. Yes No
21. Willing to ensure that assigned residents are properly monitored during your shift.
Yes No
22. Willing and able to document training data on each resident honestly, accurately, and promptly. Yes No
23. Willing to cooperate and work well with others. Yes No
24. Willing to learn (humble and teachable). Yes No
25. Willing to communicate the status of each resident and any changes in the residents' condition. Yes No
26. Able to speak, read, and write English. Yes No
27. Willing to be aware and proactive regarding safety issues. Yes No
28. Take pride in appearance of the residents' home or room, and a willingness to assist the residents in keeping their place of residence clean and comfortable. Yes No
29. Willingness to assist more dependent residents with personal hygiene tasks and to ensure that they are kept clean and comfortable. Yes No

30. Honest, truthful, and willing to come to work prepared to work. Yes No
31. Willingness to develop and maintain good working relationships with other staff and be able to handle constructive criticism from supervisory staff. Yes No
32. Willingness to teach residents appropriate social and coping skills. Yes No
33. Be loyal and driven to accomplish the Company's purpose, vision, goals, and principles.
Yes No
34. Willing to build the confidence of others and have a positive attitude and outlook.
Yes No
35. Willing to be flexible and positive towards change. Yes No
36. **Have you ever been listed on either the State or Federal exclusion list?** Yes No

Applicant Signature: _____ Date: _____

APPLICANT WAIVER

I hereby certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. Please read each statement carefully and *initial each statement* that you agree with, then sign your name and date it at the bottom.

REFERENCE RELEASE

I hereby authorize any of the persons or organizations listed in my application, any state or referral agency (Adult Protective Services, Senior and Disability Services, Licensure, Police Department, etc.) and/or anyone else with whom I am or have been acquainted, to give all information concerning my previous employment, education, or any other information they might have personal or otherwise, with regard to my character, general reputation, personal characteristics, criminal background, mode of living, and any of the subjects covered by this application.

I release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.

Applicant Initials: _____

POLICY CHANGES

In consideration for my employment and if I am employed by your company, I agree to adhere to the rules and regulations of the company. I hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or myself.

Applicant Initials: _____

HIRING PRACTICES

I understand and accept the company...

- Does not always hire everyone who applies.
- May or may not interview you today. We may call you another day for an interview.
- Does not make all hiring decisions instantly. Depending upon the number of applicants, some decisions may take more time.
- Does not discuss our hiring decisions with applicants.
- Will call you if we have a job for you.
- Is an equal opportunity employer.

Applicant Initials: _____

CPR CERTIFICATION

I hereby acknowledge that if I terminate my employment prior to the completion of my conditional period (6 months), I will reimburse the Company for any and all fees (\$90.00) associated with obtaining my CPR certification. These funds will be deducted from my final paycheck.

Applicant Initials: _____

FINGERPRINTING

I hereby acknowledge that if I terminate my employment prior to the completion of the conditional period (6 months), I will reimburse the Company for any and all fees (\$79.25) associated with obtaining my Criminal History Background Check. These funds will be deducted from my final paycheck.

Applicant Initials: _____

EXCLUSIONARY LISTING

I hereby acknowledge that if at any time in the course of my employment that I will notify the Company if I am notified that I have been listed as an excluded individual by any State and/or Federal agency.

Applicant Initials : _____

Printed Name: _____ Date: _____

Applicant Signature: _____

Company Representative: _____ Date: _____

Representative Signature: _____



Department of Health & Social Services
Background Check Unit

Disclosure of Personal History & Release of Information Authorization

Case Number (Eight Digit Number)

Applicants are required to disclose any known civil or criminal information regarding them which would be a barrier to association with the entity which is submitting your application for background check under AS 47.05. or 7 AAC 10.900 – 7 AAC 10.990. Please attach additional pages, if necessary, to complete the required information.

Have you ever been charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a crime listed in 7 AAC 10.905?

Yes No If yes, please describe: _____

Have you ever been found by a court or agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under Children in Need of Aid (AS 47.10), Protection of Vulnerable Adults (AS 47.24), or Office of the Long Term Care Ombudsman (AS 47.62) or a substantially similar provision in another jurisdiction?

Yes No If yes, please describe: _____

Have you been found by a court or agency of this or another jurisdiction to have committed medical assistance fraud under Medical Assistance Fraud (AS 47.05.210) or a substantially similar provision in another jurisdiction?

Yes No If yes, please describe: _____

Have you appeared on the centralized registry established under Centralized Registry (AS 47.05.330) or a similar registry of this state or another jurisdiction?

Yes No If yes, please describe: _____

Release of information Authorization

I certify that the contents of this form and information provided with it are true, accurate, and complete. I understand that a willful misrepresentation of the information provided is cause for immediate denial or later revocation of authorization under Criminal History; Criminal History Check; Compliance (AS 47.05.310).

I, the undersigned, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization will be held in confidence in accordance with DHSS guidelines.

I, the undersigned, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

Applicant Printed Name: _____

Applicant SSN: _____

Applicant Signature: _____ Date: _____

NORTHBRIDGE LLC AVAILABILITY SHEET

Please write the times you will be available to work and mark either AM or PM for each day.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
From: _____ AM PM	From: _____ AM PM	From: _____ AM PM	From: _____ AM PM	From: _____ AM PM	From: _____ AM PM	From: _____ AM PM
To: _____ AM PM	To: _____ AM PM	To: _____ AM PM	To: _____ AM PM	To: _____ AM PM	To: _____ AM PM	To: _____ AM PM

Comments: _____

By signing below, you are agreeing that the above times are when you will be available to work. While we make every effort to accommodate staff in regards to their schedule and hours, Northbridge LLC does not guarantee a set location, client(s), or hours. **Location and hours are always based on client need and your own availability.** Additionally, by signing below you agree to give at least two weeks of notice when changing your availability. If you have any questions or concerns, please feel free to speak with a member of management.

Printed Name: _____ Signature: _____ Date: _____