

HUMAN RESOURCES UNLIMITED, INC

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

Mary McCurdy, Director
Member of: The NCCSPC
CARF ACCREDITED

TELEPHONE: 1.252.635.1232
FACSIMILE: 1.252.635.5164
E-MAIL: marym@hrubhc.com

Thank you for applying for a job at HRU. To make the application and interview process smooth, please make certain that you follow the guidelines below.

1. Complete the following:

- A. Resume
- B. Copy of Social Security Card and Picture ID
- C. Copy of Auto Insurance Declarations Page (Dates/Coverage) with your name listed as a driver (needed every six months or yearly)
- D. Copy of High School Diploma or GED (required for employment)
- E. Official Transcript of highest education
- F. Tuberculosis Written Test (proof of a skin within ten years along with a written test done yearly, must get one done if not completed within ten years)
- G. 2 Letters of Reference: must have contact name and phone number
- All done in office:
- H. CPR & First Aid (offered @ HRU at applicants expense \$50) HRU will only accept American Red Cross and American Heart Association (certification done yearly or every two years)
- I. CPI Training (done yearly)
- J. MAR Video (Blood Borne Pathogens and Needle Stick Training- 11min, test done yearly)
- K. Back safety Video (test done yearly)
- L. Innovations Core Competencies training (complete in office)
- M. Therap Training (complete in office)

2. Once the above information is completed and submitted, we will call you for orientation when we have a need for a new Innovations Mentor.

3. These classes have to be completed 90days of employment:

B. Orientation Training

Trainings will be provided by HRU. HRU is not liable for training expenses acquired by you, from any other agencies.

Thank you for your interest in HRU and I look forward to meeting with you!

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CHECKLIST OF ITEMS PRESENTED TO NEW EMPLOYEES AT INITIAL PROCESSING

Section 1 of Employee Personnel Record

- _____ Employment General Information
- _____ Application for Employment
- _____ Application Addendum
- _____ Drivers License/SS card
- _____ Tax Form W-4 / NC-4
- _____ I-9 Employment Eligibility Verification
- _____ E-Verify
- _____ NCNAR(North Carolina Registry)
- _____ CRC& DMV check
- _____ OIG
- _____ Declaration Page Insurance(auto Insurance)
- _____ Resume
- _____ Reference & Reference Check (2) must call to verify

Section 2 of Employee Personnel Record

- _____ Therap Training
- _____ Ackn of Mandatory Training
- _____ Innovations Core Training
- _____ CPR/FA
- _____ CPI
- _____ Blood Borne Pathogen
- _____ Back Safety Training

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- ☐ Checklist for Physical Activities
- ☐ Orientation/Annual Training (90 Days within hire)
- ☐ Official Transcript

Section 3 of Employee Personnel Record(side Pocket)

- ☐ Communicable Diseases
- ☐ Hepatitis B Vaccine Refusal Form
- ☐ TB skin test (copy)
- ☐ TB infection control and Prevention Test

Section 4 of Employee Personnel Record

- ☐ Reviews & Evaluations/ 90 day \$ Supervision Plan/Supervision Log
- ☐ Client Specifics Comp
- ☐ Statement of Hours per consumer
- ☐ Statement of Understanding
- ☐ Supervision Plan completed at date of Hire
- ☐ Supervision Contract
- ☐ Supervision Log (every other month)
- ☐ Supervision Form (every other month, personnel review, client specifics)
- ☐ Employee Safety Handbook Acknowledgement
- ☐ Auto Hazard Kit Receipt Acknowledgement

Section 5 of Employee Personnel Record

- ☐ New Hire Checklist
- ☐ Contract
- ☐ Letter of Acceptance

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____ Castle Branch DMV/Criminal Record (**Notarize**) Auth for Release

____ Consent and Release For post -Accidental Drug Testing (**Notarize**)

____ Innovations/State/Medicaid Services DSP Job Description

____ Assurance of Consumer Rights

____ Assurance of Confidentiality of Consumer Information

____ Abuse & Neglect by Employee

____ Suspected Abuse or Neglect of Consumer

____ HIPPA/Notice of Privacy Practices (NOPP)

____ Employee Code of Conduct

Forms Needed from Staff for records

____ Mentor Signature /Credentials

____ Auto Insurance Verification

____ Client Rights and Responsibilities Test

____ Confidentiality Of Client Information

____ Authorization for Payroll

____ CPR/First Aid Payment Form (**IF Needed**)

Direct Support Professional Signature

Date

Processor's Signature

Date



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Cultural Competence Checklist: **Personal Reflection**

Ratings:

- 1 Strongly Agree
- 2 Agree
- 3 Neutral
- 4 Disagree
- 5 Strongly Disagree

This tool was developed to heighten your awareness of how you view clients/patients from culturally and linguistically diverse (CLD) populations.

*There is no answer key; however, you should review responses that you rated 5, 4, and even 3.

- ☐ I treat all of my clients with respect for their culture.
- ☐ I do not impose my beliefs and value systems on my clients, their family members, or their friends.
- ☐ I believe that it is acceptable to use a language other than English in the U.S.
- ☐ I accept my clients' decisions as to the degree to which they choose to acculturate into the dominant culture.
- ☐ I provide services to clients who are GLBTQ (Gay, Lesbian, Bisexual, Transgender, or Questioning).
- ☐ I am driven to respond to others' insensitive comments or behaviors.
- ☐ I do not participate in insensitive comments or behaviors.
- ☐ I am aware that the roles of family members may differ within or across culture or families.
- ☐ I recognize family members and other designees as decision makers for services and support.
- ☐ I respect non-traditional family structures (e.g., divorced parents, same gender parents, grandparents as caretakers).
- ☐ I understand the difference between a communication disability and a communication difference.
- ☐ I understand that views of the aging process may influence the clients'/families' decision to seek intervention.
- ☐ I understand that there are several American English dialects. I recognize that all English speakers use a dialect of English.

I understand that the use of a foreign accent or limited English skill is not a reflection of:

- ☐ Reduced intellectual capacity
- ☐ The ability to communicate clearly and effectively in a native language

I understand how culture can affect child-rearing practices such as:

- ☐ Discipline
- ☐ Dressing
- ☐ Toileting
- ☐ Feeding
- ☐ Self-help skills
- ☐ Expectations for the future
- ☐ Communication

I understand the impact of culture on life activities, such as:

- ☐ Education
- ☐ Family roles
- ☐ Religion/faith-based practices
- ☐ Gender roles
- ☐ Alternative medicine
- ☐ Customs or superstitions
- ☐ Employment
- ☐ Perception of time
- ☐ Views of wellness
- ☐ Views of disabilities
- ☐ The value of Western medical treatment

I understand my clients' cultural norms may influence communication in many ways, including:

- ☐ Eye contact
- ☐ Interpersonal space
- ☐ Use of gestures
- ☐ Comfort with silence
- ☐ Turn-taking
- ☐ Topics of conversation
- ☐ Asking and responding to questions
- ☐ Greetings
- ☐ Interruptions
- ☐ Use of humor
- ☐ Decision-making roles

Signature _____

*While several sources were consulted in the development of this checklist, the following document inspired its design:
Goode, T. D. (1989, revised 2002). Promoting cultural and linguistic competence self-assessment checklist for personnel
Providing services and supports in early intervention and childhood settings.

Reference this material as: American Speech-Language-Hearing Association. (2010). *Cultural Competence Checklist: Personal reflection*. Available from www.asha.org/uploadedFiles/practice/multicultural/personalreflections.pdf

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Employee General Information

Name: _____

DOB: _____ DOE: _____

SSN: _____

NC Driver's License #: _____

Address: _____

PO Box: _____

_____ NC _____

Home#: (____) _____

Cell#: (____) _____

Work#: (____) _____

E-mail Address: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

_____ NC _____

Home#: (____) _____

Cell#: (____) _____

Work#: (____) _____

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

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Application Addendum

Have you lived in North Carolina for the last 5 **consecutive** years?

☐ Yes ☐ No

Do you have a High School Diploma or GED?

☐ Yes ☐ No

Have you been convicted for any crime other than minor traffic offences?

☐ Yes ☐ No

If yes, please list them below and include the where it occurred in and the approximate date.

HRU does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor. Women and minorities are encouraged to apply.

Human Resources Unlimited, Inc.
Employee/Consumer Referral Award

New Employee/ Consumer
Recruited: _____

Employee Who Referred You:

Initial RA date for consumers _____

First Day Worked For New Employee _____

Signature of Executive Director

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PHOTO RELEASE FORM

I hereby grant permission to Human Resources Unlimited, Inc. to display or use photographs and/or video of me in various media including but not limited to work related publications, news releases, online, and in other communications related to the mission of the agency.

(Signature)

Name _____

Address _____

Phone (day) _____ (evening) _____

Email Address (optional) _____

Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(e) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):	
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$	
	Multiply the number of other dependents by \$500 ▶ \$	
	Add the amounts above and enter the total here	3 \$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a) \$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.	
	Employee's signature (This form is not valid unless you sign it.)	Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	HUMAN RESOURCES UNLIMITED 116 MARKET STREET NEW BERN, NC 28560		

NC-4 Employee's Withholding Allowance Certificate

PURPOSE - Complete **Form NC-4** so that your employer can withhold the correct amount of State income tax from your pay. **If you do not submit Form NC-4 to your employer, your employer must withhold as if your filing status is "Single" with no withholding allowances.**

FORM NC-4EZ - You may use Form NC-4EZ if you plan to claim either the N.C. Standard Deduction or the N.C. Child Deduction Amount (but no other N.C. deductions), and you do not plan to claim any N.C. tax credits.

FORM NC-4 NRA - If you are a nonresident alien you must use Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

FORM NC-4 BASIC INSTRUCTIONS - Complete the NC-4 **Allowance Worksheet**. The worksheet will help you determine your withholding allowances based on federal and State adjustments to gross income including the N.C. Child Deduction Amount, N.C. itemized deductions, and N.C. tax credits. However, you may claim fewer allowances than you are entitled to if you wish to increase the tax withheld during the tax year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be "Head of Household" after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

TWO OR MORE JOBS - If you have more than one job, determine the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the "Multiple Jobs Table" to determine the additional amount to be withheld on Line 2 of Form NC-4. (See page 4).

NONWAGE INCOME - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated income

tax payments using Form NC-40 to avoid interest on the underpayment of estimated income tax. Form NC-40 is available on the Department's website at www.ncdor.gov.

HEAD OF HOUSEHOLD - Generally you may claim "Head of Household" filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

SURVIVING SPOUSE - Generally, you may claim "Surviving Spouse" filing status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild whom you can claim as a dependent; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will complete the NC-4 Allowance Worksheet based on the filing status, "Married Filing Jointly" or "Married Filing Separately."

- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Jointly" should consider the sum of both spouses' income, federal and State adjustments to income, and State tax credits to determine the number of allowances.

- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Separately" should consider only his or her portion of income, federal and State adjustments to income, and State tax credits to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

NC-4 Employee's Withholding Allowance Certificate

1. Total number of allowances you are claiming

(Enter zero (0), or the number of allowances from Page 2, Line 17 of the NC-4 Allowance Worksheet)

2. Additional amount, if any, withheld from each pay period (Enter whole dollars)

.00

Social Security Number		Filing Status	
		<input type="radio"/> Single or Married Filing Separately <input type="radio"/> Head of Household <input type="radio"/> Married Filing Jointly or Surviving Spouse	
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)	M.I.	Last Name	
Address		County (Enter first five letters)	
City	State	Zip Code (5 Digit)	Country (If not U.S.)

Employee's Signature

Date

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above.

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Supervision Contract

Date Employed: _____

I. This Mentor meets the definition for:

_____ Qualified Professional

 X Direct Support Professional

_____ Working toward qualification, specify area: _____

_____ Volunteer

_____ Intern

_____ Independent Contractor

II. Type of supervision:

 X Supervision required:

(a) Individual one hour bi-monthly face to face by Qualified Professional.

(b) Direct Care. Worker participating in Trainings

 X Individual supervision required- minimum of one hour bi-monthly

_____ Supervision by phone or virtually (monthly)

III. Based on review by the hiring supervisor, the following clinical supervision plan is arranged:

Direct Support Professional (DSP)

Date

Qualified Professional

Date

Definitions:

Full Supervision: Supervisor reviews all work and all assessments and service plans.

Individual Supervision: One hour in person bi-monthly

See Attached Individualized Supervision Plan

Comments:
