

Better Life of Gaston
Employment Application

Position Applied for: CNA RN IHCA OFFICE Other _____

Date _____

APPLICANT DATA:

Full Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell number: _____

Email: _____ Driver License number: _____ State _____

Date of birth: _____ Social Security #: _____ Marital status: _____

Are you employed now? Yes No Date available to start: _____

Have you ever worked for this company before? Yes (If Yes When) _____ No

Work History: (Present first)

Employer: _____ Phone: _____

Address: _____

Position: _____ From: _____ To: _____

Supervisor: _____ Reason for leaving: _____

Dutie(s): _____

Employer: _____ Phone: _____

Address: _____

Position: _____ From: _____ To: _____

Supervisor: _____ Reason for leaving: _____

Dutie(s): _____

Education: High School _____ Graduate Yes No

College _____ Graduate Yes No

Degree _____ Graduation date _____

Trade School _____ Graduate Yes No

Degree _____ Graduation date _____

Are you a citizen of the United States? Yes No Speak Eng. /Span. Yes No

If not a citizen, are you legally allowed to work in the United States? Yes No

Have you ever pled "Guilty" "No Contest", or been Convicted of a crime? Yes No

If yes, give dates and details: _____

I certify that my answers are true and complete to the best of my knowledge. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am unemployed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that North Carolina is an at Will state, which means I may be release from duties at any time.

Carolina Home Care Solutions, Inc. will offer services to clients without discrimination on the basis of race, color, creed, religion, age, sex, national origin, marital status, sexual orientation, and physical or mental disability.

Signature of Applicant: _____ Date: _____

Better Life of Gaston

Harassment, Including Sexual Harassment

Sexual harassment of employees or applicants for jobs by employees, supervisors, or board members is unacceptable behavior and will not be tolerated. BLOG will take appropriate corrective action to remedy any situation which is brought to its attention.

Sexual harassment is a type of misconduct that interferes with work productivity and wrongfully deprives employees of the opportunity to work in an environment free from unwelcome sexual overtones. Sexual harassment includes all unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when; (a) submission to such conduct is made either an expressed or implied term or condition of an individual's employment; or (b) submission to or rejection of the conduct is used as a basis for an employment decision affecting the individual subjected or submitting to the conduct; or such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

No supervisor or any employee shall promise, imply, or grant any preferential treatment in connection with another employee or applicant engaging in sexual conduct. Any employee, supervisor, or agent who violates this policy will be subject to discipline up to and including discharge. Any questions regarding this policy should be addressed to the Human Resources Manager.

Any employee who feels that he or she is a victim of sexual harassment, including but without limitation, to any of the conduct listed above, by any supervisor, employee, client or agent should immediately bring the matter to the attention of the Human Resources Manager. An employee who is uncomfortable for any reason in bringing such matter to the attention of the Human Resources Manager should report the matter to the Administrator of CHCS. When an investigation confirms the offensive behavior, prompt, corrective action will be taken.

Employee Signature

Date

Vehicle Policy

Vehicle and Insurance Policy:

In order to fulfill the job duties and tasks for this position it is imperative that an employee have an automobile in good working condition. The vehicle must have passed the most recent inspection and have current insurance coverage. In conjunction, the employee's name must be on the policy for that same vehicle, and NOT a family member's name, friend, or other third party. If the policy is in another's person's name, the employee must be added to the policy, as a condition of employment. No Carolina Home Care Solutions, Inc. employee is allowed to transport a consumer in any vehicle other than the vehicle registered with us. The vehicle registered with us is the sole vehicle designated for fulfilling job duties on behalf of CHCS. A violation of this condition shall be subject to immediate termination. If an employee has more than one vehicle they wish to register, the same conditions would apply. If a rental car temporarily becomes a necessity, all of the aforementioned paperwork MUST be submitted for this vehicle as well, prior to its use in transporting consumers (regardless of how brief the time period is).

A vehicle is required for the CHCS position, an employee is expected to maintain and have in possession the approved vehicle, to fulfill job duties as expected. If transportation becomes unavailable or nonexistent, a reasonable period of time will be allowed for her/him to find an alternate means of transportation, NOT TO EXCEED THIRTY DAYS. Thirty days is the limit regardless of circumstance (disrepair, repossession, auto accident, etc). This duration up to the thirty day period, in which an employee does not have a means to perform direct care duties, will be unscheduled time off, without pay. It is the employee's responsibility to find another means of transportation promptly. Any duration exceeding thirty days is subject to disciplinary action up to and including termination for inability to comply with requirements associated with their job duties, as indicated in the job description. This delay may infringe upon the agency's ability to sustain that consumer revenue and bring in additional revenue. No CHCS employee, by negligence or disregard for policy, is allowed to transport a consumer or conduct agency related business/errands, in a vehicle that is not properly insured or inspected, UNDER ANY CIRCUMSTANCES. Meaning, a lapse in insurance coverage or an expired inspection (vehicle inspection card), is a violation of policy and shall result in disciplinary action up to and including immediate termination, NO EXCEPTIONS. Carolina Home Care Solutions, Inc. employee's shall not hold the agency liable for accidents, damages, medical fees or other associated costs as a result of insufficient, improper, or nonexistent insurance coverage relating to work activities.

Employee Signature

Date

Carolina Home Care Solutions, Inc.

Sub-Contract Agreement

This agreement dated _____, 201_ is hereby made by CAROLINA HOME CARE SOLUTIONS, INC. whose address 314 N Highland Street Gastonia North Carolina, 28052 referred to as "Agency" and between _____, whose address is _____,

And referred to as a "Consultant".

1. **Sub-Contractor Services.** The company hereby contracts the aide to perform services in accordance with the terms and conditions set forth in this agreement: The sub-contractor will consult with the officers and employees of the company concerning matters relating to the management and organization of the company, their financial policies, the terms and conditions of and generally any matter arising out of business affairs of the company,
2. **Terms of Agreement:** This agreement will begin _____, 201_ and will end _____, 201_. Either party may cancel this agreement on a One (1) day notice to the other party in writing, by certified mail or personal delivery. This contract will be renewed each year upon approval of Carolina Home Care Solutions, Inc.
3. **Time devoted by Sub-Contractor** may vary depending on each individual Client assignment or other stationary assignment.
4. **Place where services will be rendered.** The consultant will perform most services in accordance with this contract at the client's home. In addition the sub-contractor will perform services on the telephone and at such other places as designated by the agency to perform these services in accordance with this agreement.
5. **Payment to the Sub-Contractor.** The consultant will be paid at a rate of \$_____ per hour for work performed in accordance with this agreement. The consultant will submit an itemized statement setting forth the time spent and services rendered (on such Task/Time Sheet given by Carolina Home Care Solutions, Inc.) and the agency will pay the sub-contractor the amount due as indicated by statements after agency has reviewed documentation and given on such date set forth as Payroll is permitted.
6. **Independent-Contractor.** Both the agency and the sub-contractor agree that the work is performed as and independent contractor in the performance of its duties under this contract. Accordingly, the consultant shall be responsible for payment of all taxes including Federal, State, and local taxes arising out of the consultant's activities in accordance with this contract, including by way of illustration but not limitations, Federal and State income taxes, Social Security tax, Unemployment Insurance taxes, and any other taxes or business license fee as required.
7. **Signatures:** Both the company and the consultant agree to the above contract.

Sub-Contractor/Employee

Date

Carolina Home Care Solutions, Inc.

Confidentiality Form

Information acquired in attending or treating a client is considered to be confidential. Carolina Home Care Solutions, Inc. shall take the affirmative measures to safeguard confidential consumer information. The release or disclosure of such information is subject to confidentiality rules (aspm 45-), general statutes and other state and federal laws. Carolina Home Care Solutions, Inc. policy regarding the release of confidential information states that.

1. Individuals with access to confidential information shall not disclose this information until a consent for release of information has been obtained;
2. the consent for release of information shall be signed by a component adult or consumer or consumers' responsible person;
3. The consumer or consumer's responsible person shall have access to confidential information in the client record except for information that would be injurious to the consumer's physical or mental well-being.
4. disclosure may be made without the expressed consent of the consumers or the consumers responsible person in accordance with G.S 122C-52 through -56, which includes;
 - A. when a court of competent jurisdiction issues an order compelling disclosure
 - B. An agency or agency employee's attorney requires such information as relevant to litigation or the provision of services;
 - C. To comply with applicable general statutes, or other state or federal law;
 - D. When the opinion of a responsible professional indicates an imminent danger to the health or safety of the consumer or another individual or there is the likelihood of the commission of a felony or violent misdemeanor;
 - E. Information provided to health care professional during a medical emergency Disclosure is limited to information necessary to the emergency;
 - F. Information exchanged within the agency that referred the client to Carolina Home Care Solutions, Inc.
5. Carolina Home Care Solutions, Inc. shall inform recipient of confidential information that re-disclosure is prohibited without consumer consent.

Therefore as said above, the Carolina Home Care Solutions, Inc. policy "concerning confidentiality" has been explained to me and I understand and agree to the requirements for the release of confidential information.

I understand the above requirements, agree to hold the information confidential, and acknowledge the civil penalties and disciplinary action involve in my improper release or disclosure of confidential information.

Employee Signature

Date

Carolina Home Care Solutions, Inc.

Consumers Rights

Carolina Home Care Solutions, Inc. will provide each client with a written notice of the consumer's and responsibilities in advance to of furnishing care to the consumer or during the initial evaluation visit before the initiation of services. Carolina Home Care Solutions, Inc. shall maintain documentation showing that all the consumers have been informed of their rights and responsibilities.

Consumer's rights shall include but not be limited to the following:

- **Be informed and participate in their plan of care**
- **Voice grievances about their care and not be subjected to discrimination or reprisal for doing so**
- **Confidentiality of their records**
- **Be informed of their liability for payments for services**
- **Be informed of the process for acceptance and continuance of service and eligibility determination**
- **Accept or refuse services**
- **Be informed of the agency's on-call service**
- **Be advised of the agency's procedures for discharge**

Carolina Home Care Solutions, Inc. will provide all consumers with a telephone number for information, questions or complaints about services provided by CAROLINA HOME CARE SOLUTIONS, INC... Carolina Home Care Solutions, Inc. shall also provide the Division of Facility Service complaints hotline number or the Department of Human Resources Care line number. The Division of Facility Services shall investigate, within 72 hours, complaints made to the agency by a client or the consumers family, and must document both the existence of the complaint and the resolution of the complaint.

With any unresolved complaints, please call...

NC State Division of Facility Services at 1-800-624-3004

Employee signature

Date

Carolina Home Care Solutions, Inc.

Abuse and Neglect Policy

What is Abuse and Neglect?

There are three definitions used to describe abusers.

- **Physical abuse-an unexplainable, non-accidental injury to a child and/or elderly**
- **Emotional abuse-continual scapegoat or refection of a child and/or elderly by parent or caregiver which results in disturbed behavior, and**
- **Sexual abuse-any sexually oriented act, practice, contact or interaction in which the child and/or elderly is suffering severe negative emotional effects to a parent's or caregiver to provide the opportunities for normal experience that produce feelings of being loved, wanted, secure, and worthy.**

Physical neglect is when a parent and/or caregiver fail to provide basic needs or a safe and sanitary living environment for the child and/or elderly.

Examples include, but not limited to:

- **Not providing adequate food or clothing**
- **Not following medical recommendations**
- **Lack of supervision that places a child at risk**
- **No heat in the winter**

In the event that you have been reported by someone to our agency that you have been suspected of Abuse and/or Neglect you will be subject to an investigation by our office you will be suspended until a full investigation is completed. Once the report has been closed we will drop the suspension and you will be able to start your employment back with us. In the event that abuse is found to be true. You will be terminated upon final report.

Employee signature

Date

Carolina Home Care Solutions, Inc.

Acknowledgement of Handbook

Agency administrative staff has reviewed the Employee Handbook for Carolina Home Care Solutions, Inc. with me. I have had the opportunity to ask questions concerning this orientation. I acknowledge that it is my responsibility to read the complete handbook, and know the policies and procedures of Carolina Home Care Solutions, Inc.

By signing this form I adhere to the following policy and rules laid out in the Employee Handbook

Employee Signature

Date

Witness Signature

Date

Carolina Home Care Solutions, Inc.

Holiday Schedule

New Years

Martin Luther King

Washington's Birthday

Independence Day

Labor Day

Columbus Day

Veterans Day

Thanksgiving

Christmas

Carolina Home Care Solutions

Time Sheet Policy

Policy:

Timesheets are due every Monday 12:00pm (noon), any time after that is considered late and you will not get paid for those particular timesheets until the following pay period. There will be absolutely NO EXCEPTIONS!!!

By signing below, I am stating that I understand the policy on timesheets and I agree to comply with this policy.

Employee signature

Date

Carolina Home Care Solutions, Inc.
In-Home Aide Job Description

Position Description

In-Home Aides is a non-licensed position, in which IHA will provide basic consumer care as assigned in the consumer's home by Liberty/CCME and Carolina Home Care Solutions, Inc.

Organizational Relationship

In-Home Aides will report to the Human Resource Director / Nursing Supervisor

Qualifications

- Ability to provide personal care services and home management task to client
- Ability to follow written and verbal instructions for consumer by a medical professional
- Ability to report observation to supervisor
- Ability to perform required physical task
- Ability to work as a team when required
- Ability to maintain confidentiality
- Ability to work responsibly and independently
- Ability to work in various home environments
- Ability to read and write

Duties

- Assisting with bathing, shower or sponge baths
- Provide services in accordance to consumer's care plan
- Prepare meals according to consumer dietary needs
- Mouth care/denture care
- Assist with dressing
- Assist with toileting
- Medication reminders
- Observing change in consumer and reporting them to the RN or Human Resources Director and/or the appropriate medical professional
- Prescriptions drop off/pick up
- Assist with transfers (moving from one place to another)
- Assist with walking
- Making Bed, change linens, and do laundry
- Vacuuming, sweeping, dusting and mopping
- Cleaning Kitchen, bathroom and trash removal

Employee signature

Date

Carolina Home Care Solutions, Inc.
Skills Validation Form

Name: _____

Date: _____

IHCA _____

CNA _____

CNAII _____

LPN _____

RN _____

RN Observing _____

Date _____

Personal Care:			
Assist w/bath, shower or sponge bath			
Mouth Care/denture care			
Assist w/Skin Care			
Assist w/ Shave			
Assist w/Hair Care/Shampoo			
Assist w/Clothing			
Assist w/toileting			
Toileting/Elimination			
Bed Pan/Urinal			
Toileting			
Incontinence Brief			
Incontinence Care			
Catheter Care/Empty Catheter Bag			
Ostomy Care			
Mobility			
Bed Turns			
Transfer Assist			
Ambulation Assist			
Equipment (wheelchair, cane)/Escort			
Housekeeping			
Bed Making			
Nutrition/Diet			
Meal Planning			
Vital Signs			
Blood Pressure			
Temperature			
Respiration			
Pulse			

Agency Director - RN

Date

Employee Signature / title

Date

Score _____

Score _____

Date of Evaluation _____

Date of Re-Evaluation _____

Carolina Home Care Solutions, Inc.
Introduction and Non-Discrimination

INTRODUCTION

This handbook has been prepared to introduce you to our company. It will acquaint you with the policies, rules, pay and benefits that apply to employees of Carolina Home Care Solutions, Inc.

Changes in Policy

Since our business is constantly changing, we expressly reserve the right to change any of our policies, including those covered here, at any time. Changes will be effective on dates determined by Carolina Home Care Solutions, Inc. and you may not rely on policies that have been changed. No Supervisor or Manager, other than the CEO of Carolina Home Care Solutions, Inc., has any authority to alter the foregoing.

The information contained in this handbook applies to all employees of Carolina Home Care Solutions, Inc. Please read this handbook carefully and keep it handy for future reference. One of your first responsibilities is to be familiar with its contents. This handbook is only a summary of our policies and procedure.

Employment Relationship

Your employment with Carolina Home Care Solutions, Inc. is "at will and entered into voluntarily". You are free to resign at any time, for any reason, with or without notice. Similarly, Carolina Home Care Solutions, Inc. is free to conclude the employment relationship at any time. Although a notice is not required, it is appreciated if a 2-week notice is given and therefore may result in a re-hirable status.

Equal Opportunity

Carolina Home Care Solutions, Inc. maintains a policy of nondiscrimination with employees and applicants for employment. No aspect of employment with us will be influenced in any manner by race, color, religion, sex, age, national origin, physical or mental disability, or any other basis prohibited by statute. It is the policy of Carolina Home Care Solutions, Inc. to hire qualified applicants when we have openings. If someone with a disability is qualified and can perform the essential function of the job, we will consider that person on an equal basis along with any other applicants who apply for the job. In compliance with the provisions of all applicable State and Federal Civil Rights Laws, every effort will be made to employ the most qualified individuals without regard to the above factors.

Carolina Home Care Solutions, Inc. does not and will not permit employees to engage in discriminatory practices or sexual harassment involving visitors, consumer, consumer s family and/or friends, and co-workers etc.

Employee Signature

Date

Carolina Home Care Solutions, Inc.

Smoking Policy

Policy Rule:

It is the agency's policy to comply with all applicable laws and guidelines regarding tobacco use, and to ensure the safety and comfort of persons served. Carolina Home Care Solutions, Inc. prohibits their employees from smoking while providing services to an individual in the individual's homes.

Absolutely no smoking in consumer's homes.

This information shall be given to consumers upon admission to our company.

I agree completely and to the best of my ability with the Smoking policy procedures.

Employee Signature

Date

Carolina Home Care Solutions, Inc.

Cell Phone Policy

Cell Phone Usage and Procedures

Set your cell phone on vibrate while you are at your consumer's homes. Even if you've selected a tasteful ring tone, repetitive incoming calls will be noticed (negatively) by the consumers, their family or friends. We asked that you have a cell phone with you during the hours you work with consumers to ensure we have a direct line of communication with you at all times.

Let "bread and milk" and other unimportant calls go to voicemail. While it's wonderful to have a live connection to the important people in your life, children, parents, other family and friends, frequent chatty calls during your workday will often reflect negatively on your perceived concentration on your duties.

When you must use your cell phone, find a private, quiet place to make your calls. Regardless of where you are, most etiquette advisors agree you should always observe the "ten-foot rule". Maintain a buffer zone of at least ten feet from others while you're using your cell phone. While at work, you should make every attempt to expand basic etiquette and find locations that do not infringe on our consumers rights.

Never use your cell phone in restrooms. This rule may, at first, appear frivolous, but the statistics indicate it is an important component of cell phone etiquette. Why? You often do not know who else may be using the facilities. Should you communicate private information or sensitive work issues, you may easily be overheard without your knowledge. There are some well-documented horror stories of information delivered into the wrong hands by this simple, innocuous rule violation.

Try to remember that, through most of recorded history, the world of business operated quite effectively without constant cell phone use. The basic substance of successful business operations contains no requirement that cell phones contribute mightily to your company's bottom line. Be ready for a formal company policy regarding cell phone use at work. More and more firms, many reaching unacceptable levels of frustration, will be joining those who have already published regulations and publishing restrictive policies.

By following the current rules of good cell phone etiquette you may enhance your professional standing at work by displaying this considerate behavior. Some of your cell phone etiquette may even be transferred to your friends who might be in need of some guidelines, too.

By signing this form I agree to the cell phone policy and procedures addressed above. I understand this policy to the fullest of my ability.

Employee signature

Date

Carolina Home Care Solutions, Inc.

Dress Code Policy

All employees shall wear nursing uniforms. All office personnel and leading officers shall adhere to a "Business Casual: dress code. Employees are to dress in a manner that will lend dignity to the organization and support its overall purpose.

All employees will wear clothes that are clean and in good condition. Hygiene is to be professional and sanitary at all times. Identification badges with name are provided by CHC, and should be worn at all times. The only dress code EXCEPTIONS are for designated casual days and recreational activities planned with consumers (which should be documented for reference, as verification). Field Staff officers (In-Home Care Aides, CNA's, RN's, and Field Supervisors) must wear nursing uniforms, whether short sleeve or long. The top and pants should match accordingly, and should be kept well groomed and cleaned. Three violations of the Dress code policy within a ninety day period are subject to immediate suspension. After the ninety day period, repeated infractions shall result in disciplinary action, up to and including termination, due to noncompliance.

Disclosure: The manner of dress in the workplace is open to some subjectivity. It is at the discretion of the Supervisor and CEO to decide when attire is questionable or in violation of the dress code policy.

Examples:

- Field Staff - No flip flops, thong sandals, shoes with majority of the foot exposed, or house shoes. Athletic style tennis shoes will be the most comfortable for your position.
- Office Staff – Casual to dress shoes are acceptable. Shoes must be professional/business casual classification.
- No sweats, shorts, sweat-suits, or wind suit/parachute type material.
- Jeans are only acceptable on designated "Casual Days"
- Denim skirts or dresses are permitted for Office Staff
- Capri's and knee length dress shorts are permitted, but NO short shorts.
- No clothing that fits improperly (too big/too small/too tight) revealing body parts or undergarments.
- No undershirts, tank tops, tube tops, sheer garments, no cut-off, shredded, spray painted, or ripped clothing; Hosiery is encouraged.
- Sleeveless tops/dresses are permitted, however may not be revealing.
- NO clothing with inappropriate logos, slogans, or language-possibly advocating drug or alcohol use, displaying a competitors advertising, sexually explicit language or depictions and/or an discriminatory or derogatory comments (such as those pertaining to race, sex, religion etc.)
- Refrain from excessive jewelry, makeup, body piercing, tattoos & "Loud" hair colors.

Professionals not adhering to dress code will be sent home to change and without pay for that duration.

Employee Signature

Date

Carolina Home Care Solutions, Inc.

Drug Policy

Standards of Conduct

The illicit or unauthorized manufacture, use, possession, distribution or dispensation of alcohol or illegal drugs by employees and/or sub-contractors on work property or as part of any unauthorized activity is prohibited. In addition, all staff and sub-contractors are required to abide by this policy as a condition of work.

This policy applies to all full-time and part-time permanent and temporary staff and sub-contractors. The severity of the imposed sanctions will be appropriate to the violation. Among the disciplinary sanctions which may be imposed are the following:

- **Oral warning**
- **Written reprimand**
- **Suspension**
- **Termination**
- **And/Or referral for Prosecution**

Reasons to test include:

- **Compliance with company policy**
- **Compliance with any applicable laws or regulations**
- **Documentation of the agency's efforts to provide a safe workplace**

On/Or which on any given circumstance Carolina Home Care Solutions can and will give random drug testing to such employees (Full or Part time), Sub-contractors, and temporary staff.

Employee's signature

Date

Carolina Home Care Solutions, Inc.

Hepatavac B Vaccine

I have read the information on this form about Hepatitis B virus infection and Hepatavac B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe and understand the benefits and risk of the Hepatavac B Vaccine.

_____ **I request that the Hepatavac B Vaccine be given to me.**

_____ **I decline the Hepatavac B Vaccine.**

Name: _____

1 Date Vaccinated: _____

Address: _____

Site of Injection: _____

Given By: _____

2 Date Vaccinated: _____

Site of Injection _____

Given By: _____

3 Date Vaccinated: _____

Site of Injection _____

Given By: _____

Employee signature

Date

Signature (Witness)

Date

Carolina Home Care Solutions, Inc

Acknowledgement of Initial Training and Acceptance of HBV Vaccine

I hereby acknowledge that I have been informed of my risk of occupational exposure to blood and other potentially infectious materials in my job.

My employer has provided me with my training on these risks, how they may be minimized, and made available personal protective equipment to me at no charge.

I have received a copy of the Exposure Control Plan, and have received written instructions on procedures to follow, should I have an exposure incident with blood or other potentially infectious materials, and hereby agree to comply with facility policies in these and other matters.

Due to the possibility of exposure to Hepatitis B, a serious disease, my employer has made available (at not cost to me), a vaccination for this disease. I agree to take this vaccine series and provide my employer with evidence of the vaccination. I will follow facility policy for getting the vaccine.

The above training and offering of the Hepatitis B Vaccine has taken place within ten days of my employment.

Employee signature

Date

Carolina Home Care Solutions, Inc.

Background Check Consent

I _____ have lived in the State of North Carolina for five years.

I _____ have not lived in the State of North Carolina for five years

I hereby give by my consent to Carolina Home Care Solutions, Inc. to perform a criminal background investigation. I understand that if I have lived in the State of North Carolina for less than 5 years a national criminal background check will be done.

Employee Signature

Date