



Employment Application

The Arc Noble County Foundations, Inc. is an equal opportunity employer and does not discriminate against any individuals in any phase of employment in accordance with the requirements of local, state, and federal law. The Arc Noble County Foundations, Inc. also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. Please advise The Arc Noble County Foundations, Inc. if you require an accommodation in the application process.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: **(to be provided at interview)** Looking For: ☐ Part-Time ☐ Full-Time

List all counties you have resided in for the past 3 years: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, explain: _____
(do not need to include expunged matters in Indiana)

Education

High School: _____ Address: _____

Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

Professional References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Please use the back of this sheet to list other employers. Thank-you.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

1/2/22020; 1/27/2023; kc 3/28/2023; 09162024jmk; 01072025jmk; 02112025jmk

The Arc Noble County Foundations

PROTECTION OF CONFIDENTIALITY

Each person served at The Arc Noble County Foundations has the right to confidentiality of information. It is the responsibility of each person to respect every individual's rights and not to disclose information regarding an individual to anyone unless a consent/release of information form is signed by the individual and/or their guardian.

The Arc Noble County Foundations, its employees, interns or volunteers will protect the confidentiality of personal information at all times. The Arc Noble County Foundations adheres to HIPAA rules regarding confidentiality and protecting identifiable information.

I have read this statement and understand its contents and agree to abide by its intent.

Name Printed and Signed

Date

122020; 1/27/2023kc

The Arc Noble County Foundations Verification of Background and Credentials Checks Policy and Procedure

- I. Purpose:** To ensure the safety of each individual receiving services The Arc Noble County Foundations will have a system to check the background and credentials of each applicant prior to hiring and then an ongoing system to continue to verify compliance with regulations and best practice.
- II. Policy:** The Arc Noble County Foundations will have a systematic and ongoing procedure to document and maintain background and credentials checks for any employee, officer, or agent involved in the management, administration, or provision of services.
- III. Procedure:** The following reference and criminal background checks to verify initial and continued work eligibility will occur for each employee, officer, or agent involved in the management, administration, or provision of services. These checks will all be maintained in the agency's office files for each employee or agent of the provider. These checks will occur prior to hire and then ongoing as specified. [Note: There is a prohibition against employing or contracting with a person convicted of a sex crime, exploitation of an endangered adult or abuse or neglect of a child, theft (if the conviction occurred less than ten (10) years before the person's employment application date), failure to report battery, neglect, or exploitation of an endangered adult or a child, murder, voluntary manslaughter, involuntary manslaughter, felony battery, or a felony offense related to a controlled substance.]:
1. A criminal history background check through the Indiana State Police Repository for Criminal History will be completed initially and then updated at least every three years.
 2. A county criminal history background check for each county of work and residence for the prior three years. If a county refuses to provide this information or if there are multiple counties of residence in the last three years (possibly out of state) which makes obtaining these county background checks difficult or impossible, a federal background check through, which utilizes fingerprinting, will be completed.
 3. A check of the Indiana State Department of Health verifying that each employee has "no finding" entered into the state nurse aide registry will be completed if the employee is providing services to individuals on the Department of Aging waivers (H&W, TBI, and Pathways waivers) per 455 Indiana Administrative Code (IAC). Per code 460 IAC, FSW and CIH waiver services do not require this check.
 4. A check of the Indiana Bureau of Motor Vehicle records will be completed to verify that an employee's driving record complies with the specific requirements of the Transportation/Driver Policy. This check will be completed annually and randomly as determined by the CEO or designee.
 5. A drug screen may be completed before an offer of employment.

6. Each employee must have a negative tuberculosis (TB) screening and/or a negative chest x-ray for active TB prior to providing services and updated annually. The agency will cover the cost of annual TB screening. If, however, an employee does not return in the appropriate time frame to get the TB read, then the employee will be responsible for the expense of the second necessary TB test.
7. Each employee must have proof of successful completion of Cardiopulmonary Resuscitation Certification (CPR) prior to providing services and updated every two years. This training will be arranged for each new hire or provided by the agency.
8. Each employee must have first aid training prior to providing services and updated every two years. This training will be arranged for or provided by the Agency.
9. A current driver's license will be obtained before hire and the current driver's license will be maintained on file for each employee.
10. When an employee transports an individual in their personal vehicle, that vehicle must be properly registered with the Indiana Bureau of Motor Vehicles and be insured as required under Indiana Law. Current registration and auto insurance, with the driver's name specified, will be required. Auto registration and auto insurance information will be updated when it is due to expire.
11. Two references checks will be completed prior to hire. Family members or significant others will not be used for reference checks.
12. Professional licensure, certification, or registration, including renewals, as applicable, will also be maintained in the personnel file.
13. This Policy and Procedure will be reviewed and signed by applicants during the application process.

IV. Adopted/reviewed/revised: 6-14-2014; 2-5-2015; February, 2016; revised February 2017; revised May 2017; revised for title change, February 28, 2019. Reviewed by the Board, March 2019. Revised January 26, 2023 by the CEO. Noted to the Board, March, 2023. Reviewed by the CEO, February 2024. Revised by the CEO, September 2024 to add procedure for if staff doesn't have CPR. Noted to the Board, October 2024. Reviewed by the CEO July 2025 with changes to regulations for checking the state nurse aide registry, to CPR/First Aid training regulations, and to not allowing use of significant others for reference checks. Noted to the board July 2025. Reviewed and revised February 2026 to align with current 460 IAC regulations of needing work and residence county backgrounds for past 3 years. Noted to the Board, April 2026.

If the results of the reference and background checks are favorable, the individual is eligible to continue the process of hiring or to continue employment. **I certify that I have received and read this policy on Verification of Background and Credential checks. The agency is authorized to conduct these checks as listed.**

Name: (Please Print): _____ Date: _____

Employee Signature: _____

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County of Work & Residence

Name: _____

Date: _____

List the counties where you **worked AND resided** from this date for the last three years. If more space is needed write on the back of this page. Please begin with the most recent address.

Full Address	County	Dates	Work or Residence

The Arc Noble County Foundations Referral Bonus Plan

Applicant Name: _____

Name of Employee who referred you: _____

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Office use only

Hire date: _____

90 Day bonus date: _____

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Availability

Name: _____

Date: _____

List the days and times you are available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

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Receipt of Job Description

I, _____, have received the Job
Description for _____.

Signature: _____

Signature of direct supervisor: _____

Date: _____