

# HUMAN RESOURCES UNLIMITED, INC

116 Market Street @ Magnolia Commons  
New Bern, North Carolina 28560-6704

Member of: The ARC  
CARF Accredited

TELEPHONE: 1.252.635-1232  
FACSIMILE: 1.252.635-5164

## LETTER OF ACCEPTANCE

I hereby accept the position of Direct Support Professional with Human Resources Unlimited beginning on the date below. I understand that my employment is on a 6 month probationary basis. During the 6-month probationary period, my work will be evaluated by my supervisor to determine if employment continues. I acknowledge that if my employment is continued, I will maintain the status of an at-will employee within the realm of employment law. I acknowledge that I am subject to termination at any time during this probationary period if my performance is inadequate. I further acknowledge that the probationary period may be extended for valid reasons such as opportunity to improve performance and/or skills.

***SPECIAL NOTE: I understand that continued employment depends on maintaining a valid Driver's License at all times. I must also maintain appropriate insurance coverage, and all required trainings.***

\_\_\_\_\_  
DSP Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HRU Representative

\_\_\_\_\_  
Date



# CastleBranch

DISCLOSURE AND AUTHORIZATION  
[IMPORTANT- PLEASE READ CAREFULLY  
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION  
ORDER NUMBER:

FAX: 910.343.9731

Company Name: Human Resources Unlimited, Inc.

CAC: HU43

Human Resources Unlimited, Inc. ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by CastleBranch, Inc. 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

## ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CastleBranch, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, another outside organization acting on behalf of the Company and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name, \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Other Names/Maiden/Alias \_\_\_\_\_

Social Security\*# \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ (mo/day/year)

Driver's License# \_\_\_\_\_ State, \_\_\_\_\_

Phone# \_\_\_\_\_

Email \_\_\_\_\_

Present Address; \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

(Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.)

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

For Employer Use Only. Please mark w/ the searches to be conducted.

Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



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### Consent and Release of Liability for Post-Accident Drug Testing

I understand that as a condition of employment with HRU, that I may be required to submit a sample of my urine and/or blood for chemical analysis. I understand that the analysis will be conducted by a certified laboratory. The purpose of this analysis is to check for the presence of illegal or non-prescription drugs in my system.

I hereby give my permission for any certified laboratory to release these tests to HRU. I consent freely and voluntarily to this request for a urine and/ or blood specimen. I hereby release HRU from any liability arising from this request to furnish urine and/ or blood samples, the testing of the urine and/or blood samples and any decisions made concerning my application for employment of employment which may be based in whole or in part upon the results of the test analysis.

I understand that the presence of any illegal or non-prescription drugs or alcohol in my system may result in the denial/termination of employment with HRU, I further understand that refusal to submit to or cooperate with any such testing may result in **TERMINATION** of my employment.

**This consent shall be valid indefinitely.**

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF NORTH CAROLINA COUNTY OF CRAVEN

I, \_\_\_\_\_, Notary Public in and for said County State, do hereby certify that the above-named Employee, Consumer, Parent, Guardian, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand notaries seal, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

**Checklist for  
Physical Activities and Requirements, Visual Acuity, and  
Working Conditions of the Position**

1. The physical activity of this position (please check ALL blocks that apply):

- ☐ A. Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.
- ☐ B. Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.
- ☐ C. Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.
- ☒ D. Kneeling: Bending legs at knee to come to a rest on knee or knees.
- ☒ E. Crouching: Bending the body downward and forward by bending leg and spine.
- ☐ F. Crawling: Moving about on hands and knees or hands and feet.
- ☐ G. Reaching: Extending hand(s) and arm(s) in any direction.
- ☐ H. Standing: Remaining upright on the feet, particularly for sustained periods of time.
- ☐ I. Walking: Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.
- ☐ J. Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.
- ☐ K. Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.
- ☐ L. Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position to position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles.
- ☒ M. Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with whole hand or arm as in handling.
- ☐ N. Grasping: Applying pressure to an object with the fingers and palm.
- ☐ O. Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching with skin, particularly that of fingertips.

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- ☐ P. Talking: Expressing or exchanging ideas by means of the spoken word; those activities where detailed or important spoken instructions must be conveyed to other workers accurately, loudly, or quickly.
- ☐ Q. Hearing: Perceiving the nature of sounds at normal speaking levels with or without correction, and having the ability to receive detailed information through oral communication, and making fine discriminations in sound.

☒ R. Repetitive motions: Making substantial movements (motions) of the wrists, hands, and/or fingers.

2. The physical requirements of this position (please check only ONE block):

- ☐ A. Sedentary work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.
- ☐ B. Light work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.
- ☐ C. Medium work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.
- ☐ D. Heavy work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.
- ☐ E. Very heavy work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

3. The visual acuity requirements including color, depth perception, and field of vision (please check only ONE block):

- ☒ A. The worker is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; extensive reading; visual inspection involving small defects, small parts, and/or operation of machines (including inspection); using measurement devices; and/or assembly or fabrication of parts at distances close to the eyes.
- ☐ B. The worker is required to have visual acuity to perform an activity such as: operating machines such as lathes, drill presses, power saws and mills where the seeing job is at or within arm's reach; performing mechanical or skilled trades tasks of a non-repetitive nature such as ones by carpenters, technicians, service people, plumbers, painters, mechanics, etc.
- ☐ C. The worker is required to have visual acuity to operate motor vehicles or heavy equipment.
- ☐ D. The worker is required to have visual acuity to determine the accuracy, neatness, and thoroughness of the work assigned (i.e., custodial, food services, general labor, etc.) or to make general observations of facilities or structures (i.e., security guard, inspection, etc.).

4. The conditions the worker will be subject to in this position (please check ALL blocks that apply):

- ☐ A. The worker is subject to inside environmental conditions: Protection from weather conditions but not necessarily from temperature changes.

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- ☐ B. The worker is subject to outside environmental conditions: No effective protection from weather.
- ☐ C. The worker is subject to both environmental conditions: Activities occur inside and outside.
- ☐ D. The worker is subject to extreme cold: Temperatures typically below 32 degrees for periods of more than one hour. Consideration should be given to the effect of other environmental conditions such as wind and humidity.
- ☐ E. The worker is subject to extreme heat: Temperatures above 100 degrees for periods of more than one hour. Consideration should be given to the effect of other environmental conditions such as wind and humidity.
- ☐ F. The worker is subject to noise: There is sufficient noise to cause the worker to shout in order to be heard above the ambient noise level.
- ☐ G. The worker is subject to vibration: Exposure to oscillating movements of the extremities or whole body.
- ☐ H. The worker is subject to hazards: Includes a variety of physical conditions, such as proximity to moving mechanical parts, moving vehicles, electrical current, working on scaffolding and high places, exposure to high heat or exposure to chemicals.
- ☐ I. The worker is subject to atmospheric conditions: One or more of the following conditions that affect the respiratory system of the skin: Fumes, odors, dusts, mists, gases or poor ventilation.
- ☐ J. The worker is subject to oils: There is air and/or skin exposure to oils and other cutting fluids.
- ☐ K. The worker is required to wear a respirator.
- ☐ L. The worker frequently is in close quarters, crawl spaces, shafts, man holes, small enclosed rooms, small sewage and water line pipes, and other areas which could cause claustrophobia.
- ☐ M. The worker is required to function in narrow aisles or passageways.
- ☒ N. The worker is exposed to infectious diseases.
- ☒ O. The worker is required to function around prisoners or mental patients.
- ☐ P. None: The worker is not substantially exposed to adverse environmental conditions (as in typical office or administrative work).

\_\_\_\_\_  
Immediate Supervisor's Signature

\_\_\_\_\_  
Employee's Signature