

**Unique Caring, Inc.**  
5801 Executive Center Drive, Suite 114  
Charlotte, NC 28212

<b>* FAMILY REFERRAL *</b>
<b>Consumer Name:</b> _____
<b>FSC:</b> _____

### Employment Application

Unique Caring, Inc is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin or disability according to Titles VI and VII of the Civil Rights Act of 1964: Sections 503 and 504 and the American Disability Act of 1990.

<b>PERSONAL INFORMATION</b>	
Name: _____	Social Security#: _____ - _____ - _____
Address: _____	City: _____
State: _____ Zip: _____	County of Residence: _____
Home Phone: (____) _____ - _____	Cell Phone: (____) _____ - _____
Pager #: (____) _____ - _____	Work #: (____) _____ - _____

**Counties Interested in Serving** (Please check all that apply)

- Cabarrus     Catawba     Cleveland     Gaston     Iredell  
 Lincoln     Mecklenburg     Rowan     Stanley     Union

**Services Interested in Providing** (Please check all that apply)

- Outpatient Therapy     Case Management     Respite     Supported Employment  
 Community Support Services     Home Healthcare     AFL  
 Placement-Short Term (less than one year)     Placement-Long Term (a year or more)  
 Foster Care

Home is currently licensed by:     Dept. of Social Services     Division of Facility Services

**Availability**     Open Most Times

- Weekday Mornings     Weekday Days     Weekday Afternoons     Weekday Evenings  
 Weekend Mornings     Weekend Afternoon     Weekend Days     Weekend Evenings  
 Overnight Care

**Have you had experience with the following population?** (Please check all that apply)

- Autism     Dually Diagnosed     Emotional/Behavioral Problems     Hearing Impaired  
 Medically Fragile     People with Mental Health Diagnosis     MR/DD     Multiple Sclerosis  
 Non-Ambulatory     Non-Verbal     Substance Abuse     MR/MI (formerly Thomas S)  
 Traumatic Brain Injury     Visually Impaired     At-Risk Youth (formerly Willie M)

**Skills and Training that you have in the Following Areas** (Please check all that apply)

- Catherization  Behavior Management  Special Feeding  Special Feeding  Augmentative Comm.  
 TECCH/Lovas  Computer Skills  Personal Assistance  Seizure Management  Adaptive Equipment  
 Therapy Training:  P.T.  O.T.  S.T.  R.T.  
 Apnea  Trach  G-Tube  TCI  NCI  HRI-P  CBI  AFL  Foster Care

**Languages** (Please check all that apply)

- Arabic  French  German  Russian  Sign Language  Spanish  
 Ukranian  Other Language \_\_\_\_\_  English

**Interested in Serving** (Please check all that apply)

- Infants/Toddlers  Children  Young Adults  Adults  Elderly

**Positions Desiring to Serve** (Please check all that apply)

- MR/DD  Mental Health  Substance Abuse  Elderly

**Preferred Location of Services** (Please check all that apply)

- In Your Home  In Consumer's Home  Only in the Community

**Transportation Issues**

- Are you willing to travel to the consumer? \_\_\_ Yes \_\_\_ No  
 Are you willing transport the consumer? \_\_\_ Yes \_\_\_ No

What is the distance you will travel to reach consumer:

- 0  1-5 miles  6-10 miles  11-15 miles  15-20 miles  more than 20 miles

**Characteristics of Your Household**

- Smoker(s)  Stairs  Wheelchair Accessible  Wheelchair available  Crib  Playpen

**Legal Issues**

1. Have you ever been convicted of violating a State or Federal Law Including Traffic? \_\_\_Yes \_\_\_No
2. Have you ever lost your driver's license? \_\_\_Yes \_\_\_No
3. Have your privileges to provide direct care services ever been revoked or suspended? \_\_\_Yes \_\_\_No
4. Have you ever been found guilty of abusing/neglecting a child ? \_\_\_Yes \_\_\_No

If you answered yes to any question above, please explain:

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**Essential Job Duties**

Are you able to perform the essential duties of the position for which you are applying, with or without reasonable accommodation? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Education**

High School Name, City, State: \_\_\_\_\_

College Name, City, State: \_\_\_\_\_

Major (s): \_\_\_\_\_

Trade, Business, Correspondence School (s): \_\_\_\_\_

Areas of Study: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Employment History      Make sure to send each of these agencies a Verification Form**

Please put the most current direct care experience first.

1.      From: Mo/Yr \_\_\_\_\_      To: Mo/Yr \_\_\_\_\_      Phone: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Position: \_\_\_\_\_      Reason for Leaving: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Population Served:  MR/DD     Mental Health     Substance Abuse     Child     Adult     Elderly

2.      From: Mo/Yr \_\_\_\_\_      To: Mo/Yr \_\_\_\_\_      Phone: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Position: \_\_\_\_\_      Reason for Leaving: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Population Served:  MR/DD     Mental Health     Substance Abuse     Child     Adult     Elderly

3.      From: Mo/Yr \_\_\_\_\_      To: Mo/Yr \_\_\_\_\_      Phone: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Position: \_\_\_\_\_      Reason for Leaving: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Population Served:  MR/DD     Mental Health     Substance Abuse     Child     Adult     Elderly

**Personal References**

**Make sure to send all three people a Reference Form.**

Three people who are not included in the experience section above.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Make sure to send each of the three (3) people listed above a REFERENCE FORM that you have signed and dated. There are instructions on the form to return the completed document to Unique Caring, Inc.**

**Personal Statement**

In the space provided, tell why you think you are qualified for this position. (If more space is needed, continue on the back.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNIQUE CARING, INC. authorized signature for employment application.**

I authorize Unique Caring, Inc to investigate any and all of the information contained in this application. I understand that misrepresentation or omission of facts called for is cause for ineligibility of hire and/or dismissal. Furthermore, I understand and agree that my potential employment and/or employment with Unique Caring, Inc are for no definite period of time and may be stopped and/or terminated without prior notice. I understand that if offered a position with Unique Caring, Inc, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results or refusal to cooperate with Unique Caring, Inc or attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**How did you learn about job opportunities with Unique Caring, Inc?**

- UCF Family Referral     UCF Staff Referral     UCF Web Page     UCF Phone Job Line
- Newspaper Job Listing     Employment Security Job Listing     Other \_\_\_\_\_